

# On Things Which Matter a Little to the “Compleat Artist in Medicine.”

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An Address to Undergraduates and Freshmen delivered before the Sydney University Medical Society, on Friday, 22nd April, 1927.

I think this must be certainly the third occasion on which I have delivered the Annual Address to your Society; indeed, my mind goes back more years than I quite care to remember, and I believe I had the honour of giving the Society its very first Annual Address. I have so far been unable to obtain a copy of what I said on that long forgotten occasion, and perhaps it is just as well.

It is not easy on short notice, to decide on a suitable subject—for purely professional subjects are unsuitable to an audience where many men are only just entering upon their studies, and so do not know as yet the language of medicine. I have, therefore, thought it best to speak on general matters—Education, Conduct of Life, Professional Usage, and the Aims and Ideals of a Medical Man. I may offer you a few hard sayings, but take them in good part—and forgive me, if at times I sound reactionary and fault-finding.

I suppose the first thing for an undergraduate, be he a senior student or the freshest of freshmen, is to resolve to study hard, and learn your job—and that ideal I beg of you all to keep ever in your minds, and in your daily work. Lay a solid foundation in the first years, of Anatomy and Physiology; strive to get a good, but not too diffuse, knowledge of Chemistry and Physics—the latter, perhaps, already passed, for I forget where it appears in your curriculum. In regard to the two latter subjects, a fair knowledge of the simpler matters, thoroughly learned, is far better than a vague pass-examination knowledge of a larger amount, which is forgotten as soon as the examination in these subjects is passed. No one realises more than I do that modern medicine demands no small knowledge of Chemistry and Physics, but medical students are rarely about to become scientific chemists or budding physicists, and so a fair knowledge is all that is necessary.

## The True Groundwork.

With regard to Anatomy and Physiology, learn as much and as thoroughly as you can. These two subjects are the true groundwork of correct medicine and surgery—and it is

only in these first years of your medical training that you can give whole-hearted attention towards their acquisition. In after years the man who is going into general practice rarely has time or opportunity to concentrate on their study—and must often go through life with the knowledge alone of these subjects which he gained in these early years—a knowledge sadly apt to get less as years pass. Those who, later, become pure surgeons or scientific workers in various ancillary sciences have time and opportunity to work at them. But do not misunderstand me, Anatomy, Physiology, Chemistry and Physics are vital to all who practise the healing art in a scientific spirit. Therefore in the early years bend your mind to them, and their dryness and difficulty once overcome, a competent knowledge of them will yield you a satisfaction in your later life of practice which will be a help, and a sure source of confidence as long as you live.

Next you must all try to be good clinicians; therefore the more time you spend in hospital the better. It is the only place to learn disease. It is not given to all to have a kind of extra sense in recognising swiftly the signs of disease, and indications for treatment; such ability is a gift, but in nearly all of us, close attention will develop, in the end, a wisdom attained by work, not inborn; and so you, after many days, become successful, observant, and safe doctors.

I have just spoken of clinical knowledge—let it have first place in your diagnostic equipment. The tendency of modern medicine is to run to short cuts to knowledge and to invoke the aid of a specialist, in one or other of the ancillary branches of medicine. Quite right, too, but here, and on various previous occasions, I have inveighed against the practice of calling in these aids before doing your clinical best to find out what is wrong with the patient. Suppose the patient has a chest malady: examine him thoroughly, get his family and personal history, listen to his story, in his own often diffuse words, examine him with the erudite finger and trained ear. Then, and not until then, get his sputum examined, his chest rayed, and apply, any biological tests which are appropriate, but for goodness sake don't do these things as a start off.

In abdominal disease, X-ray findings are often, nay usually, invaluable, and so are clinical examinations of the visceral contents; but first do your best to arrive at a conclusion on simple clinical grounds, and later, see if the magic findings of the radiologist confirm what you suspected from your own clinical examination.

So also try to diagnose fractures and dislocations as our fathers did with meticulous care, skill, and success, before asking for an X-ray, but in these days, both for your own and your patient's sake, you ought **always to employ them**. I might multiply examples of the modern craze for putting the cart before the horse in practice, but I think these instances are sufficient.

### Good Craftsmen.

We have to be good craftsmen whether one is a general practitioner, a surgeon, or a physician. Even a pure physician must know his craft; indeed, a surgeon should remember that he is just an "operating physician," as Trousseau, nearly a century ago, would have said, or now as Sir Berkeley Moynihan says in describing himself as "a physician condemned to practise surgery." In the prescribing of drugs I fear some of us run riot, even in these modern days. Patients so often want "something in a bottle," and we are further "egged" on to therapeutic debauches by the visits of "our camp followers" the manufacturing chemists, as Osler called them. To listen to the glorification of some internal secretion product or new synthetic remedy, placed on the market by these firms, we might easily be led to believe that indeed we have found the one thing needful. And they are boomed by certificates from Doctor X, Y. and Z, who have "found it a great help in the case of Mrs. W., etc." Don't be led away by such literature. The certificates are mostly written by men who are not scientific physicians; they are just unknown, unscientific, credulous "persons who prescribe drugs," and like a cheap advertisement. But even men who really are scientific practitioners are all too prone to be led into an easy credence and use of worthless drugs "which have their day and cease to be." Happily this misuse of drugs does not often lead to grave mischief, but the condition is not so unimportant when it comes to surgical procedures.

### Focal Sepsis.

Take focal sepsis. It is perfectly true that in many instances sepsis in a local place may by long continued absorption, produce grave disturbances of health in other regions—a chronically inflamed appendix may cause obstinate digestive trouble. Many evils may result from a grossly insanitary mouth where the jaws with their pyorrhoeic complement of rotten teeth may be a veritable cemetery—nay, a necropolis—and therefrom may result indigestion, grave anaemia, perhaps duodenal ulceration, and rheumatic and sciatic woes of all sorts. Granting all this freely, the removal of the offending sources of sepsis is a most righteous proceeding; but the practice of ablation of members supposed to be septic must rest on very clear grounds—for, alas, I've seen many a healthy appendix, and good, or at any rate inoffensive teeth, ruthlessly removed without benefit. Innocent victims, sacrificed on the altar of focal sepsis. I fear there are far too many edentulous mourners going about weeping over their blunted taste and lost molars. Some of these "regrettable incidents" are due to lack of experience and balanced judgment in those who perpetrate them. These practitioners are of the sort who seek after

some new thing, and the influence of the last medical article they have read, usually by someone with a foreign sounding name, is sufficient to precipitate them on an orgy of wrong medical treatment, or meddlesome surgery. I beg you to cultivate a sane judgment and common sense, and so avoid being led into these outbursts of disastrous practice.

Forty or fifty years ago it was not very difficult for a good steady student to pass his examinations creditably, and, what is more important, to attain to a good all-round knowledge of his profession. In my professional lifetime medical knowledge has increased manyfold—and six years is now all too short a time to attain to the right to practise. But with graduation your studentship does not end; you must remain students till your career ends. First of all after graduation, seek junior hospital posts. It is impossible to exaggerate the importance of this form of post-graduate experience. No one who misses it ever starts practice with the advantage which ex-resident medical officers have gained by living in an hospital, seeing patients from hour to hour, learning to carry responsibility, yet with always someone to fall back on in difficulty. It is indeed the happiest period in the life of a medical man. Prolong it for as great a time as is possible. A year is good, two years are better, and a third year is still better before the evil day comes and you leave the shelter of the hospital, or the help of others, and face the problem of earning your own living.

It is no joke now to earn your own living honestly at medicine. There are far too many of us; competition is keen and there are not enough jobs or patients to go round. I tell you all that if money getting is your aim, and riches your ideal, you had better have gone to bookmaking or keeping a public house than chase after wealth in medicine. True, some small proportion of doctors make very large incomes: a good many by faithful work make a comfortable living, and the public need not grudge them their success, for, in most instances, high professional success goes with high professional merit. But to more than half I feel sure it is often a good deal of a struggle to bring up their families in moderate comfort, and provide moderately for those they leave behind when death or disuetude overtakes them.

#### A Profession—Not A Business.

The best I can say for medicine as a business is that if you are sober, punctual, careful, and moderately competent you are less likely to starve than in, say, Law or Engineering—for people only occasionally go to law, rarely need a bridge built, but almost certainly need physic some time or other. It is just this overcrowding and keen competition that fills me with doubt about the future of the profession. Further, and I say sorrowfully, but in no unkind spirit, many aspirants to medicine in the last few years, apparently have

not been particularly suited for it. To them I fear it has seemed just a business, with some trifling and overrated social advantages. Medicine is not a business in the narrow meaning of that word—it is a profession and should be practised as such, faithfully, honourably, and, though the labourer is very worthy of his hire, the money question ought not to be eternally prominent in the doctor's thoughts. It is therefore doubly important in these difficult days that we medical men take a high ground in our relations with the public and our patients and not allow money greed to make us fall short of the best traditions of medicine in the past. For instance, I sometimes hear that the deplorable practice of Dichotomy is creeping in amongst us. Those who practise it say, with some specious show of justice, that when a practitioner causes a consultant physician or surgeon to be called in to a patient, especially in the case of the latter, that he, the practitioner, just gets his ordinary fee or some trifle in addition, while the consultant gets 50 or 100 guineas or whatever it may be. But this is not the whole story; the consultant is supposed to have special knowledge and skill, which he sells to the patient. Knowledge and skill which the practitioner does not possess, or fears to make use of, and so incur responsibility. The patient is told what the fee will be; he buys the consultant's services, and the family doctor is not, and ought not to be, a participating party in the transaction. A secret division of the spoil is dishonest, and has, and does lead, to all manner of abuses, and is always a wrong relationship between all three parties—and occasionally it amounts to what is actually criminal, the suggestion of operations when such operations are not really necessary, but are undertaken more to fill the coffers of the general practitioner and the complaisant and contemptible consultant, than truly needful for the patient. There are other forms of commercialism that grate on one's sensibilities, and should be fought against—such as the puff direct or oblique, and ridiculous garbled praise in the poorer type of newspaper. I fear these, and other kinds of advertisement, have lately an American flavor—for in many ways we are becoming Americanised, and I regret it—and I miss the learning and courtesy of a nearly extinct type of doctor. I said Americanised, but not in the best American way, e.g., the ways of the Mayos and the Cushing's of the profession. Much as I like and admire the high caste type of American, I fear that the "lesser breeds without the law" swamp, in the United States, the original fine Nordic stock, and so that great country is now not a consoling and hopeful example to us, in spite of its wealth and success. The population of the United States has not yet become "a race," but is just "a people" steeped in as great a neurotic materialism as the world has known. We must here in Australia, in medicine, try not to let baser American methods swamp our conduct of life and speech—but rather try to continue in the traditions and ways of our own race-pure stock.

### Avoid Slang and Odious Abbreviations.

There is slang of various kinds, and some of it is so much a part of our daily life that it ceases to be slang and ultimately becomes a part of our ordinary speech—and this is usually a good slang with an apt metaphor. But there is another kind of slang and loose use of English that is disgusting. So also are clipped words: operations are operations and not "ops." It is not gratifying to see on a medical report that the respiratory system is "O.K."—and that the patient's health is "A.I."; the Pathological Department should not be called the "Path." The disease caused by the Klebs-Loeffler bacillus, which please spell correctly, is Diphtheria, is never sufficiently a friend to be called "Dip." No, not even by a Resident in the Children's Hospital. Citrate and iodide of potash are really useful drugs, so for goodness' sake allow them their full title and not belittle them by saying Pot. Cit., Pot. Iod., or Sodae Sal. I consider I am just now addressing the Medical Society, not the "Meds." You are also members of the Sydney University—not the "Uni." It also is ambiguous and distressing to hear the junior ranks of the eminently respectable profession of nursing alluded to under the name of "Pros." These, I think, are sufficient examples of odious abbreviations in common use. Correct speech is proper for a doctor. I hated to hear of one student coming up to two of his own year who were dissecting a part with the remark, "Wot are youse blokes doin'?" "Blokes" was not the word he used, but it will suffice. "Youse blokes" is quite allowable in Parliamentary circles, but in a doctor's mouth it would destroy one's faith in one's medical man.

### Read Good Literature.

The doctor who knows nothing but the plain roast and boil of his profession may be a very excellent fellow and quite a safe practitioner, but he is a dull dog all the same, and if he attends educated people they are quite likely to gauge his professional attainments by his ignorance of general knowledge. I therefore advise you to read and love books, the best in English, to read general history, and specially perhaps medical history. We have a section of the B.M.A. for the encouragement of such study, which, later, I hope you will join. It gives one a great zest in learning the features of a disease or the discovery of a new method of treatment, to know something of the men who first broke such new ground and how they did it. Nor need such learning lead you too much away from the purely technical literature of the day. Was Osler's Text Book of Medicine less useful or readable on account of the little purple patches of personal and historical knowledge it appositely contained? Or was he the less perfect physician? Were the writings of Treves or Allbutt less valuable because they are written in glorious English and are full of suggestive little allusions to the makers of medicine? I think not.

I have no liking for tabloid textbooks—a little diffuseness of the kind I have mentioned makes the "meat of matter" stick in one's mind. The biographies of the makers of medicine are books to be read and treasured. Every well educated doctor ought to know something of Linacre, Sydenham, Jenner, and John Hunter, and to be familiar with the achievements of Bright, Addison, Simpson, and Lister. I advise you all to read Cushing's "Life of Sir William Osler"—quite a recent book—and all these are British! What of the scores of great names in the medical history of other countries? General literature and poetry should indeed be great comforts to men whose working hours are spent over technical subjects, and burdened with weighty responsibilities—cultivate them both is my strong advice. Poetry, to some people, is a kind of "verbal insanity," yet to many other folk its knowledge and recollection are priceless in hours of loneliness, depression, and illness. So also is the discreet cultivation of a hobby, but don't let it run away with you. Hobbies may be some form of amusement only, which take one in the open air, give you exercise and health, and make you meet and know your fellow men outside the languid air of a sick room. For instance, tennis, riding, golf, sailing—they are all excellent tonics. Again, a hobby may take the form of the serious study of some useful subject—perhaps even a science ancillary to medicine. In either case they are admirable distractions to a doctor, whatever be his line of work. Even music in moderation is a joy to many people.

In all this urging upon you to study things other than medicine I do not forget the technical knowledge you have to absorb, and the examinations you have to pass, which "hang like a night wherewith we dare not cope." Well you have to cope with them, so I admit that in undergraduate days these happy journeys along the primrose path of literature must be rather seldom excursions, but all the more to be valued and remembered when you do have odd hours of leisure.

#### Present System of Examination.

Whether the present system of examinations is the best possible I am not quite sure. On the whole, for the attainment of a simple license to practise, I think they are, in their present form, probably the best method of ascertaining the candidate's knowledge of a minimum standard of safety to the public. As regards higher degrees, I think that perhaps some other system, such as I think Osler, and the leaders in the profession in America advocate, is a further test of knowledge, viz., by a record of the aspirant's post graduate work, experience, and character. Although the possession of a degree or qualification gives you the license to practise, and you have spent six years in gaining it, you really are only on the threshold of your learning. After a year or two in hospital as a Resident you may justly consider yourself

competent to treat disease, but even so, if your circumstances allow you I advise you to go elsewhere for further study, especially if you aspire to the higher ranks of the profession or contemplate specialism. The newly fledged graduate who bursts forth as a specialist, is a subject for laughter or tears, or both. Moreover, going elsewhere, is a wonderful education in itself. It takes, or ought to take, a good deal of parochial conceit out of the young medical man of whatever nationality—and, let me remind you, very gently, that the young Australian is said to suffer a good deal from that common malady “swelled head.” Also travelling improves his manners, his accent, and his knowledge of the world. All admirable things to acquire before settling down in his homeland.

It is no doubt “not good for man, or woman either, to be alone,” to enjoy solitude perpetually. Bacon says, “a man must either be a god or a beast,”—and so our young doctor or doctress seeks a mate. Quite right—but don’t do it too soon. As Osler said, “Keep your affections in cold storage for a season.” Don’t curb your noble rage for knowledge prematurely by difficult domestic complications, whereby the pure light of science, and the difficult way to a really high type of practice, are made anxious by the insistence of butcher’s bills and babies.

#### “Talking Shop.”

“Talking shop” is an excellent practice in season; it is a common ground of interest on which we all meet. It sharpens our wits and usually we learn thereby; moreover, very many of us are unfortunately unable to talk intelligently on any other subject. But “talking shop” out of season is not to be encouraged. Many morbid and “sticky beak” persons in the laity, have an unwholesome joy in hearing gruesome tales of other people’s “innards,”—it does them no good, and in the telling of such tales, all sorts of professional matters on which we ought to keep shut mouths, inadvertently may slip out to our own undoing, for patients neither forget nor forgive such laches. The secular confessions of the consulting room should be as inviolate as those of confessions in another place. Patients soon learn to distrust the talking doctor, so, for your own sakes as well as your duty to your patients, you must be silent.

The conditions of medical practice, our relation to each other, and to our patients, all make an environment in which petty squabbling and jealousy are easily engendered. We are very human, deplorably lower than the angels, and it needs tact, forbearance and good temper to steer clear of professional unpleasantnesses. The more parochial the community the more acute are the chances of doctors differing. I suppose the best remedy for these discontents is a determination to try and see the matter from the other man’s viewpoint, and to do unto others as you would be done by



—counsels of perfection perhaps, when you hear garbled tales of what your colleagues said or did, or when, in a small community, a family, in whose affections you thought you had fixity of tenure, goes to the other man.

### Medical Etiquette.

With the laity, often ignorant perhaps, and also among those who ought to know better, medical etiquette is frequently derided and abused. Don't listen to such talk. Medical etiquette embodies what is right and is just the use and wont of what has been the ideal conduct of generations of high minded doctors. No one wants to overstrain things, but, believe me, medical etiquette is just the doctrine of doing as you would be done by translated into certain rules of conduct and professional usage. Follow after them and you will not stray far from the narrow way of professional virtue. In most cases if the men themselves are not impossible, and the matter at issue is not beyond mending, the wisest thing is to meet and talk it quietly over, or refer the question to the judgment of a common friend. We don't see enough of one another apart from unavoidable professional intercourse. Go to Medical Society gatherings, cultivate your colleagues—most of them at the bottom are quite good fellows—learn from them, make friends with them, for men "do truly exist for one another," "teach them, or at least bear with them."

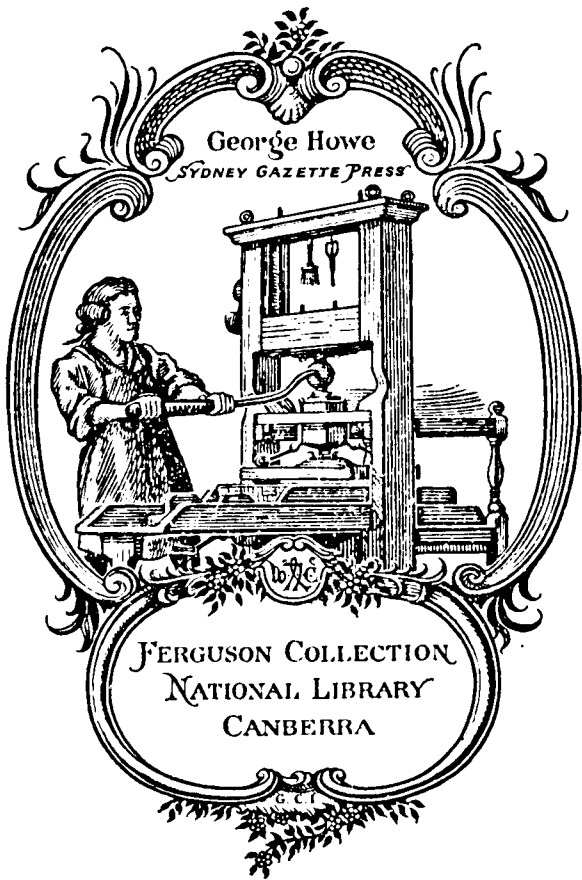
"There is nothing of which we are so prodigal as advice," so said a wise Frenchman. I think I have poured out quite enough for one evening, so I shall turn very briefly to welcome the Freshmen who have joined your ranks this year. I think we may truly tell them that if medicine be the most arduous of the learned professions, it is also the most intrinsically interesting. Nor need that interest wane with years, for medicine is infinite—and from his first year, to the end of his life, he ought, and I hope will, continue to be a student. It is also the most noble, and, rightly served, it is the most altruistic, for not only are our daily efforts directed to the care of disease, and the relief of suffering, but preventive medicine seeks to abolish the need for the very art by which we live. We have to live, and so we expect to be paid for our labours—but that payment is never exactly the same return that the merchant or tradesman gets for his goods or services—you stand in a closer human relationship to your patients than these men do to their customers and so, not seldom, are you the comforter of the stricken in mind, as well as the body healer. Don't expect to get rich quick, work for and deserve a steady just return, find pleasure in your work, do it in a good spirit, be reasonable, honest, and friendly in your dealings with your brethren, and, believe me, you will find the profession you have chosen, rightly exercised, the most soul-satisfying of all occupations. We welcome you to it and wish that you may be happy and

prosperous in its study and practice, and a credit to your Alma Mater, so that each and all of you, may become true disciples of St. Luke, and be honoured as physicians among men, as Jesus the son of Sirach says:—

By the honour due unto him,  
For the uses which men have of him,  
For of his works there is no end,  
And from him is peace over the earth.

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