

# Andrew McConnell (1838–1909)

President of the Ulster Medical Society

1889–90

## Presidential Opening Address

Ulster Medical Society

6th November 1889

GENTLEMEN, – In assuming the position to which your kindness has promoted me, it would only be false modesty if I did not confess that your unexpected action was a pleasing surprise. I was gratified to find that my daily outgoings and ingoings for twenty years and more, I must confess, mainly attending to my own business, had received such an unexpected mark of your recognition and favour.

The life of a general practitioner, when pursued, as it requires to be, with all due diligence, leaves little leisure for social or public enjoyments. Prompt to every call, he is expected to watch and wait, and if not pray, at least to help and feel for all. And though I believe “More things are wrought by prayer than this world dreams of,” still our department is action. Others may have their say, but ours is to do the deed – to relieve suffering and save life is pre-eminently our duty, and I have often thought that the words –

“Oh, God! Lord William dost thou think

How dreadful ‘tis to die –

To stretch the powerless arms in vain –

In vain for help to cry” –

come fearfully home to us. How often, when the yearning face of the hopeless invalid is turned towards us, and the feeble hands press ours for the last time as we turn humbled aside, might these words recur to our memory. It is no wonder we are willing to try to the uttermost, and even after utter failure to try, try, try again to lessen the sufferings of this life, until preventable disease be banished from our shores, and these islands be verily made the Isles of the Blest. In place of weak, puling humanity feebly crawling by the house-sides, pressed down by avoidable causes – foul air, foul food, foul thoughts, and foul deeds – chilled by damp houses, maddened by strong drink, and poisoned by its own excrements – if only things were done, as is known they should be done – the dream of the philanthropist would surely come, and that quickly, and our loved land be filled with “placid-eyed, deep-breathed, strong-limbed, and happy-hearted human beings.” This happy state is what we all aim at, what we daily and hourly teach, and what is so little attended to in so many – very



many – human relationships.

We may be guarded from rabies; small-pox has been robbed of its terrors to most; typhus is understood, and seems to have lost much of its virulence; drunkenness is the theme of every tongue, and is loudly denounced on every side. I look on its decay as certain, but there is yet a pestilence that walketh in darkness, whose ways the world knoweth not, whose name must not be breathed in ears polite, whose existence is earnestly striven to be ignored by many good men, and still more by many good and pure women, and yet it is gnawing the vitals of our prosperity, entailing life-long misery on many who never suspect the cause, preparing for wretched lives and early deaths multitudes of our city population, arresting in mid-career by a single false step many a promising life and blighting – oh! so painfully – the young life just started on the world’s journey, all unconscious of the cause, all innocent of offence, and whose dreadful future of decrepit infancy, senile childhood, deformed, unlovely, and repulsive youth and early decay, no eye but the eye of our profession has yet been opened to see. Surely, surely, the time has come when the presence of this foul blot in our social life should be openly acknowledged, boldly exposed, and sternly exorcised. Here is something

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waiting for extermination by those who must be content to labour under obloquy, for as yet merely to breathe the name is shame. I have had for many years a wide field for observation of the effects of drunkenness and the effects of impurity, and am compelled to say that the latter cause of disease has many more victims than the former, and the results in every way are more deplorable.

I believe it is our duty to be pioneers in a crusade against this dreadful evil. We have too long spoken with bated breath, while the enemy has entered the heart of the citadel. If "whatsoever a man soweth that shall he also reap" be true of an individual, it is much more true of a community. If by wilful blindness this evil remains unchecked, we must be content to reap the reward which will too surely follow.

A short summary of the work done in the Union Hospital and Infirmary may be of interest. In the year ending October 19th, 1889, there were *admitted* for treatment nearly 8,000 cases. Of these about 600 were fever or allied ailments – as scarlatina, measles, &c.; 350 phthisis, 400 accidents, 400 midwifery cases, 400 Lock cases, and about 100 cases of *delirium tremens*, with 300 admissions into the lunatic wards.

I will now mention a few of the more troublesome diseases which come under my own immediate care, and do not occur in private practice to any great extent, mainly in the order in which my attention to them is daily turned, dwelling more particularly on two ailments which could be almost, if not entirely abolished, namely, Lock cases and *delirium tremens*.

I have always cases of cancer in my wards; they arrive in the stage of deep ulceration, or enormous fungoid growths, and my business is simply to nourish the patient, allay pain, and enforce cleanliness. When there is dysphagia, or total inability to swallow, nutrient enemata are systematically administered, and life is no doubt prolonged. Opium, hyoscyamus, bromides, and hypodermic injections, are resorted to to allay suffering. Cleanliness is attained by syringing with carbolic lotion, removing by lint, absorbent wool, or wood wool wadding, everything that can be removed; then mostly dusting thickly with iodoform, and covering with wood wool wadding; and I can say that every case is kept from being either disgusting or offensive in any intolerable degree. In these cases of cancer I speak only of those in a hopeless stage.

Next to cancer urinary disorders claim a large share of attention, and more time from the surgeon.

Urinary fistulae, stricture, enlarged prostate, and chronic cystitis – these are cases that have passed through many hands, but still a large proportion is much benefited, and many patients are able to resume their ordinary occupations. As a rule, in my cases of urinary fistulae the constitution is thoroughly shattered, frequently strumous, and only alleviation of symptoms can be procured by making the natural passage as complete as possible – rest, position, unceasing attention to cleanliness, with improvement of general health. It is a very bad case indeed, unless complicated with phthisis, that does not recover tolerably.

Uncomplicated stricture does surprisingly well. Time is no object with us, and the patient is pretty sure to do well. I have hitherto used only dilatation, and am careful that every patient has his own bougie or catheter, so that no contagion can be given or received. Simple dilatation is the usual method, and many patients come back for repetition of the process, and seem to prefer it to any other to which they may have been subjected.

Enlarged prostate and chronic cystitis go together, and it is very rare indeed that a catheter cannot be introduced with perseverance, and then if not cured ultimately, you have the satisfaction of at least giving great relief to suffering. The gum elastic catheter is my favourite, and with patience and judicious curving, it almost always succeeds. In washing out the bladder I use a gum elastic catheter, from which the ring of bone or ivory is removed, and fitted with three or four inches of india-rubber tubing. Thompson's gutta-percha elastic syringe with stop-cock is used, and is very convenient in preventing the introduction of air, and the operation is performed with scarce any disturbance to the patient. I have no doubt that great benefit follows this line of treatment, but as I have never used it alone without medicinal aid, I cannot say how much improvement is due to washing out of itself.

The next class of cases in which I think you will take an interest, are those unfortunates in which everything runs to pus. Cold abscesses everywhere – neck, axilla, dorsal, lumbar, inguinal, &c, &c. They are emaciated, anaemic, clammy, distressed, fretful and miserable beyond description. Many have large, shallow, open sores, burrowing long distances beneath the skin, and the state of filth and vermin in which too many are admitted is indescribable. Here, again, if life be of any value to such sufferers, the Infirmary usually adds many months, and frequently years, to their term. I do not poultice here. Wash out with some lotion – iodoform, iodoform gauze,

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carbolic gauze, wood wool wadding, are invaluable. Incisions by degrees to the sound skin, and anything you like in the shape of good feeding – mutton, milk, eggs, wine, or whisky – they can usually eat wonderfully well, and stand a deal of high living. So far as I know all that can be done is done, and we have at least that satisfaction. We are able to keep them perfectly clean, prolong life, and alleviate suffering, I think, to a very creditable extent.

We have always a large number of ulcers under our care, varying from the slightest possible to horrid gulfs in the flesh of the leg, 15 by 9 inches, &c, deep, dirty, offensive, and revolting. Time, rest, cleanliness, diet, and tonics will cure almost all of these. It is only a very rare ulcer that is malignant in its nature, and I believe the cure of such an one remains still to be discovered. Where the ulcerated surface is very large the healing process is much hastened by skin-grafting, which is frequently performed, and with good results. The difficulty is not at all in healing the ulcer, but in keeping it healed. If the ulcer has been anything severe, I am in the habit of insisting on a prolonged rest in bed, for the purpose of giving stability to the new tissue. I am satisfied with the results, and some of my patients are much more than satisfied, as rapid healing in early winter is about the last thing they desire.

Ulcers of a specific origin require specific treatment, if you wish to cure them in any reasonable time, and I have often noticed that when, what I considered an ordinary ulcer was more than usually slow in responding to ordinary treatment, it would awaken from its slumber at once when brought in contact with blue pill for a week or so. Many of these specific ulcers will, no doubt, get well in time under ordinary treatment, but it is useless to lose so much time, and the amazing progress they make under syphilitic treatment should convince the most sceptical, both as regards the nature of the disease and its cure.

I now come in my daily course to the Lock wards. There is rarely a case admitted suffering from the regular Hunterian primary sore. The class of individuals supplying the Lock is too callous and indifferent to trouble for a trifle. Again, cases of gonorrhoea alone rarely seek admission. Our typical case combines gonorrhoea, eczema, condyloma, sore throat and syphilitic rash on skin, with all the embellishments which dirt, neglect, and degradation can supply. The style of treatment for such a case is usually as follows – sulphur baths, frequent alum vaginal injections. The eczema is treated with lead lotion for a few days, the condyloma dried and dusted

with powdered nitrate of lead to begin with, the throat gargled with chlorate of potass frequently, and the patient put on 5-gr. blue pill twice daily, and 1-gr. opium at night. As a rule, in a week you would scarcely know the individual, so much improvement has taken place.

There is then frequently a demand to be discharged, which you cannot resist. The patient goes out, and comes in in a couple of months in the same state of dirt, disease, and despair, only intensified. More and more broken down after each round, heedless of warning, reckless of consequences, the same sad routine is continued for years, until at last, worn out by drink and disease, life is ended in what should be the midst of days. This is the course of a large number who enter our Lock wards. These people never submit to any continuous treatment – as soon as relief is obtained off they go and the disease practically left unchecked, with results – whether traceable or not – that must be deplorable to the health and life of their associates. I do not at present enter into detail of special cases, as I merely wish to give you a glance at what is actually daily occurring in the midst of this vast and thriving community. The true cure I conceive is for every individual, from childhood upwards, to “cease to do evil and learn to do well;” but in the absence of a perfect cure, half a cure, such as restraint until danger of contagion passes away, is surely attainable.

It is impossible, however, not to sympathise deeply with their miserable position. Generally ruined when mere children, diseased, drunken, beaten, abused in every conceivable way, uncontrolled and savage of temper, they spend their lives hating and being hated, cursing and being cursed, poisoning and being poisoned.

The revenge they exact in return for their degradation is deep and lasting – the very antithesis, in every respect, to what they intended in the beginning of their lives. They could brook no delay in the enjoyment of the passions. The pleasures of the moment must be seized, and amusement and enjoyment must be the business of life, with the deplorable results we see, until –

“Twixt want and scorn they walk forlorn,  
And nothing can avail;  
For the sin forgiven by Christ in Heaven  
By man is cursed away!”

We can all moralise on this sad state of matters, but the cure is exceedingly difficult. I will only say that “Prudent, cautious, self-control is wisdom’s root.”

*Delirium Tremens* is the next ailment my daily

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duty calls on me to attend, and if my pen were in any way equal to my experience,

“I could a tale unfold

Would harrow up your souls,”

and cause the very stones to rise in mutiny against the criminal negligence of our laws, which puts forth no hand to save our loved ones from the grave, but places at every corner a stone of stumbling and a rock of offence which the ordinary individual can as little avoid as the moth the glare of the candle. “A burnt child dreads the fire” does not hold here, for after every scorching the poor deluded victim returns the sooner to quench his thirst with that fiery liquid which has lured to a drunkard’s grave alike the brightest of our race, the loveliest of our kindred, the kindest of our friends, as well as many, very, very many, who were neither bright, lovely, nor kind, but smitten by the destroyer in youth’s first blush. I need not paint a death-bed scene, but I must say that even the horrors of mania cannot equal the terrors that possess the stricken soul in delirium tremens, and that we are tempted to say –

“A deeper woe,

Oh, I defy thee, Hell, to show

On beds of fire that burn below!”

I draw special attention to these two diseases from the fact that they are preventable. Nothing but self-control is required to stand clear of both. Self-control, or any other kind of control, is not the fashion at present – the very children have risen up against it. We want to make life gay – mostly play – and as surely as we do so, just so surely do we fail of our object. In these lands, at least, we cannot live without labour; we must be striving to overcome, and here are two diseases worthy the prowess of either ancient or modern knight-errant. Claiming their victims by the thousand, the man-eating tiger is nothing to them. Short hours and the Sugar Bill are nowhere in comparison; in my estimation even Home Rule may hide its diminished head compared with the surpassing importance attaching to wise legislation on these two subjects. In after-life we never regret the discipline of youth; we bless the wise restraint put upon our too eager desires, or the sterner coercion which prohibited many things we then thought harmless. In these two matters

“We have been far too unfortunately free,

In them we surely don’t want liberty.”

Training is what our youth wants; abstaining is what our youth wants. Byron’s lines are applicable far wider than he dreamt of when describing the life of his class: –

“He knows not youth, it is anticipated;

His vigour in a thousand arms is dissipated;

And having drank, gamed, and whored,

The family vault contains another lord.”

These two evils, as well as all other evils to which flesh is heir, it is ours to combat and to cure, if cure there may be; and I have no doubt, however we may differ in many things of intense interest and importance, we all join in increasing affection to that art

“Whose glory is to give

The crowning boon that makes it life to live.

Wherever, moistening the ungrateful soil,

The tear of suffering tracks the path of toil,

There, in the anguish of his fevered hours,

Her gracious finger points to healing flowers;

Where the lost felon steals away to die,

Her soft hand waves before his closing eye;

Where hunted misery finds his darkest lair,

The midnight taper shows her kneeling there.”