RARE DISEASES OR SYNDROMES AND CLINICAL SOCIETIES

BY

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A "disease," as the term was formerly used, was a group of various signs and symptoms. It was, in fact, what we now call a syndrome or symptom-complex. When the cause or causes of such a syndrome have been more or less discovered the syndrome becomes a disease, but many syndromes of unknown causation are still called diseases, and "disease" in such cases is only a "courtesy title." Thus, in Paget's bone disease, "disease" is a courtesy title for a syndrome, since hardly anything is known of its cause or causes. In fact, it may turn out to be a syndrome common to more than one disease.

Out of the many cases of fibrocystic disease of bones (using the term in the sense of a syndrome) a definite real disease has recently been separated, due to hyperparathyroidism from the presence of a functionally active endocrine tumour, a parathyroid adenoma, the surgical removal of which may lead to cure. Before the discovery of the plasmodium of malaria ague was, strictly speaking, only a syndrome, which clinically at one time included various cases of cholangitis, malignant endocarditis, etc., as well as true malaria. Though it is probably correct to speak of Cushing's pituitary disease, it is hardly correct to speak of Cushing's syndrome, since the actual clinical syndrome in question is not peculiar to pituitary basophilia (basophilic adenoma), and was recognized before Cushing's important work on the subject.

Having to some extent explained my use of the terms "syndromes" and "diseases," I come to the question of the value of clinical societies in their recognition, study, and treatment. I believe that further progress in medical knowledge will largely be due to the study of "rare" diseases and syndromes. For one common disease or syndrome there are several rare ones, the study of any of which can help scientific progress as much as the study of a common one. Though I admit that special knowledge of common diseases is required for the alleviation of the vast majority of patients, the diagnosis even of common diseases can often not be established without a knowledge of rare ones, which have to be excluded in coming to the correct diagnosis. Rare diseases are like the proverbial "exceptions" in so far as they "prove" (*probat*) or test the current rules and theories that have been set up about all kinds of diseases and morbid processes.

As I have above remarked, the diagnosis of common diseases and syndromes is greatly facilitated by a knowledge of the rare diseases and syndromes which have to be excluded. Such a knowledge is made relatively easy by the formation of clinical societies; it is impossible for anyone to become acquainted with many rare diseases and syndromes by means only of his own private or even hospital practice. From a former member I heard long ago of the advantages obtained by having been a member of the Society of Clinical Observation in London, a predecessor of the Clinical Society of London, which I myself knew before it became the present Clinical Section of the Royal Society of Medicine.

One of the many advantages of demonstrating puzzling or rare cases at such a society, the transactions of which are printed, has been, so it seems to me, insufficiently acknowledged. In a free country like England patients are fortunately—at all events in London—not compelled to keep to one doctor or one hospital; otherwise a patient with a rare disease or syndrome might be chained to the doctor who happened first of all to diagnose his condition until either cure was effected or the patient or the doctor died. When such a patient decides to try a new hospital the inevitable inquiry which it makes is addressed

to the medical or surgical registrar of the old hospital. Much trouble is then saved if a reprint or printed "excerpt" of the account of the case from the proceedings of some clinical society can be sent in answer. I wonder whether the medical authorities of the London County Council and analogous bodies quite realize the advantages to be gained by supporting (or even founding) such clinical societies, both in regard to the treatment of patients in their hospitals and in regard to the advancement of medical knowledge in general. State clinical societies claim a place in any Utopia of the future.

INTERNATIONAL SOCIETY OF MEDICAL HYDROLOGY

The annual meeting of this society, at Wiesbaden and Frankfurt, opened with a presidential address from Dr. VOGT (Breslau), who described the dynamic action of treatment by waters and climates. He was followed by Professor LINKE, who emphasized the value of cooling breezes at night, these being commonly encountered in watering places lying beneath hills. In a further paper Professor PIÉRY and Dr. MILHAUD (Lyons) reviewed the present knowledge of the therapeutic action of meteorological factors, and mentioned the supposedly beneficial effect of negatively charged air to sympathicotonia and that of positively charged to vagotonia. Supplementary papers were read by Dr. Z. RAUSCH (Hungary), who advocated the use of Dalmady's tables, these being generally more useful than Hill's catathermometer or Frankenhäuser's ootherm. Papers were also read by Drs. FLACH and PFLEIDERER on the same theme, the latter giving useful references to various instruments for measuring light. Professor SEGA (Rimini) described the blood changes observed during a seaside cure. He stated that the rate of sedimentation of the erythrocytes increased after a stay of one month by the sea, while other physical and chemical alterations were noted.

Psychotherapy at Health Resorts

The psychological aspects of health resort practice were the subject for discussion on the second day. Dr. VERAGUTH (Zürich) showed that the time usually available for psychotherapeutic treatment in a health resort was short. Nevertheless, by reason of the fact that he was living in new surroundings and under the care of a new and unprejudiced physician, the patient might be able to review his difficulties with more detachment and also be more frank in explaining them. The speaker considered that psychotherapeutic treatment should only be undertaken after the physician had given some special attention to the subject. Dr. R. G. GORDON (Bath) likewise emphasized these points, and showed that in many patients who had pains of a "rheumatic" nature without physical signs the patient's state of mind supplied the clue. He also pointed out that mental distress paved the way for true somatic changes. Dr. PENDL (Marienbad) spoke on the cardiac symptoms of neurotic origin. Dr. RÉCHAD (Turkey) referred in particular to the intestinal symptoms of emotional origin.

On the third day the members of the society visited the Kerkhoff Institute in Bad Nauheim, where an address was given by Professor WEBER, who demonstrated a new apparatus with which, by means of a loud-speaker, cardiac and extracardiac sounds may be heard which are generally inaudible. Professor GOLLWITZER-MEYER also described her recent work on the heart.

Mud and Peat in Balneology

On the fourth day the report of the committee on peloids was also presented. The work of this committee was begun five years ago, and guiding principles have now been determined for the description of any mud, peat, or similar substances used in balneology. This committee has been directed by Dr. S. JUD LEWIS as chairman. Contributions to the discussion which followed were made by Dr. K. ZÖRKENDÖRFER (Czechoslovakia), who dealt particularly with iron sulphate moors and the water- and lipid-soluble sulphur which forms in these.