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ACADEMY OF MEDICINE, TORONTO

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I HESITATE to appear before you this evening and from this seat to address you upon subjects upon which I feel so ignorant.

This Academy which I watched through its pre-natal development and at whose birth I assisted, has become in the ten years of its existence such a healthy thriving youngster with such a capacity for earnest achievement, and withal, with a wilful temper requiring guidance and perhaps the curb, that my heart may well fail me lest I come short in making the year of my official control one of distinct progress.

The rule by which you enlist for three years the services of the individual selected for your highest office—the first year as vice-president, the second as president and the third as consultant in chief—is, to my mind, most wise for thereby he is at once trained and stimulated.

It is my pleasing duty to direct your thought first to the programme for the year's study. The programme should be annually prepared in advance with a view to definite progress in a scientific direction. It should not be arranged haphazard or capriciously.

Each eminence gained upon our path opens up vistas of land unexplored. It is given to our profession to pursue as fascinating an exploration of new truths as ever it was to those intrepid voyagers who threaded their way across the ocean, entered the Hudson Straits or the mighty St. Lawrence and blazed their path across this continent to the Pacific. It may be, at times, a false idea,

an *ignis fatuus* which leads us on—and we may in our zeal, venture to name our mighty rapid a Lachine—but still it is truth and truth only that is our one endeavour.

Our pursuit must never be aimless and I invite the executives of each of the sections to assist in directing the forces of the succeeding year in such a way as will ensure a maximum of success and a minimum of wasted effort. The suggestions thus handed on will ensure a steady development.

Even as it is, what a wealth of experience is available for each of our fellows who makes his attendance a serious effort, who takes the programme and directs his reading along the lines it suggests, and makes it a resolve to assist his fellows onward. As iron sharpeneth iron so will such a fellow increase the usefulness of his section.

We hope to issue an advance notice of our season's course of study and invite your careful perusal thereof, and a regular preparation for each evening's task.

During the summer your officers have had a few matters of importance to transact. The Commissioner invited us to a couple of final interviews upon the position taken up by the followers of the various cults seeking to assist us in the pursuit of medical truth, and we have reason to expect that his report has been finished, and that its proposals will presently be laid before the Government and the public. There will be need of a close scrutiny of this report by every Fellow, in a united endeavour upon our part to secure our one aim, that every student of medicine, in the widest application of the term, be required to take the one full course of study and pass the required tests, after which he may practise as he may elect.

It is interesting to note in this connexion that the labour and research of our past president, Dr. Ferguson, in the preparation of the articles upon "False Systems of Healing" has been recognized officially by the American Medical Association's Council on Medical Education.

As you are aware, the Academy held a special meeting in July and placed upon record its view upon the failure of the Government to place the care of the returned soldier in such hands as the profession could trust and respect. I regret to say that matters, up to the present, have not been improved, nor have either the daily press or the Government shown any serious appreciation of the fact that the questions involved are primarily medical and as such amenable only to a medical tribunal.

The Academy has also taken steps to meet the attempt to

victimize the public by the exploitation of various alcoholic beverages known as "Tan'ac", etc., etc., and trust that presently we shall see the termination of this newest method of trading upon our aches and ills.

The House Committee has made new arrangements regarding the caretaking, and measures to prevent a recurrence of the discomfort occasioned last winter through inadequate heating.

Shortly after the inception of our Academy, steps were taken to ensure for our citizens a supply of healthy milk, and a Milk Commission was appointed by this body. The result upon the milk was very beneficial, but the process has been costly to the public pocket. Is it not time that we as an Academy urged a further step forward, the municipalization of the entire milk trade of the city, including the control and ownership of the dairy farms, the purification and preservation of the milk, and its distribution to the citizens? This would greatly cheapen an essential article of food, by the cutting out of competitive advertising, and the present prodigal waste of time and labour in distribution.

As an Academy, our duty with regard to venereal diseases is not yet discharged.

The striking increase in the prevalence of venereal diseases in Canada is a question that must interest the whole medical profession. There are those who insist that the increase does not exist, but stubborn facts make apparent the falseness of their claim. The reluctance of legislative bodies to deal with this question is to be greatly regretted and there can be no reason why this province should not include these diseases in the Contagious Act. A very slight alteration of this Act would enable the police and other authorities to place the dangerous elements in society under control. The women of the street, who at present are at liberty to come and go as they please and who carry on their wretched traffic unhindered, could thus be taken care of and treated in the early stages of disease. This would enable the authorities to weed out the defectives among these classes and as a great proportion of the women actually engaged in the illicit traffic are definitely feeble-minded, they might be segregated, if the citizens would wake up to their responsibility.

It is, in my opinion, the duty of every physician to educate the people of the community to a knowledge of the present peril and to suggest this most sane way of dealing with it.

The well-known cover of Bairnsfather's "Fragments from France" bears the cartoon of two Tommies sitting in their dug-out

contemplating the effect of a well-placed enemy shell, and remarking, "There goes our blinkin' parapet again," an endeavour by the artist to give utterance to the feeling of being—as the "Student in Arms" has it—"blasphemously fed up." We, as an Academy, are "blasphemously fed up" with the misdirection of the medical side of Canada and the great war by our Government and our Militia Department. The profession in Canada has always occupied a high position, in the standing of its institutions of medicine, in the training and quality of its rank and file, and in the skill and wisdom of its leading practitioners—but we fail to note that a single endeavour has been made by those who govern to make use of these in any fair and proper way, although our profession has been equal, at least, to that of any other of the Allies, in the way it has come forward to assist—and to die when needful.

Compare the action of the United States. No sooner was war declared than the acknowledged leaders of medicine in every single department were called to Washington to consult on the most scientific way in which the trained profession could be utilized, and these committees were given full control as to the selection of men to fill the various positions. To take one instance—the otolaryngologists were listed to the number of 5,488, and in July every one of these men was circularized, and the reply card indexed. In Canada, it has been most haphazard. A few of our leading physicians and surgeons have been sought out, but the majority have not been called on, and in not a single instance—except this summer when the Dominion Medical Council was invited, I understand, to offer some suggestions—have any of our medical associations, university or scientific bodies, been used for their legitimate purpose. There has been no "Win the War" policy in medicine.

The recent action of our College of Physicians and Surgeons in circularizing the Ontario profession is a step forward, but for this the government cannot claim credit.

The result of this lack of initiative is self-evident. There has been a complete break-down. The C.A.M.C. is considered by a Parliamentary Committee to be a failure; there is a committee of laymen placed in charge of returned soldiers; our respected Fellow and guest, General Fotheringham, has been dallied with so long at Ottawa that his resignation has been sent in; there is no permanent surgeon-general at Ottawa in whom the profession can place confidence, and if there were, he would not have a voice at the table of the militia council. My thought upon this subject is well

expressed in an editorial of the *Journal* of the American Medical Association, of July 28th:

"The medical service has not been given the rank and authority which its importance deserves, and the work of the medical department, and the views and opinions of medical officers, have not been given sufficient weight by military men. To permit an officer with military training alone, no matter how high his rank or how brilliant his attainments as a soldier, to dictate conditions regarding the hygiene and sanitation of troops and the management of hospitals is as ridiculous as it would be to give a surgeon authority over the artillery or the aviation corps. Subject always to the necessities of warfare, the military and medical services must be on an equality. Each line of activity requires highly specialized technical training. To permit either one to encroach on the field of the other is not only absurd, but is often suicidal. Especially should there be the closest coördination and coöperation between the military and medical officers in order that the medical Corps may be of the greatest assistance. This is the lesson which Japan learned in Manchuria, and which the British have demonstrated on the Western front."

And in the utterance of Lord Esher, in the *London Times*, of February 3rd:

"Certainly the control of the adjutant-general's branch over the Royal Army Medical Corps was and is responsible not only for the early failure to grip the medical factors of the war, but the hampered conditions under which the Surgeon-General worked. His triumphs and those of the Royal Army Medical Corps have been achieved in spite of obstacles that the subordination of science to ignorance, and of elasticity to military discipline explains, but cannot justify."

The passage of the Military Service Act, at Ottawa, raises two questions of intense interest to our profession. First, What number of army surgeons can the profession of this country legitimately supply; and, second, Shall students entered upon their course of medical study be liable to the draft?

In August last, the Central Medical War Committee of Great Britain informed the Government that after a careful survey of the whole of England and Wales, it is of the opinion that no more physicians can be called on to take commissions in the Army Medical Corps, without seriously endangering the supply of physicians for the treatment of the civil community.

In Australia the stress has become so great that the senior

practitioners are being called upon to come forward and take on the younger men's job, and it is announced that the Department of Defence will send to France within the next two months every available physician.

In New Zealand we are informed that "as regards medical service for the civilian population the position is now becoming very acute". The minister of public health there recently pointed out the absolute necessity which had arisen for the mobilization of the medical services, and the exercise of control in the location of physicians.

I have recently been invited, semi-officially, to ascertain who among the Toronto practitioners beyond the army service age are ready to step forward and assume the duties of house-physicians and surgeons, laboratory and dispensary assistants.

So far as figures are obtainable, 75 per cent. of the classes which have been graduated at our University since the war began have joined the C.A.M.C., or R.A.M.C. For three years past, therefore, the accessions to the ranks have been inadequate to supply the loss through death.

The second question is also important. This arose first in Britain, where, as it has proved unfortunately, all students of medicine under the fourth year were drafted as combatants. In the United States the question is now to the fore. The registration recently made covered 8,983 students of medicine, or 85.9 per cent. of all students upon the rolls of the medical schools. In Canada, at the outset, the men in the senior years were advised to remain at their studies, but the juniors were not discouraged from enlisting. The draft will affect as large a proportion of the medical student body in Canada as in the United States. There, however, the question has been solved by the ruling of the President, that all hospital interns, and medical students of the second, third, and fourth years, may be enrolled in the Enlisted Reserve Corps of the Medical Department, and pursue their studies while remaining in the military service of their country, but always liable to a call to service by telegraph or letter.

A resolution was adopted by the Canadian Medical Association at its last meeting in Montreal, urging upon the Government the necessity for the mobilization of the entire profession, in order that all those fitted for service overseas by age, and health, and freedom from family duty, might be sent forth, and further that all others might be assigned to such service at home as their training, and the necessities of the Country demanded.

The war is making great demands indeed upon our profession. I do not know of any other profession, where similar incomes have been thrown to the winds at the call of duty, and yet we must be prepared to do still more.

It will be wise if this Academy make representations to the Government both as to the best means of providing medical attendance for the people at home, and their sons overseas, and also as to the provision of a continuous supply of students, to fill the ranks of the profession depleted by death and enlistment.

It is also true that the relatively low rank under which medical officers serve, handicaps their work both individually and collectively, and in Canada a low estimate has been placed upon the Army Medical Service, the result of defective legislation which should have been remedied long since.

It is not too late yet for the Government to summon "intelligence" to its aid. Numbers of our profession have gained experience through service that would make it possible for them to give advice that would bring order out of the chaos that exists, and it is due to the high intelligence of our profession that the Government get the best advice which the leaders of medicine can supply. But we want no party politics. Let efficiency alone be considered, whether in appointments in Canada, Great Britain, or the field.

In looking over the work of our Academy in its many phases I am confronted by the surprising fact that we have as yet made no attempt to establish a Historical Museum. There are many interesting details connected with medical institutions which have passed out of existence, with leaders of the profession who are dead and gone, historical facts, relics of those we respected, medical diplomas, documents, etc., etc., which it should be the business as well as the profit of our Academy to collect and collate.

With the cordial permission of your council, I have appointed a committee of interested Fellows, and have great pleasure in handing the treasurer a cheque to form the nucleus of a special fund to start this branch of our legitimate work. I invite your coöperation. Give your ideas and information to the members of the committee, and keep an eye open to every opportunity which offers to obtain material for our historical museum.

Where questions of public welfare relating to medicine are concerned, the great obstacle to the proper presentation of the weight of medical opinion before parliament and the public, has been the lack of organization of the profession. Little attempt, if any, has been made to achieve this end by the College of Physicians

and Surgeons, who stand, naturally, as the representatives of the profession in this province, nor has this slight attempt been followed by any measure of success.

The Ontario Medical Association, as the Provincial Branch of the Dominion Association, has been labouring for some years to evolve a scheme, and basing its efforts, to an extent, upon the plan followed so successfully by our confrères in the United States, hopes this fall to put the matter through its final stages, and secure a ready and certain method of bringing medical opinion to bear the full weight to which its training and intelligence entitle it.

It is unnecessary to point out to this body the need which has brought this action about. There are so many questions in which it is highly necessary that the profession speak out with a concerted voice so that the public may be informed, or warned it may be; or, on the other hand, that a professional body exists, which the representatives of the public may consult before legislation is finally enacted. The success of this Academy is largely due to the influence it has exerted upon such questions as the Workmen's Compensation Act—the presentation of evidence before the Medical Commission, etc., and those who attended our annual meeting last May and listened to the reports of our various committees, must have been amazed at the scope of our energies. If the Academy of the capital of the province could accomplish so much, what cannot be effected by a properly organized body representing the entire medical opinion of the Province and later of the Dominion, if we can induce the profession of the other provinces to follow our example? Had a Dominion body existed, such as I have indicated, we should not have seen a body of laymen appointed to tell the profession what to do medically for the returned soldiers.

To my way of thinking, whether it be in matters military, hospital, or of public health, the effect of legislation has been to bring it about that our profession has been degraded to be the hewers of wood and drawers of water for those who advertise themselves as being business men, and this reproach "that we of the profession are not business men" is often hurled at our heads. By the re-organization which is planned, every reputable physician in the province will have an opportunity of expressing his views upon all matters of public import medically, and in such a way that no legislative body can afford to pass them over lightly.

While the public has a duty to the profession, the profession on its own side has a duty to the public, and the occurrence of such unfortunate incidents as took place in connexion with a well-

known criminal case of the past summer in this city is a disgrace to us.

Ignorance of responsibility by the attending physician and the hospital authorities is a reflection upon the training of the student, and the knowledge that every licensed practitioner should possess of the code of ethics which we profess.

Are you each personally aware that you are obligated to obey a code of ethics? I wonder. Nevertheless the law does not excuse a man because of ignorance, and our By-law No. 10 is decisive. We are bound by the code of ethics of the Dominion Medical Association. How many of you have even read these, let alone committed them to memory, and yet you are bound to these by oath. I am afraid students enter upon the study of medicine too often as a means of livelihood, or business, and do not know that they thereby assume great responsibilities. As was stated in a *Globe* leader of a few weeks since:

"Medicine is not a private profession. The medical man to-day is not merely a private practitioner, he has a social obligation; he is a trustee for society, his duty to his patient and to his patient's friends must be read in the unwinking light of his own social responsibility as a guardian of public life and a leader of public opinion."

"The public good is the moral standard by which professional service is tested."

"Privileges recognized by the public and protected by parliament give duty supreme claim and make that obligation binding upon every member of the profession."

I am not desirous of depreciating the high standard of conduct which characterizes our Fellows. My wish is to point out that we must force all the members of our profession to recognize that they must think and act as we do, or leave our ranks. We are far too lenient with those who commercialize our calling. We are disposed to protect the failings of our brethern, even when we recognize that those failings are due to a low moral standard, and not to the inadvertences which the experience that comes with years will remedy. Medical science is advancing rapidly. No one among the public can point the finger of scorn at what our profession is doing for the world. Are we at all keeping pace with this advancement in the recognition of our moral and ethical responsibilities? Is the practitioner of to-day standing in each community upon a higher plane than did his predecessors? Is he the leader in all measures for the public good?

We boast of our advance in knowledge, but "knowledge is power, and power is not for personal advantage, or for private gain, but for social service, and for the public good."

Let us beware where we stand, lest we fall.

The very humblest man or woman who receives the license to practise medicine should know that by that act, the honour of the highest of the professions is committed to their charge; that whether they walk abroad or sit at home—they embody in their persons the dignity and moral responsibility attached thereto, and that they stand pledged as the Hippocratic oath has it, "that with purity and with holiness they will pass their lives and practise their Art."

What can we do, beyond individually setting the highest example we know how; frowning down all suggestions in thought or expression which savour of a lower standard; seeing to it that our new Fellows, as they are elected, receive instruction in the rules which govern our conduct, and requiring of those bodies which educate students of medicine, a definite course of teaching from such living exponents of our standards as one whom I see before me to-night.

Personally, I have always regretted that such matters form so unimportant a part of the medical curriculum at the universities, nor can I find that a graduation oath is demanded by the College of Physicians and Surgeons, or by any of the universities of this province, with the exception of Queen's, while that administered to the graduates of McGill is in Latin.

It may be asserted that an oath has little weight, but no Masonic initiate could forget the oath he takes—and its administration would, at least, serve to draw the attention of the attestant to the solemn character of the service upon which he enters, and there is no reason why every practitioner should not legally be compelled to keep a copy of the oath in a prominent place in his office as a perpetual reminder of his duty. The oath should be administered at graduation in no merely formal way, but with a solemnity befitting its nature.

The sin of the educated practitioner is, as a rule, one of ignorance, and as things are now conducted, there is little wonder that this ignorance exists.

An evil which has been very prevalent among the profession to the south, and which was a factor in the inception of the American College of Surgeons, has shown its Hydra head in Ontario and in Toronto. I refer to fee-splitting.

To mention it is to condemn it. It is a frankly dishonest transaction which stamps as a fraud the practitioner who demands his pound of flesh. It destroys all possibility of the patient obtaining an honest opinion from his attendant if that attendant is to share in the fee of the operator to whom the patient is referred by his attendant. Timothy was assured by St. Paul that the love of money was the root of all kinds of evil. This is one of the evils which not only injures the parties to the transaction, but commercializes the profession and gives sure and certain ground for distrust on the part of the public.

It is to the interest of this Academy to "wage a relentless war of extermination upon this degrading and dishonest practice, so fatal to professional honour and integrity".

I am credibly informed that men in this city have endeavoured to solicit the operative work of practitioners upon the frankly stated basis of a fifty-fifty division of the fee, and I have personally been solicited by a general practitioner to state what percentage he might expect to receive upon referred cases. The physician who sells his soul of honour for a paltry fee, and the would-be surgeon who builds up his experience upon cases referred upon a financial basis of share and share, are equally abhorrent, and with your help we will drive them from our midst.

This naturally introduces the subject of the training of the surgeon. Surgery has been well defined as "a science founded upon certain fundamental principles, without a thorough knowledge and understanding of which, no man can do himself or his patient justice". As Dr. Finney has said:

"No doctor, no matter who, without a thorough surgical training, has the moral right to attempt to make a practice of surgery. He may succeed in doing certain minor operations or even certain major operations, well; he may learn to do mechanically certain things satisfactorily to his patient and to himself, and he may have a fair percentage of success; but, sooner or later he will meet his limitations, and in attempting to go beyond these, with his small and imperfect equipment, some of the catastrophes of surgery will happen, and then who pays the price of his temerity and ignorance? Yes, let me repeat, surgery is far too serious a matter to be lightly undertaken by those who are not thoroughly trained in the fundamental principles underlying its proper performance."

It is not necessary to leave this city to see in well equipped operating rooms, heinous crimes committed against the most

fundamental surgical principles and technique. These are done by men who for the gain of filthy lucre would shorten the regular and necessary steps to a reputable surgical practice. They will not agree to spend several years as an assistant and understudy to a surgeon of experience, but by various underground expedients, solicit cases upon which they may try their prentice hand.

No hospital which values its reputation or which appeals to the public for financial support upon humanitarian grounds, has the slightest right to open its operating rooms to any but tried and experienced surgeons of established and good repute, unless it be in the capacity of assistant only.

We read everywhere articles suggesting that the one great effect of the war will be a new world—a fresh outlook, an upsetting of accepted aspects of truth—a fundamental change. In fact, it will usher in a reign of "peace and good-will to men". What, we are asking, will be its effect upon medicine?

Those of you who have read the second volume of "A Student in Arms" will have been struck by the chapter entitled "The Good Side of Militarism", where Donald Hankey refers to the fact that in pre-war days "self realization" was considered to be a primary duty of every man and woman and the words "Fear God and keep His commandments" amended to read "self realization"—but that as a result of military discipline as practised in the twentieth century by the democracies of the world, we have learned the "unimportance of individuality, realizing that in a national, a world crisis, it counts for nothing"—the good soldier has learned the hardest lesson of all—the lesson of self subordination, to a higher and bigger personality. He has learned to sacrifice everything belonging to him personally, to a cause that is far greater than any personal ambition of his own can be.

In medicine we have seen great things—the death rate of the army from disease reduced far below that of the civil community in the times of peace; camp sanitation; the purification of water; minute attention to the bodily care of marching soldiers; vaccination against typhoid and tetanus. These have achieved amazing results, and honours are pouring in upon those of our profession who have taken the lead in demonstrating what results may be obtained when medical science is utilized to the full. We are, everyone, proud of our own Colonel Nasmith, C.M.G.

Is it not evident that the effect of all this is to exalt the preventive side of medicine; to reveal to the world that syphilis, the care of the child of school age, tuberculosis, etc., etc., may be

taken out of the hands of the family practitioner and assigned to the care of the State? May these not be the signs of the times that the day of the competitive physician and surgeon is over and that presently he must become a member of a panel and have removed from him the opportunity to exploit his experience for mere gain—that as his training is even now largely paid for by the State so his employer hereafter may be that same body. The greatest good of the greatest number.

What will follow will be—and already there are ominous movements in the not too solid ground on which we stand—that those who teach in our clinical and final subjects will be whole time men, paid by the State at a salary commensurate with their responsibility and with an equal allotment of money for the maintenance of the laboratory side of each department.

I am not a prophet, but let us not mistake, there are great changes coming.

Fellows of the Academy of Medicine, let us then be up and doing, and remembering the words of our example, the Great Physician, "work while it is day".