

**HOSPITALS, MEDICAL SCIENCE AND
PUBLIC HEALTH. AN ADDRESS DELIVERED
AT THE OPENING OF THE MEDICAL
DEPARTMENT OF VICTORIA UNIVERSITY,
MANCHESTER, ON OCTOBER 1ST, 1908**

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Hospitals, medical science and public health. An address delivered at the opening of the Medical Department of Victoria University, Manchester, on October 1st, 1908 by Sir Clifford Allbutt

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SIR CLIFFORD ALLBUTT

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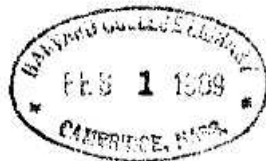
*Hospitals, Medical Science, and
Public Health*

AN ADDRESS
DELIVERED AT THE OPENING OF THE MEDICAL
DEPARTMENT OF VICTORIA UNIVERSITY,
MANCHESTER, ON OCTOBER 1st, 1908

BY
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Hospitals, Medical Science, and Public Health.

GENTLEMEN,—It is one of the noble attributes of the human mind never to rest contented with an achievement, be it never so useful, never so glorious. The old Manchester Infirmary, which happily escaped the division so injurious to some other city hospitals, was as famous in its great physicians and surgeons, and in its generous and enlightened benefactors, as in form it was stately and in its history monumental. Yet the mind of your citizens, thankful as they have been for a great past, would not rest contented on form and history; gazing still insatiably into the future, contemplating the new scope and potencies of modern medicine, personal and national, reading the principles on which this progress had been, and is being, made, and the signals of these ever-widening ranges of knowledge, power, and beneficence, Manchester men, in alliance with their University, are inspired to build yet more stately, to endow more richly, and thus to organise that still vaster compass of charity, of learning, and of municipal and national efficiency which I have visited, and to which I have the great honour of bearing witness, to-day. Thankful, nevertheless, as I have said, for a great past; but while these words are passing my lips the most ardent pilgrim will pause for a moment as, in the visions of his memory, are reflected the figures of those strong companions who lately were breasting the hill with us, but whose hands are now dropped, and whose familiar and prophetic voices are fallen into silence. Manchester and Manchester University, even after the loss of such men as Leech, Dreschfeld, Harris, Ashby, Cullingworth, Jones, Collier, will be more and more; notwithstanding we are haunted by the pathos of human life and death wherein they, who of all of us knew best how to rejoice in these new hopes and new promises, have been taken from us; and we are left to rejoice, if by no means alone, yet without their wise counsels,

without the enthusiasm of their presence. Still I repeat 'by no means alone.' For it is the older men, such as he who now addresses you, who see most vividly, and feel most keenly, that the fountains of life ever renewed, and of progress reinforced and accelerated, have their springs not in our generation but in the bands of eager young men whom year by year and day by day our universities bear in their pride. And if sometimes these fervid youths are inwardly disposed to scorn our ingatherings, to despise our experience, and even to hold our wisdom in suspicion,—well, it is better than if they had fed themselves with our formulas and fondled our idols. Social development has always been discontinuous; and a succession of slightly explosive generations is better than the alternative of revolution, of catastrophe by longer accumulation of pent-up stresses.

HOSPITAL MANAGEMENT

Permit me on the threshold of this new infirmary to make a few remarks on hospital purposes and management. Of the management of the Manchester Infirmary I know nothing, so that under this head no word of mine can be charged with censure or innuendo. I speak generally when I say that a prevailing error in hospital government is the failure of the lay managers to act in frank and equal partnership with the medical managers, whereby the full coöperation and best results of money and knowledge are more or less diminished; the machine runs with needless friction, and occasionally jams.

That money is of more value than knowledge is a vulgar and erroneous notion; yet in our partnership too often the lay manager presumes that the physician or surgeon is at the hospital not his partner but in some sort his servant. Occasionally indeed he ventures to depreciate the equal benevolence of the medical services, on the ground that if unsalaried they "pay" in profit and reputation. But do we find that in other professions public officers—as a clerk to justices, for instance, as a solicitor to a great banking company, as a consulting engineer or chemist to gas or water works—are unsalaried, because the office carries with it opportunities, reputation, and fees? By no means. The other

day I asked a distinguished physician and a distinguished surgeon on the staffs of two leading London hospitals if it paid them, however indirectly, to devote thus their priceless services for the sick, and for the raising up of successors like themselves? They answered almost in the same words, "The time I give to the hospital costs me 20 or 30 guineas a week"—surely a more than ample pecuniary recompense for any promotion in earlier years. Moreover, even in London, and more generally in the provinces, a man of parts and address, starting independently of a hospital, has opportunities of material gain on the average as good as, and far quicker in return than, those of his fellow student who, more disdainful of commercial balances, at the hospital devotes himself in the first instance to science and charity. Yet it is on these men who love the work that the virtues and the honours of a great hospital chiefly depend.

Let us put it more plainly; a layman, with a purse in his hand, and a physician stand on either side of the bed of a sick man. The layman offers to spend £5 on the patient if the physician of his learning and benevolence will convert this cash into means of solace and cure. Neither partner is of much use to the sick man without the other. The man with the banknotes cannot, it is true, allow the physician to spend the money uncontrolled; yet, on the other hand, without the physician his money would be wasted. The partners, then, are not master and servant, but comrades; and if with many banknotes and many patients a great healing engine is created, the principle of frank and equal partnership is not modified. If the expert, after the manner of experts, is prone sometimes to forget the relative proportions of things, to push ideas beyond the limits of common sense, to be importunate, or even extravagant, the layman on his side is as prone to be domineering, meddling, and short-sighted. Everything in the healing machine costs money, and the layman, who makes great sacrifices financially, must regard the ultimate economy of it; but, as everything in it is also therapeutical, whatsoever he may do or avoid affects more or less directly the treatment of the patients; whether it be, let us say, the heating and ventilation, the decoration of the walls, or even the baking of the bread and the quality of the blankets. Unless, then, the lay manager keep incessantly in

touch with the medical he will continually make little mistakes and large blunders. Now do we, generally speaking, find such broad and continuous counsel between these partners in large hospitals? Do we not too often find on the contrary a lay board shutting itself up by itself, and week by week proceeding to business without continuous touch with the honorary staff; acting indeed sometimes as if the staff existed only to do what it is told; a custom surely discourteous and wasteful, as well as mischievous to the business the two partners have at heart. How, then, should concord, mutual understanding, and harmonious and efficient coöperation be maintained? At the Leeds General Infirmary every member of the honorary staff is, *ex-officio*, a member of the weekly board; thus at every board one or other of the staff is sure to be present, so that if any innocent-looking proposal arises which in so complex a machine might react prejudicially upon the welfare of the sick, a warning note is heard, and the proposal is deferred or modified. Larger issues are discussed, on due notice, by full boards of lay and medical members, with frank and equal interchange of opinion; but the staff vote is properly limited,—in my day it was to eight, these votes being readily distributed among the staff at the discretion of the members present; votes being, of course, allotted first to the members of the departments especially concerned in the issue. The result during my experience was that no cool breezes chilled the cordial partnership between board and staff in that successful hospital; nor was there any loss of efficiency by want of touch, cross purposes, or conflicting opinions.

The next counsel I would offer is that a lively and effective sympathy be manifested with scientific aspiration and invention, even by lay managers who may be unable to see the bearings or object of particular researches. To speak personally, I shall never forget the almost comic astonishment of a certain weekly board to which, some 40 years ago, I appealed for a very modest outfit of electrical scientific apparatus, and at a later date for means of registering surface temperatures by electrical thermocouples, of recording continuous curves of bodily temperature by watchwork, and so forth. Bit by bit I did indeed get something of what I wanted, but with a delay and tediousness that crippled my endeavours. Now, I pray you to believe that no money is better expended

than moderate sums allotted to investigation by young men of scientific ardour whose education in method is fairly adequate. If it does little more than keep the junior staff and their pupils active, curious, and attentive, the outlay has its ample reward.

CLINICAL PATHOLOGY.

And thus I am led, not merely to urge in general terms the alliance of clinical medicine with scientific research, for this is a counsel not needed in Manchester, but to advocate in particular a far closer intimacy and coöperation than at present exist between the physician and the pathologist. Since a few of us, some years ago, began to urge the creation of clinical laboratories close to the doors of the wards, a little has been done no doubt; but in most places it has been done, in my opinion, awkwardly and very partially. Herein I think the medical manager, as sinning against the light, is more to blame than the lay; so that the pathologist—I speak not now of morbid anatomy which has long enjoyed every advantage, but of pathology in its dynamic aspect—the pathologist in this sense is kept aloof from the patient whose processes it is his main business to interpret; and the physician, with morbid anatomy nearer his elbow, has been losing something of the sense of disease as dynamics, which, with all their fantasies of vapour and humour, was apprehended by our ancestors of the last two or three centuries. Of late years a remarkable integration has begun, and is rapidly proceeding, between anatomy and physiology; and, if medicine is to advance as it has been advancing, the same integration must be created between static pathology, medical practice, and dynamic pathology—the pathology of processes. That the pathologist must investigate the sick man in whose body these defects and perversions are at work seems too obvious for assertion; yet when some few months ago I asked, somewhat ironically I fear, of a distinguished pathologist in a great university if he had free access to the wards of the hospital, he replied, "If I were to set foot in the wards there would indeed be a pretty hubbub in the staff." So the pathologist, at arm's length in a laboratory down the street, working, as it were, in a balloon, and fed upon occasional crumbs from the hospital table, never sets eyes upon the concrete problems which it is his business to solve. There