THE WORKING MAN OF THE PROFESSION

Being the address to the students of the medical school of the Royal Victoria Hospital, Belfast, at the opening of the session 1973-74, and including a short memoir of Andrew George Malcolm, M.D., formerly attending physician to the hospital.

Quaerere verum

By J. S. LOGAN

Physician to the Royal Victoria Hospital

THIS DAY opens the 1973–74 session of the medical school of the Royal Victoria Hospital, the 155th year of the school, and the 176th year of the hospital. The medical staff have laid on me the agreeable duty of welcoming the whole student body to the beginning of the new session, but especially of speaking to those admitted to the practice of the hospital for the first time. I can hardly hope to equal my predecessors in oratory, but I can and do welcome the new students with all the kindness and warmth with which we have always received them. Your admission to the hospital brings the first meeting with the sick, to the care of whom your life is henceforth to be given. We for our part undertake to put before you the whole pattern of medical knowledge and the medical art, so far as it is seen in this city. You for your part need to bring to the work an active determination to learn, and to learn for yourselves, at the bedside in the wards, at the couchside in the outpatients. These are the only places to learn, that is the only way to learn, the fundamentals of professional knowledge. I am bound to admit that you will likely find the system in some respects against you. All sorts of obstacles and discouragements will seem to obstruct your work with patients, and you may be tempted to take refuge in reading only, or in classes where you are talked to, and talked at. You should resist this temptation. Medicine that is not learned at the bedside will not be learned in the library or in the laboratory (though it can be vastly enlarged there). All grades of the medical staff will help you if you ask them. Your own shyness will in the beginning inhibit your approach to patients; but you must overcome that. It will help you to know that no courteous, tidy, kindly student in a clean white coat is ever rebuffed by a patient, and you need not be afraid of it.

If you ask what the hospital’s effort is all about, I tell you that the hospital was dedicated by our founders to the care of the sick and dying, the comforting of the broken-hearted, the improvement of the arts of medicine and surgery, the study of disease and the advancement of the public health. A teaching hospital is perhaps ill-named. It should be called a learning hospital, because while it is our business to make the opportunities of learning available to you, to illustrate the natural history of disease, to demonstrate methods, to show an example of practice, the learning has to be done by you. What is this skill, this knowledge that has to be learned, and can be learned only at the bedside and in outpatients?
For one thing, it is the language. The doctor's main method is linguistic, and on that there is no textbook. You do not now speak the language or understand the thought of patients, but you will come to do so, if you listen to them, and talk to them, but mainly listen. You will also learn here something of human behaviour, something also of the convictions, beliefs and opinions on which behaviour is based – much of it erroneous and irrational, some of it based upon eternal truth. You will begin to learn something of the family and kinship organisation of Belfast life, and something of the social importance of employment, and its implications for physical and mental health. You will meet both good and evil, and it is important to be able to recognise the one and the other for what they are. You may in the end begin to be something of a judge of personality and character. It is a life-long study. This is the wisdom of Solomon. This is the wise and understanding heart. If you can attain to that, all else, including the technology of medicine may well be added unto you. I would not have you think that bedside medicine is inexact, or imprecise. The methods of truthful thinking, the collection of evidence, its assessment for relevance, for completeness, for weight, for credibility, and the right consideration of it in the light of the principles of medicine are just as essential and as possible at the bedside as anywhere else. And about this also, there is no textbook.

I never think it necessary to warn Ulster students to be kind and considerate to the sick. It is not in them to be other than considerate. But I do wish to urge you to make professional competence your chief aim. There are few things worse in a medical man than incapacity to help the people who have put themselves in his care. Such incapacity is disastrous for the patient and his family, and is demoralising for the doctor. No intellectual excellence, no grasp of principle, no historical knowledge, no literary grace, no brilliance in research, will make up for inability to treat the sick competently and promptly, if you have undertaken to do it. You should prepare yourself for all foreseeable circumstances, and be as ready to do your best on the back of Slieve Gullion as on the hospital corridor.

If there is one thing more important than professional competence, it is professional honour – I will take the risk and say righteousness. You are coming to medicine at a time when our standards are under attack both from members of the public and from some inside the profession. There are, and always have been, those whose aim is to manipulate the profession, to use its undoubted position, its knowledge, its skills, its powers for their own ends. Unscrupulous, unprincipled people would like to use us to obtain possession of drugs for improper use, to use medical certificates to evade their responsibilities or to commit fraud, and worse under the name of abortion or euthanasia to make us paid assassins. You need at all times to be beware of such. Your only duty is to the true interest of the patient, and it is for you to judge what that true interest is. No pronouncement of the State, of Parliament, or learned bodies, of the church, no importunity of the patient himself ought to change your opinion or your advice when you have decided what is right. Your conscience is to be your guide. Seldom, if ever, will the true interest of the patient be contrary to the interest of the commonwealth. To make use of the phrase of Burke's, the patient and the
commonwealth are entitled to your entire devotion to their true interest, but they are not entitled to your abject submission to their will.

If it is my duty this morning to point you to the stars, I must point you to a guiding star and I will point you to the brightest and best, a light still shining. Andrew George Malcolm, one of the most gifted, most warm-hearted physicians the hospital has had. And perhaps the most tragic.

He was born in 1818, 3 years after Waterloo, 2 years after Laennec invented the stethoscope, the fourth son of Andrew George Malcolm, the minister first of Dunmurry and then of Newry. The father died when the boy was five. His mother was Eleanor Hunter of Dunmurry. His grandfather James Malcolm, the minister of Drumbo. At the end of his schooling at Inst he had been assistant to Henry Montgomery, the famous headmaster of the English department and his father’s successor at Dunmurry (Crozier 1875). There at the medical school at Inst he began his medical studies (that was long before the foundation of the Queen’s College) and in 1842 at the age of 24 graduated at Edinburgh. His thesis was on the pathology of continued fever and he received one of the three gold medals of the year. No copy of his thesis is known but the next year (1843) he published what may be the substance of his thesis, his work on the Proportion of Carbonic Acid formed during Respiration in Typhus. The work had been done in the fever wards of the hospital when we were in Frederick Street. That, together with a paper on carbon dioxide formation in phthisis published in 1854, makes him our earliest respiratory physiologist. In that year, 1843, he was appointed medical attendant to the Dispensary, to attend the sick at the Dispensary rooms and in their own homes – much as young physicians now are appointed to outpatients. In 1846 he was appointed to the hospital as physician (at the age of 28), and then began that remarkable period on the staff, brief and brilliant. It was to last 10 years, and end at his death at 38.

From 1846 then he was in regular attendance on the sick in the old hospital in Frederick Street. He lived nearby in York Street as medical men did in those times. In 1848 he helped to found, and the Hospital Report for 1850 says that he himself conducted, an outpatient or extern department. No doubt it was a development of his work at the Dispensary. Doctor Allison has pointed out the importance of that department for surgical treatment and medical advice. It continues to this day, now in the new outpatient centre on the Falls Road, and many physicians feel their best and most fruitful work is done in outpatients. Malcolm was a powerful and assiduous teacher. Besides his general medicine, we know he had a class in skin diseases. His views on the duties of a teaching hospital and teaching physicians and surgeons are set out in his paper of 1851. He had a high sense of a teacher’s duty and equally of the student’s duty. He says in his History, as Doctor Allison has reminded us, “Clinical instruction is not to be imparted by a careless walk through the wards.” “On the part of the teacher, the most patient, assiduous, vigilant, zealous and unceasing labour, and on the part of the pupil, the most rigid attendance, are absolutely necessary to develop the educational resources of a Hospital.” I am satisfied that 122 years later we have not yet developed the educational resources of the hospital. He was engaged, it
highly imperfect done seems correlations. autopsies, made of the Belfast Medical and the Belfast Clinical and Pathological Society. Wet specimens were inconvenient in those days, and he made many plaster and wax casts and contributed many photographs and daguerreotypes. He was an enthusiast for the microscopical examination of tissues and pathological fluids, highly imperfect as it then was. There survive to us two drawings which Malcolm made of his microscopy of the rice-water stools of Asiatic cholera in Belfast. (Figures 1 and 2). At this time, remember, (1853) Pasteur was still a chemist. Bacteriology had yet to be born. Thirty years were to elapse before Robert Koch went to Alexandria and was the first to see the cholera vibrio. No doubt with a better microscope and with a mind better prepared. At this time began a flow of Malcolm’s reports to the journals of the day, mainly on clinical and pathological correlations. It is clear that Malcolm saw the importance of these correlations. He says, “If our profession is to advance much as a practical study, it can only be by elaborate, but ordinary, intelligent observation at the bedside, going hand in hand with the results of a pure scientific research.”

Then we have his important reports on the Sanitary State of Belfast. To make you understand this achievement, I would have to take time to picture to you early and mid-19th century Belfast, the town overcrowded far beyond its resources, deficient in water, dirty, fouled with excreta, lousy, and racked with fever. The reports were the result of several years of study of the housing, the water-courses, the sewers and drains of Belfast, the water supply, and the statistics or estimates of disease and mortality, some of which he had to compile for himself. Malcolm knew that engineering alone would not be enough. (Figure 3). “To obtain the highest triumphs of the sanitary cause is the result of combined prudence, forethought, knowledge and zeal, gradually developed and matured in an entire people.”

Then the well-known statistical paper on the Influence of Factory Life on the Health of the Operatives, showing the harmful effect of flax dust on the lungs of the workers, and pleading for improvements in factory hygiene. There are two other major reports, among numerous lesser papers, one on the Asiatic cholera in Belfast (there were only 84 cases and Malcolm regretted the paucity of numbers) and one on the epidemic dysentery in the North of Ireland. “Statistical medicine”, said Malcolm, “appears to be calculated to unfold much as yet hidden regarding the aetiology and treatment of disease.”

Outside the hospital he became a member of council of the Belfast Social Enquiry Society, and it was mainly by his efforts that the Society for the Amelioration of the Working Classes was founded in 1845. Secretary of that Society and President of the Belfast Working Class Association, he worked successfully for the establishment of public baths and wash-houses, of incalculable value in days when there could be no washing at home. (Figure 4). The lady who was to be his wife, not behind him in welldoing, was the founder of the Belfast Domestic Mission to the Poor. Malcolm was the founder and soul of the Belfast Clinical and
FIG. 1. Malcolm's drawing of the microscopy of the discharges in Asiatic cholera. Swayne and Brittan had described "annular bodies" which they thought represented the agent causing cholera. The view was soon discredited. In the lower picture an ascaris ovum is probably seen, and in the upper perhaps a tapeworm egg.

FIG. 2. Malcolm's drawing of the fungus of favus, first described 14 years before in 1839 by Johann Schoenlein.
SECTION

IDEAL PLAN
Street Sewers & Subvial Galleries,
designed to prevent the present evil of opening-up the Streets for repairs, or laying down Gas and Water pipes, &c.

Surface of Street.

Fig. 3. Malcolm's design for the ideal sewer (1852). The side galleries were to contain gas and water pipes and electric wires. The Corporation did not open an electricity generating station till 1895.
Pathological Society, which, while it lasted, was more successful and active than any Belfast medical society before or since. Its transactions are a model publication, and it circulated a weekly medical news sheet to its members, besides undertaking to report on the members’ specimens. He had no paid public appointment, and no private fortune.

More than all, Malcolm was the hospital’s first historian. In 1851 he published his History of the General Hospital at Belfast, invaluable as a history, but also for showing us his affectionate heart, as he writes of his town, his hospital, his colleagues and his patients. He died of rheumatic valvular heart disease after a short terminal illness in 1856, at the age of 38. His brother Isaac had died at 16 of acute rheumatism. As he left the hospital for the last time a few weeks before his death, he might have used the words of that ancient servant of God, Andrew Stewart of Donegore, “I take timber and stones to witness that in my short time I have laboured to be faithful”. Indeed if it be the duty of all of us to seek the truth and to communicate it, he might have gone on to say, with the dying Stewart, “according to my light, I have revealed the whole counsel of God to the people.” Malcolm had married at 36, only 2 years before his death. His wife was Maria Glenny Home, a descendant of William Knox, brother of John Knox, the Reformer. Their only child, a son, died a few months after his father. They are buried in Dunmurry in the green of the ancient meeting house where his father was minister. Fifty years later his widow was buried in the place where her son and husband lay.

How did Malcolm come to be so successful? The answer lies partly in his ancestry, partly in the ethos of the community into which he was born, and partly in the spirit of the times. His father, also Andrew George Malcolm, was the
distinguished minister, first of Dunmurry, and later of Newry, where he died of typhus attending his people during an epidemic. His mother was Eleanor Hunter of Dunmurry. The Hunters had originally come from the Roe Valley where they were millers. The Malcoms came from Scotland in the seventeenth century and settled in North Down. There they flourished as small landholders through the 17th and 18th centuries, never dull if never distinguished, though the family liked to recall that a Malcolm had served with Nelson at Trafalgar. We first find distinction when we come to our Andrew George’s father. Romantic and historic strains came into the Malcolm family with the father’s mother. She was Fanny Kennedy of Mourne. Her great-grandfather, the Reverend Gilbert Kennedy, was a son of Colonel Gilbert Kennedy of the Ayrshire clan of Kennedys. Accounts differ as to whether he was of the Kennedys of Cassillis or the Kennedys of Ardmillan. The point is not settled but there is perhaps more evidence that Colonel Gilbert Kennedy was a brother of the 6th earl of Cassillis. He had fought with Cromwell against the King at Marston Moor, and had fought at Kilsyth for the Covenant against Montrose. Gilbert Kennedy had been minister of Girvan in Ayrshire and, being persecuted and deprived on the restoration of Charles II, he came to County Down, where he was minister of Dundonald. The line in Ulster descended to our Andrew George Malcolm, gathering, in fortunate marriages, strength of intellect and character (but not wealth). Eventually the Kennedy, the Laing, the Malcolm and Hunter strains blossomed in two remarkable men – Andrew George the father, the minister, and Andrew George the son, our physician. There is an interesting family connection to remember. Catherine, a daughter of the Gilbert Kennedy from Ayr who settled in Dundonald, sister of the younger Gilbert, married William Tennent, left County Down and went with him to America. This William Tennent was the historic minister and teacher who founded the famous Log College at the Forks of the Neshaminy in Bucks County, north of Philadelphia, on the road to New York. This Log College was the seed of the College of New Jersey, now the great University of Princeton. It was said of William Tennent’s sons and students that they were to be found preaching from Massachusetts to the Carolinas, now to a sophisticated congregation in Boston or New York, now bringing their message to a handful of settlers on the upper Susquehanna, or else to homesteads under the shadow of the Alleghenies in the valley of Virginia. The story of Catherine Kennedy’s sons, the four Tennent brothers, belongs to American history. The story of her brother Gilbert’s children belongs to ours.

As to the community that Andrew George was born into, the flowing tide of European rationalism had had its full effect on eighteenth century Ulster. His people had spent that century, and were to spend the nineteenth, in the great debate between the rationalists and those who clung to the older thought, in religion, in politics, in sociology and biology. By the early nineteenth century a parting of the ways had come. The Malcoms belonged to that section which was won over to rationalism. Nevertheless, in their Ulster way, they realised that the exposure of error, rationalism’s chief success, is not enough. It is, after all, loving-kindness, love and not logic, that makes the world go round. Malcolm’s community therefore, rational, radical, utilitarian as they might be, preserved the ancient pieties, the ancient ethos, and a due regard for the ancient learning. I say that
born as he was into this intellectual climate, free but self-disciplined, dutiful to the past, but looking to the future, young Malcolm’s heredity gave him the large heart, the large mind and the early intellectual take-off, which enabled him to do so much in his short life.

As to the spirit of the times, listen to Doctor Wales speaking of practice in Belfast. “About this time men began to rouse themselves out of the old grooves of thought. Physiological, pathological and chemical research took on more activity — a spirit of enquiry and criticism spread abroad, leading not only to a disposition to break new ground, but also to test afresh the foundations of received opinion and established practices. Among the foremost to catch the spirit of the times was the late Doctor Malcolm. Like a little leaven, he leavened the whole mass with the spirit which animated himself.”

Let us hear further what his contemporaries said of him. At the opening of the session in the theatre of the General Hospital in 1856, shortly after Malcolm’s death, Professor Ferguson gave the address. They met then as we meet to-day, to open the session. And we have a record of his remarks. He said they should have been addressed that day by Doctor Malcolm. Medicine had lost a most zealous and indefatigable and talented cultivator. This school one of its most admired and popular teachers. The student his kind companion, and his bright example. His colleagues a friend and fellow labourer. The sick a tender physician. Society an honest man. The amount of success in his professional career that the late Dr. Malcolm had achieved sprang not from patronage, nor from fortunate accidents. To his own talents, to his active philanthropy, to the weight of his moral character, and to the resistless force of industry, was he indebted for his position. Truth might perhaps oblige us to confess that unhappily these qualifications are not the most invariable, the most certain or the most unequivocal avenues to success in medical practice. Nevertheless Doctor Malcolm spent his time and exercised his energies in the acquisition of knowledge, rather than in a hunt after practice, and, said Ferguson, “I think he may be put before you, my young friends, as a good specimen of the working man of our profession well worthy of your imitation.”

Death makes changes and time went on, but Malcolm was not forgotten. In 1874 Doctor Purdon said of Malcolm, “Though dead, he yet speaketh to the pupils of this institution in his exhibition founded and which bears his name.” The Malcolm exhibition was first awarded in 1858 — to Mr. David Moore of Ballymoney. The chairman will shortly present the Malcolm exhibition for the 116th year to Mr. Allister Taggart, also of a North Antrim family, and we congratulate Mr. Taggart on it. Malcolm’s message, however, is to you all, to us all, I have said elsewhere that this is not just a hospital. Here in Ulster we have brought forth a new nation. The great, the continuing endeavour within our walls is a manifestation of that nation’s spirit. I am sure that in your new generation too it will breathe its life into your work, your studies and into you yourselves.
PUBLISHED WORK OF ANDREW GEORGE MALCOLM, M.D.

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