

William Stokes 1804-78: the development of a doctor

EOIN O'BRIEN

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The name of William Stokes is familiar to all who practise medicine. His achievements in clinical medicine, and particularly in cardiology, are examples of clear thought and erudite expression. These qualities were not confined to the practice of clinical medicine; Stokes gave much thought to, and wrote sensitively about, the development of the doctor and his role in society. He believed that liberal education could produce in the student the moral character so necessary for medicine. His views are if anything more relevant in this, the centenary year of his death.

Importance of a general education

The dominant theme of Stokes's many discourses on medical education is the importance of a broad general education. "The chief, the long-existing and, I grieve to say it, the still prominent evils among us are the neglect of general education, the confounding of instruction with education, and the giving of greater importance to the special training than to the general culture of the student." He regarded medicine as being derived from knowledge of many kinds: "Medicine is not any single science: it is an art depending on all sciences." He maintained that the tendency towards specialisation, apparently evident even in his day, would "at the best, produce a crowd of mediocrities with no chance, or but a little one, of the development of the larger man." It was, as Stokes saw it, the duty of a good teacher to instil in his pupil a desire for learning so that he might educate himself: "let us emancipate the student, and give him time and opportunity for the cultivation of his mind, so that in his pupilage he not be a puppet in the hands of others, but rather a self-relying and reflecting being."

Moral development

Stokes appreciated that doctors were susceptible to materialistic temptations, which might lead to abuse of a privileged position to the detriment of scientific advancement. "In the practice of medicine in

The Charitable Infirmary, Jervis Street, Dublin 1, Ireland
EOIN O'BRIEN, FRCPI, MRCP, physician

these countries, two methods exist: one, that in which the trade element is very prominent, if not the governing principle, and the other, the truly professional—that is the Scientific Spirit.” He therefore urged his students and colleagues to develop the second method. It is perhaps tempting to interpret some of his views on professional morality as being motivated by religious principles, but it is more likely that he was influenced merely by Victorian Christianity. He advocated unifying some of the educational concepts of medicine with those of divinity and law, believing that all three had much in common, at least ethically, and he believed, perhaps a little fancifully, that a touch of divinity in the lawyer and doctor would be a shield



William Stokes (1804-78). Sketch by Sir Frederic Burton.

against charlatanism and falsehood; on the practical side he hoped that the influence of divinity would “stimulate parochial and missionary labour among peasantry and uncivilised races.”

With remarkable prescience Stokes realised that the medical profession could survive as a profession only if its members shared an idealism, the most important aspects of which would be integrity and charity, without which the profession could not be prevented “from degenerating into a trade, and the worst of trades.”

Clinical teaching

The association of William Stokes and Robert Graves at the Meath Hospital was a formidable influence on the teaching of clinical medicine. Their books are remarkable examples of clear clinical

description without pomposity or dogmatism, though there is a tendency towards verbosity—a Victorian malaise. The reader is continuously reminded of his weaknesses and limitations in the face of illness: “as the student fresh from the schools, and proud of his supposed superiority in the refinements of diagnosis, advances into the stern realities of practice, he will be taught greater modesty and a more wholesome caution. He will find, especially in chronic disease, that important changes may exist without corresponding physical signs . . . that the signs on which he has formed his opinion today may be wanting tomorrow . . . and, that to settle the simple question between the existence of functional and that of organic disease, will occasionally baffle the powers of even the most enlightened and experienced physicians. . . .” He did not regard examinations highly, believing that “by simply affording to students full opportunity for every branch of medical study and observation coupled with tutorial teaching” it might be possible in many cases to dispense with final evaluation.

Why, he would ask, did the teachers of medicine keep the student away from the bedside for so long—the sooner he witnessed sickness, suffering, and the gratitude of a patient, the better—“these things are of more importance to the moulding of his character than any knowledge of the accessory sciences, and he cannot begin to feel their blessed influences too soon.”

Stokes favoured the integration of the different sciences within medicine. He particularly deplored the division of the profession into medicine and surgery, with surgery receiving inferior academic standing: “the same laws and the same principles apply to the care of the fractured bone and the cicatrision of an internal ulcer.” He joined with, among others, Corrigan, Collis, Crampton, Graves, and Adams in founding in 1893 the Pathological Society of Dublin, one of the objects of which was “the cultivation of pathological anatomy, not merely as a descriptive science, but rather in reference to its more important bearings on the practice of the healing arts, the study of morbid anatomy being considered subservient to pathology.”

The therapeutic options were few, but, then as now, applying empirical principles was often all that was necessary. Stokes realised that by tending to the general health of the patient, by ensuring fresh air, exercise, and a moderate quantity of wine, nature would effect a cure, at least in young patients. Might not the following be the utterance of a mid-20th century rather than a Victorian physician: “The symptoms of debility of the heart are often removable by a regulated course of gymnastics, or by pedestrian exercise.” The influence of Stokes and Graves on clinical medicine was not confined to Ireland, nor indeed to their generation: William Osler said, “I owe my start in the profession to James Bovell, kinsman and devoted pupil of Graves, while my teacher in Montreal, Palmer Howard, lived, moved, and had his being in his old masters, Graves and Stokes.”

The doctor and society

Stokes fully appreciated his limitations in curative medicine. He had mastered the art of diagnosis as few had ever done, but the frustration of being unable to treat an illness is even greater than failing to diagnose the condition. It is not therefore surprising to see him turning from curative towards preventive medicine, and he saw

government participation in medicine as inevitable and essential. Towards this end, he founded in 1871 the Dublin Sanitary Association, and in 1871 the University of Dublin instituted the Diploma in State Medicine. This Stokes regarded as a major achievement, and he hoped that through the study of this branch of medicine the changing pattern of disease (a controversial topic in which he strongly supported the view that disease patterns change for reasons other than advances in medical science) would become apparent.

Stokes was elected president of the BMA when the annual meeting was held in Dublin in 1867 with four hundred doctors attending, many of whom had made the eleven-hour journey from London by train and four-funnelled paddle-steamer at a cost of £5 3s return. In his inaugural address he was full of praise for the association, which had, since its inception nearly a quarter of a century earlier, "advanced the social concord of that great body of our brothers who are engaged in the Godlike art of healing, which, like mercy 'blesseth him that gives and him that takes'." But after his year as president, he may not have been too impressed by his colleagues' altruism towards their fellow men, for we find him delivering a stern caveat to the BMA in his valedictory address in Oxford: "it is plain that its [the association's] durability and usefulness will depend on its being made the instrument for public good, rather than the machinery to advance the immediate worldly interest of the profession." He went on, no doubt to the chagrin of the many medical politicians who must have been present, "the man among us, who by his unselfish labour, adds one successful fact to the storehouse of medical knowledge, does more to advance its interests, than if he had spent a life in the pursuit of medical politics."

Conclusion

When William Stokes died at Howth on 6 January 1878 he left a profession enriched by his clinical achievements, but he realised that there was more to medicine than being an accomplished practitioner. He was ever conscious of the unique position of a doctor in society, and was only too keenly aware of the profession's weakness: exploiting its position for its own aggrandisement. The development of integrity and moral sensibility depended on the cultivation of a set of aesthetic values that Stokes maintained could be achieved through a liberal and cultural education. He would have agreed with Oscar Wilde in claiming that "All the teaching in the world is of no avail if you do not surround your workman with happy influences and beautiful things." If we are one hundred years late in heeding his philosophical deliberations on the future of our profession, it is at least better that we do so now than never.