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THE INTERCOLONIAL MEDICAL CONGRESS.

SECOND DAY.

The sittings of the Intercolonial Medical Congress were continued at the University on Tuesday, the president (Dr. Verco) being in the chair.

In opening the proceedings the PRESIDENT expressed his regret that the gentleman who had undertaken to fill the position of chairman of the section of medicine was too unwell to attend, and it would consequently be necessary that some other gentleman should fill his place. Dr. THOMAS moved that Dr. Dixon, lecturer on materia medica at the Sydney University, should take the vacant position. The motion was carried.

Professor ALLEN expressed his deep regret that Dr. Williams was unable to be present, and stated that he had received a telegram from that gentleman to the effect that he was quite unable to bear the journey. The professor then read a lengthy paper on "Advances of Modern Medicine," which had been prepared by Dr. Williams. Dr. Williams traced the advance that had been made in modern medicine in a masterly and highly interesting manner, and the most important researches of modern time were critically and exhaustively dealt with. The consummate object of medical science, said Dr. Williams, was to rightly estimate their power to arrest, or mitigate, or guide the progress of disease. Exact diagnosis and prognosis had their own especial values, even apart from all question of treatments, but it was by the power to arrest disease, to prolong life, to relieve suffering, that the medical profession must justify its existence. Various were the agents which they must employ for these ends, various their knowledge of the agents which they used. No small part of their treatment was still empiric, based only on experience of results, yet year by year the science of rational therapeutics was growing wider and more precise; the chemist, the physiologist, the pathologist, and the physician now joined hand in hand, and far off they looked forward to the time when the mass of undigested facts and details which now embarrassed them should have passed through the crucible of the minds of other generations, and should be cast in a perfect mould, embodying in the just proportion of its different parts that natural history of disease of which he had spoken. Briefly then, before ending his remarks, he begged to indicate some of the means whereby they might favor the progress of medical science and of the healing art. In the first place it was absolutely necessary that the physician and the pathologist should work together; otherwise the observations of both were imperfect and of comparatively little value. Now and then a man like Bright, abounding in energy, became eminent in both these spheres, and left an imperishable name for his services to medicine. But, as a rule, the tendance of the living and the examination of the dead must be entrusted to different officers. Collation of their respective records was good, but it was not the best. There was

needed a thorough sympathy, an active co-operation in enquiry between physician and pathologist, which should lead each to assist, to verify, to correct the work of the other. He feared that such union was far from common, and he therefore urged this consideration upon the notice of the officers of our metropolitan hospitals and the teachers of our medical schools, who almost alone had the opportunity to co-operate in such manner. But, though the large hospital was the natural home of medical enquiry, it had its own inherent defects, in that hospital practice dealt with a patient only during some very limited portion of his career. The causes of disease, the influence of family tendency and of personal surroundings, the connected history of patients from birth to death, the questions of idiosyncrasy in treatment, all these formed the domain of enquiry for the private practitioner. In these matters, too, the country physician had many advantages over his confrères in the larger cities and towns: he had more accurate and continuous knowledge of his patients, he dealt with questions in simpler form, and hence his observations should be most valuable. Without doubt, the present isolated professional life of the bulk of country practitioners involved a grievous waste of useful knowledge, which should be conserved for the general good. The remedy would seem to be the adoption of the system of collective investigation. At the Copenhagen Congress in 1884 Sir William Gull explained the work which was being done by the collective investigation committee of the British Medical Association. Fifty sub-committees had already been formed in the United Kingdom, including a thousand members. At the close of his eloquent address it was resolved to form an International committee for the collective investigation of disease. The various countries of Europe, with North and South America, were represented on that committee. Might not one result of this congress well be the formation of an Australasian branch of that committee, so as to give purpose and method to the observations of the general body of our practitioners? Lastly, in addition to co-operation between the workers in the vast fields of research afforded by our hospitals, and to some method of collating the experience of physicians in all parts of the colonies he would in a few words refer to the necessity for special enquirers. The life of Duchenne aptly illustrated his meaning. Early acquiring a taste for electro-therapeutics, and finding no scope for his enquiries at Boulogne, he proceeded to Paris in 1842, and there set himself to the study of the nervous and muscular mechanism in health and disease. He accepted no official appointment, but wandered through the various hospitals, eagerly investigating all cases that bore upon his studies, following them up from hospital to hospital and to their private retreats, and thus at last left behind him that series of discoveries which were a treasured heirloom to succeeding generations. Was not the time coming, in the history of these colonies, when special research should be—not the characteristics of a few workers widely scattered from one another—but a spirit moving everywhere, impelling the best minds to bend themselves with all their energies to add something tried and sure to the sum of human knowledge? Thus might they aid in realising the words of Graves, true to some extent even in his day, more true now, but pregnant with hopeful prophecy for the future:—"The

reason, extending from the old to the new world, from Europe to our antipodes, has encircled the earth; the sun never sets upon her dominions; individuals must rest, but the collective intelligence of the species never rests; at the moment one nation, wearied by the toils of day, welcomes the shades of night, and lies down to seek repose, another arises to hail the light of morning, and refreshed speeds the noble work of science." (Loud applause.)

The Congress then divided into sections, when the following papers were read:—
Medicine.—“Fear as a factor in producing many of the alarming symptoms following the bite of Australian snakes,” by the Hon. J. M. Creed, M.L.C.; “Some remarks upon the South Australian climates, and their influence on phthisis,” by H. Eustace Astles, M.D.; on “Gundelia robusta,” by T. Dixon, M.B., lecturer on Materia Medica at the University of Sydney. Surgery.—“Case of scrofulous pyelonephritis, removal of kidney by Langenback’s incision, lumbar drainage, recovery,” by H. Weidenham Mansell, M.D., T.C.D., hon. surgeon Dunedin Hospital; “Hydronephrosis, removal of kidney, recovery,” by Walter Fell, M.B., Oxon., Wellington, New Zealand (read by Dr. Closs); Demonstration and illustration by H. Weidenham Mansell, M.D., T.C.D., on (a) the use of Carver’s tools in hard cleft palate; (b) a demonstration in enterectomy; (c) extroversion of the bladder; (d) removal of a foreign body from the bladder by suprapubic operation; (e) a method for radical cure of femoral hernia. Gynaecology.—“History and progress of ovariectomy in the Australian colonies,” by J. D. Pinnock, M.B. &c. (Ballarat); State medicine.—“The medical profession in relation to the State,” by J. E. Neild, M.D.

One of the most interesting papers read during the afternoon was by Dr. E. C. Stirling on “The State, the practitioner, and the public.” Dr. STIRLING, after referring to the efforts made by various medical associations in the past to induce the Legislature to undertake a greater control over certain matters in which the profession were peculiarly interested, said there were many points on which medical practitioners thought that as a body they had neither received the consideration they deserved, nor as the apostles of public health had their recommendations been so frequently recognized as in their opinion should have been the case. First, it was claimed that it was the duty of the State to take care of the health of its subjects by more direct, stringent, and frequent intervention in sanitary matters; and secondly, that the State was also bound to protect the general public, as individuals, by prohibiting or at least strongly discountenancing the professional dealings of quacks, impostors, and other incompetent persons. With the former of these contentions he thought the public generally was not out of sympathy. After calling attention to the limits of legitimate State interference in regard to the repression of nuisances, he said that his present object was to deal with the subject of the relations of the State to the practitioners of medicine and of these to the public, and to invite discussion on the question, how far the profession was justified, or was wise, in seeking from Government what undoubtedly amounted to a certain measure of protection against the army of quacks and impostors who found a veritable happy hunting ground in the Australian colonies. Whilst the frequent representations that the State should extend and consolidate its jurisdiction in the matter of sanitation with but occasional exceptions met with tacit or expressed approval, the same

could not be said of the suggestion that the State should take care of the public as individuals, by protecting them against the possible malpraxis or fraud on the part of the unqualified practitioner. The public, in whose interests this suggestion was ostensibly put forward, persisted in recognising in it only self-interest on the part of the profession, and to a large extent declined with anything but thanks the proffered protection. A suspicion not always unexpressed attached itself here as in the other colonies to the minds of our legislators, and as South Australian members of the congress knew it had hitherto been found impossible to obtain a Medical Act satisfactory to the members of the profession. The result was that with the exception of New South Wales the law was more unsatisfactory here than in any of the other colonies. Speaking to the public rather than to the profession, he said there were few medical men of considerable practice, particularly if they were surgeons, who were not familiar with striking instances of malpraxis, both culpable and criminal, on the part of unqualified men and women which had led not only to permanent maiming but also to fatal results, and though he at once freely admitted that the possession of a recognised diploma was no absolute guarantee of successful treatment, yet it appeared to be obvious that in the practice of medicine and surgery some lengthened period of systematic training under tried teachers was an eminently safe criterion of efficiency than no special training at all, or at best very little. Cases of malpraxis by unqualified persons were rarely brought to light, partly because we in this country, with extraordinary laxness that had been over and over again pointed out, had left the way open for insufficient and incompetent evidence as to the cause of death, and partly because the cases when recognised were not often revealed so that as the result of a generous but perhaps unwise reticence on the part of the qualified man his unqualified rivals were left to be judged only by their occasional successes. He wished to express his deliberate opinion that the acceptance of death certificates from unqualified persons left a distinct loophole for malpraxis, and if to malpraxis he were to add foul play he should most undoubtedly be confirmed by the experience of many present that day. His own opinion was adverse to the plea for prohibition so far as it was put forward for the protection of the general public. As a general principle he thought it was much better that the public should take care of itself in this as in many other matters. He most willingly and cheerfully conceded to the public its unrestrained liberty to be killed or cured, maimed or mended, in any way it thought fit, and to any man, however unqualified, the liberty to ply his calling, if without fraud or false pretences he could prevail upon silly people to employ his services. Once, however, admit the duty of the State to interfere with the free will of the patient in his choice of a medical attendant, where was the intervention to cease? He believed it would be quite impossible to prohibit unqualified practice. There were five points in which the profession in South Australia had sought reform, and they might be thus briefly stated:—1. The State should accord the ægis of its protection to qualified practitioners only, and should at least discourage if it did not entirely prohibit practice by those who were unqualified. 2. The assumption of professional titles and qualifications by persons who possessed none

should be punishable like other fraudulent pretences. 3. The medical certificates of the cause of death should be received only from duly-qualified medical men. 4. The definition of what constituted a qualified practitioner should be more strict, and the Act should not leave as it did now a loophole for bogus diplomas, or diplomas obtained under circumstances which were absolutely conclusive that there could have been no complete or systematic course of study. 5. The constituted authority which determined the issuing of certificates of registration as a legally qualified practitioner should equally have the power of cancelling or suspending them. The death certificate form in South Australia expressly sanctioned and suggested that the return of the cause of death should be made by any unqualified person, by the words "qualification, if any," which followed the space left for signature. He looked upon these words as a standing insult to the profession, and an absurdity in face of the chief objects to be achieved by it. Apart from the question of obtaining the best expert evidence that there had been no foul play, surely if the returns were worth anything at all they were valuable as being the basis of vital statistics from which important conclusions were hereafter to be drawn as to the prevalence and distribution of disease. As an instance of how absolutely valueless these returns might be he mentioned that he had seen not long since the cause of death certified by an unqualified practitioner as "cessation of breathing," a return which must have puzzled the Registrar-General to classify. (Loud laughter.) He saw no reason why an individual who advertised himself as the possessor of a diploma which he did not possess should escape the penalty both swift and sharp which even the liberal view of Professor Huxley admitted was rightly his due. Lastly he urged in forcible terms that the State should be more strict in its definition of what constituted the right of being considered a properly qualified medical man. He was pleased that the medical schools of Melbourne, Sydney, and Adelaide had wisely set themselves to be above suspicion in the matter of granting diplomas to men who had not passed a proper training and obtained a competent knowledge; and in common fairness to their own graduates the Governments of these colonies should not be content with a standard that was far behind their own. With regard to question of cancellation or suspension of certificates it was surely an anomaly that the Medical Board appointed for the purpose of issuing licenses for registration on proof of fitness should not also have the power of withdrawing them on adequate proof of unfitness. The congress speaking not merely as the voice of the medical profession in South Australia only but of united Australasia, might do a good deal in directing the attention of the various Governments to such matters as he had indicated, as well as to many others of a similar nature. He asked that the congress should speak its opinion with no uncertain sound on the subject. (Applause)

This morning the members meet at the University at 10.30, when vehicles will be in waiting and they will pay a visit to the Sewage Farm. At 2 o'clock there is a special general meeting in the library of the University to consider the advisability of holding another session of congress and other business, and at 3 o'clock Mr. T. N. Fitzgerald (Melbourne) will give an address in surgery, after which sectional work will be proceeded with. His Excellency the Governor gives an "at home" in honor of the congress this evening. An advertisement in another column announces the order of proceedings to day.