

# James Colville (1865–1933)

President of the Ulster Medical Society

1918–19

## Presidential Opening Address

Ulster Medical Society

24th October 1918

LADIES AND GENTLEMEN, My first duty to-night is to try to thank you for the very high honour you have done me in electing me President of the Ulster Medical Society for the session 1918-19. When I think of the many famous men who in the past have occupied this position, I am filled with shame at the knowledge of my own unworthiness. But since it is by your kindness that I am here, I trust to that same kindness to be a little blind to my many faults, both of omission and commission.

We commence another session still under the shadow of the World War, but the shadows are lessening, and we can now look forward with confidence to an early, a just, and, let us hope, a lasting peace. The cost has been terrible; both on sea and land lives have been taken in such huge numbers that we can scarcely appreciate the awfulness of the sacrifice. Our very senses have become blunted by "horror piled on horror." When before the war Kipling could write, "there is never a wave of all your waves but covers an English dead," what will the poet of the future have to say of the long, long roll added during the past four years?

I think we have every right to feel proud of what our own little Society has done during these dark days of stress and strain. We have a membership of 205, and at present there are 72 of our members serving in the navy and army, besides many others doing war work in the various hospitals at home. When you remember that of "those who remain" many are "aged and infirm" and many are "old crocks" unfit to be graded even A4, the response of our members will seem all the more creditable. Three of our members have given their lives in this death-grapple of the nations: Dr. F. W. M'Kee, Sir W. H. Thompson, and Captain W. S. B. Hay.

Dr. M'Kee was a former Vice-President of our Society. Unfortunately, the vessel in which he was serving was torpedoed, and he died from the effects of shock and exposure.

Sir W. H. Thompson, to whom the end came in that ocean crime, the sinking of the passenger steamer, *Leinster*, was a former President of this Society, and a frequent contributor of papers dealing



with original work in his own special subject. He died in the path of his duty. He is one of that great host of innocent men, women and children brutally murdered by the modern exponents of "kultur."

Captain W. S. B. Hay graduated in 1914. He was Demonstrator of Anatomy at Queen's University till he joined the R.A.M.C., in 1915. On 6th October, 1918, strangely enough, the third anniversary of his landing in France, he was killed in action. A life full of promise cut off before its prime.

Two of our old members have passed "beyond the bourne" during the year. Professor R. O. Cunningham and Dr. St. Clair Boyd.

Professor Cunningham, one of our Honorary Fellows, passed quietly away, full of years and honours. He had resigned his chair some time ago, and had spent the remaining years of his life near Torquay. All of us, except the very young, have been his pupils, and all of us respected and admired his manly, upright character and his kindness. He was

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one of those “who walk straight onwards.” Outside he was hard and rugged (like his own crustaceae), but within it was all softness. I always thought of him as the man with the heart of a child.

In Dr. St. Clair Boyd’s death most of us feel that we have lost a close, personal, warm-hearted friend. For many years he was compelled to fight what I always think is the hardest task that can be set us in this world – gradually failing health. He was a brilliant operator, both at the Samaritan Hospital and at the Ulster Hospital for Children and Women; but, while still a young man, failing health compelled him to resign all his appointments, and to retire from practice. Yet up to the last his interest in his profession and his delight at any success of an old friend was as keen and as active as ever.

These are the most notable losses our Society has suffered during the year. To look on the other side of the shield, there are two subjects of which I think we have every reason to feel proud. The first of these is the really wonderful success of Professor Symmington’s magnum opus on Anatomy. Published in the midst of the war, whilst all medical schools are thinking more of bayonets than of scalpels, and at the price of five guineas per copy, yet the first edition was completely exhausted in a few days. I am sure we are all delighted at such a successful termination to many years of hard work, and I, on your behalf, cordially congratulate Professor Symmington. Then I feel that, as your President and mouthpiece, I would be failing in my duty were I not to tender our hearty congratulations and to express our unstinted admiration, to Lieutenant-Colonel M’Carrison, a graduate of our University, on the publication of his epoch-marking work on Endemic Goitre. Speaking for myself, I consider this the most remarkable book published in my time. It is not an improvement on any previous book. It does not summarise all the pre-existing knowledge on the subject, and then add to this the author’s experiments and reasoned judgments. No; this work of Lieut.-Colonel M’Carrison goes far and away above those lines of thought and work.

He begins with an absolutely new idea, he makes original experiments, he triumphantly proves his case, and, finally, he supplies us with, what is all too rare, a remedy. This work on Endemic Goitre is so brilliant, so startling, and will have such far-reaching results, that, in the language of the front, it is a complete “break through,” and leaves us free to fight the wily microbe in a “war of movement.” It can be said, without any exaggeration, that this work of M’Carrison’s is a credit, not to our school only, but

also to British Medicine.

The subject that I have chosen for my address this evening is “The Changes in Medicine and Surgery during the Past Quarter of a Century.” When I was asked to become your President the first thought that occurred to me was, “What a change! What a fall this is from the able and distinguished men who occupied this chair when I was young!” and my second thought was an “adjunct to the predicate” of the first. It was – “I must be old.” Then I remembered that exactly 25 years ago I had been “qualified.” (“Qualified” is a legal term, and does not mean exactly what it says.) So I found I was able to take a reversed Pisgah-like view of the professional happenings in this corner of the globe for a quarter of a century.

In looking backward the chief change that I notice, and a change so vast as to totally dwarf everything else, is the marvellous advance in Surgery, especially in abdominal Surgery. When I was a student I remember one of my teachers saying, “A stethoscope is an instrument for looking into the chest; unfortunately, we have no means of seeing into the abdomen.” If that teacher were alive to-day he would have to admit that we do possess such an instrument, and one, too, that is far more delicate and certain than the stethoscope – to wit, the surgeon’s knife. In 1893, when I became Resident Physician to the old Royal Hospital, abdominal surgery was then only in its infancy. The results were appalling – about a 50 per cent, mortality. Is not the credit, then, all the greater to those lion-hearted men (many of whom are still with us), who worked through that terrible, heart-breaking time, gradually improving and altering their methods (and, remember, often the objects of fierce criticism), till they brought their art to its present-day state of almost perfection? These following figures will show you what I mean: In 1893 there were 10 abdominal sections in “the old Royal,” and 5 deaths; in 1894, 9 abdominal sections, with 4 deaths – a death-rate of almost exactly 50 per cent. Just for the sake of comparison, take the report of the Royal Victoria Hospital for 1917. There you will find 474 abdominal sections during that year, with 27 deaths, giving a death-rate of 6.1 per cent. Can you imagine a greater contrast or a more splendid “change”? I have often thought over the causes, in those far-off days, of our failure to avoid sepsis, for practically all our deaths were due to sepsis, and I am convinced that the fundamental reason was none of us had ever seen a microbe. The microscope during my time in hospital was only used very occasionally, and then only to demonstrate casts in the urine or to examine a urinary deposit. The result was usually not

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an addition to scientific knowledge, but a free debate between two divergent schools of thought – one saying that it was a cast which they saw under the microscope and the other asserting even more positively that it was a bit of blanket. Since we had never seen a microbe we failed hopelessly to appreciate their omnipresence, and this led to a laxity in technique which made failure a certainty. Relatively, too much importance was placed on the outward cleansing of the cup and platter, and too little to detail. None of us saw any harm in a surgeon, after having carefully sterilized his hands, using his handkerchief, if he wished, or helping to hold the patient. His hands had been sterilized, and a chance touch did not signify, and could not, as we thought, do any harm. The wipes were another source of error. In my time we had got beyond sponges, and we used lint dipped in carbolic lotion wrung dry. These were supposed to last indefinitely, the only precaution taken was to cover them with a piece of gutta percha tissue if the waiting period was expected to be unduly prolonged. It was during my reign that instruments were first boiled. This was thought to be, and really was, a great advance. But knives were never boiled. We thought it would spoil their temper, and we were taught that no self-respecting microbe could remain perched on such a smooth surface as the blade of a knife – a rub with a clean cloth was quite sufficient. Surely we have travelled a long road since those days. It is so easy now to look back and see the mistakes; it was so difficult then, with our then knowledge, to foresee and to prevent them. And we were keen, too. Keen as men could be. New schemes were constantly being tried, and as constantly changed. We certainly had zeal – “but not according to knowledge.” Yet I think we should look on the surgeons of those days as “the pioneers,” “the old contemptibles” of Surgery, by whose labours Surgery has been lifted to its present proud and secure position.

Turning to Medicine, I find the changes there striking and wonderful. It seems to me there never has been (since the first medicine-man, high priest, and healer stood before his altar, and thrilled the awestruck tribe by his magic arts) a quarter of a century so replete with wonders as the past 25 years. The change in the treatment of diphtheria comes first to my mind. This, I think is because inoculation was introduced in the Royal Hospital during my term as Resident Physician. The impression made on my mind by the marvellous change this treatment effected nothing can ever efface. Before inoculation nothing – not even tracheotomy – seemed to do any good. The severer cases nearly all died, and the younger the

worse. The late Professor Cuming, speaking to me at this time about the awful mortality in diphtheria and the hopelessness of treatment, said, and remember he was speaking from a vast experience – “I have never seen a case of diphtheria under three years recover after tracheotomy, and I cannot altogether blame the surgeons for this, for I have had some of the very youngest surgeons to operate.” As soon as we began to use the serum, even in doses which now would seem ridiculously small, diphtheria at once lost its terrors, and whereas formerly recovery was rare, now it was the rule.

Probably the greatest change of all during the past years is in the wonderful advances made in Pathology and Bacteriology. These advances, enabling us to make a definite diagnosis by examination of the blood, or of other excretions, or of morbid material, and then supplying us with a serum or a vaccine with which to treat the case, have all been made since I commenced to practise. There are, perhaps, some of us who still have doubts as to the exact place vaccine therapy should hold in our “line of attack” in treatment. Personally, I have no doubts. I believe it is the great advance in Medicine in my time, and I look forward to it being more and more improved, and becoming more and more useful as the years pass. Think of the South African campaign, with its terrible toll of enteric, and then compare the relative freedom of our army in the present war from this disease. Can this be explained by anything except the use of preventive inoculation? These twin sciences – Pathology and Bacteriology – have altered the whole course of a medical man’s life since I was qualified. They have made us think differently, speak differently, compelled us to use many strange words that we have had to learn with difficulty. Vaccine therapy is not a universal panacea, but it is a step along the road to knowledge. I have known vaccine treatment fail in many cases where I expected it to succeed, but I have also known it fail in removing theological doubt, and also in a case of ingrowing toe-nail. Surely, sometimes we expect too much.

Another change since I was young, and a change all for the better, is the advent of Lumbar Puncture. I do not think we use this method of diagnosis and treatment as frequently as we should. I am convinced I have seen it save a life which in the “old days” would have been lost, and as an aid in diagnosis, its value is inestimable.

Then time forbids me to do more than mention Cystoscopy, with all the far-flung advances in Renal Surgery, the marvels of the X-ray, the advances in Bio-chemistry, and the triumphs of tropical medicine,

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especially over malaria and sleeping sickness.

These advances in Medicine and Surgery during the past 25 years – and the list is not by any means complete, it is only the changes viewed from my own personal standpoint – should, I think, make us feel proud of what our profession has accomplished in the past, and incite and stimulate us to increase our efforts in the future. If so much can be done in the short space of 25 years, what may we not expect in the long future?

Concerning the changes that the future may have in store, I do not feel qualified to speak. I have never yet found a prophet's mantle that fitted me. Changes, and startling changes, are bound to come in the near future, affecting us in our relations both to one another and to the State, and probably affecting our profession as a whole in its status and in its connection with the State. I am unable to agree either with those who confidently predict that after the war there will be "a new heaven and a new earth," nor yet with those others who foretell "red ruin and the breaking out of wars." I comfort myself in the homely words of our Northern Province, "Things will aye be someway," for

I doubt not through the ages one increasing  
purpose runs,

And the thoughts of men are widened with the  
progress of the suns.

If in the short space of 25 years we have gained so much knowledge, may we not look forward with confidence, feeling fully assured of far richer gains in the future, gains sufficient for all the new difficulties of those times.

For knowledge is of things we see,  
And yet we trust it comes from Thee,  
A beam in darkness: let it grow.