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PERSPECTIVE AND POISE IN PRACTICE*

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The discovery of perspective provided the artist with a third dimension and enabled him to give accuracy as well as beauty to his pictures. Perspective was defined by Dr. Johnson as "the science by which things are arranged in picture according to their appearance in their real situations." A better definition I have not yet found. It is of some interest to note the development and progress of the graphic art. It begins in the simple outlines drawn by primitive man, such as those on the walls of the caves of Altamira and those engraved on the tusks and bones of animals. Some of these are strikingly accurate in their presentation of form and in their suggestion of movement. Colour is even added in some instances. Presentation in silhouette seems to have been the next development, then shading, followed by the addition of the cast shadows to suggest relief. Advances in technique and the discoveries of permanent pigments led to the production of pictures of striking beauty and great emotional expression, as we can see in Byzantine art and in that of the Primitives. There is, however, often a flatness, a lack of proportion between the main object or incident and the background, or a distorted expression of distance, even though the picture as a whole may be of great charm. The Chinese and the Greeks both seem to have had a sense of perspective, but its scientific study and applications date only from the early part of the fifteenth century. It is difficult to determine to whom the greatest credit for this advance is due. Squarcione (1394-1474) and his illustrious pupil Andrea Mantegna (1431-1506) were among the earliest to develop it. Piero della Francesca (1416-96) probably did most to study its principles, and wrote a treatise on the subject; while Paolo Doni, called Uccello because he loved painting birds, devoted himself to its study so assiduously that Vasari says "he became more needy than famous." This has since been remedied, for his picture "Rout of San Romano" is one of the most popular in the National Gallery. The discovery of the importance of one horizon instead of many and of the vanishing-point of parallel lines rendered possible the masterpieces of the great painters, and gave distance, depth, and atmosphere to their work.

One of the great fascinations of words and their integration into language is their adaptability, their plastic character, and especially their use in a derived sense to express some idea having often only an indirect relation to their original meaning. The word perspective is an example of this. It has been used in a material sense to describe "a glass through which objects are viewed."

It has also been applied to mental pictures, and it is in this special sense that I wish to use it now in discussing some of our medical problems. I may perhaps quote two definitions, one from Webster's Dictionary—"The capacity to view things in their true relations or relative proportions"—the other from the *Encyclopaedia Britannica*—"The interrelation in which parts of a subject are mentally viewed." My interest in this application of perspective was stimulated many years ago by the assessment of a distinguished and learned physician by one of his pupils, himself a man of great ability and practical turn of mind. Both have long since passed to where there are no horizons. "He has very wide range but no perspective," was his statement, made in no spirit of carping criticism but regretfully, for he had a real admiration for his teacher, but realized that his standards of the relative importance of details were often faulty. His opinion on a case was learned, but not infrequently unhelpful practically. He could not see the wood for the trees. In medicine as an art we want a horizon and the idea of a vanishing-point, or at any rate a point of focus.

The science of medicine is daily advancing and becoming more exact and more in touch with other branches of biology and with the physical and chemical sciences. The practice of medicine is a craft with many applications, playing an ever more and more important part in national life—indeed, in the affairs of humanity in general; for medicine is the most catholic of all the sciences, and its practice the most liberal of all the arts. It is and should be the most international of all human activities. I thought, therefore, it might be of interest to this society if I called in this address a momentary halt to inquire into the modern cliché, "Whither medicine?"

The study of disease has advanced through stages comparable to those of the graphic art: the outlines studied clinically by masters such as Sydenham, then filled in by the study of morbid anatomy, soon given greater detail through the microscope, then studied as actual processes through the advances of bacteriology, biochemistry, and biophysics. We are now acquiring means to discover and to study the causes of disease and the nature of the disturbances of function in the sick—in effect, the third dimension of disease. There is, however, need for perspective to adjust our attitude to these problems and to adapt treatment accordingly.

Perspective in Anamnesis and Examination

The investigation in the right manner of a patient who consults us is a matter of the first importance if we are

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to be successful in diagnosis and treatment. Taking a history of a patient seen for the first time is often a task requiring patience, tact, judgement, and sympathy. I believe that in our medical schools to-day more attention is being paid to instruction in the taking of histories, and I find that as a rule the practitioner nowadays keeps careful and documented notes of his patient's previous illnesses and records of any investigations which have been carried out. In my own work I prefer if possible to take out the history myself. By so doing it is possible to get in touch with the patient more intimately, to find out his own perspective of his symptoms, to assess his personality, and often to get in sight of a diagnosis, or at any rate to narrow down the list of possibilities and limit the necessary special investigations. It is often possible while doing so to form a perspective of the patient's complaints and then to elucidate obscurities by appropriate questions. The inquiries into occupation, diet, habits, home life, hobbies, and amusements are often revealing, and may afford suggestions in regard both to diagnosis and to treatment.

In any case of illness, even where the diagnosis appears obvious, examination should be as thorough and methodical as possible unless the condition of the patient is too bad to permit of this and the need for treatment is urgent and immediate. Personally I use a routine from which I rarely depart, embracing a brief review of all the systems, but devoting special attention to that chiefly involved. I am convinced that such a routine lessens the chances of making mistakes through missing some essential feature in the patient's condition, and is better than immediate concentration on establishing the apparently obvious diagnosis. It is like looking first at a specimen under the low power of the microscope to get a general impression and then using the high power to focus details and refinements.

Perspective in Diagnosis

The numerous aids to diagnosis which modern research has afforded us are so easily available in hospital and institutional work that there is a tendency to rely upon them, to employ them as a routine, and to use them as the first approach to diagnosis rather than after careful clinical observation. This in my opinion is a wrong perspective of their use. I yield to no one in my admiration for and appreciation of the valuable aid given in the study of disease by clinical laboratory methods, bacteriological investigation, and biochemical tests. I employ them whenever possible in private practice, but I try to be selective, to use only the essential ones to supplement the full clinical investigation, not to supplant any part of it and not to precede it; in other words, to support and extend the clinical diagnosis, or to negative it and give fresh aids to the correct one. Let us not forget that even laboratory methods involve a human factor, depending as they do upon the interpretation of observed data, and that they are therefore not infallible.

In all difficult cases and in those with a prolonged course it is essential to keep an open mind and not try to fit in subsequent developments to the original diagnosis if they seem in the slightest degree to contradict it. It is wise from time to time to start again, as it were, and regard the problem as a fresh one, looking at it from a different standpoint. I am reminded of the importance of the point of view in an illustration I read in the preface to a book I have not so far been able to trace: "A church was situated half-way up a hill. It looked very different when seen from above and from below, but

it was the same church. Everything depends on the point of view." The problem in the patient is the same problem, but a different attitude in its approach may prove illuminating. I am always suspicious of a double or composite diagnosis in a difficult case. It is like a picture with two horizons, and is usually out of drawing.

I am very much impressed with the fact that physicians with great experience of post-mortem work rarely make "tall" diagnoses, but often make brilliant suggestions in difficult cases from their wide knowledge of the distribution of the effects of disease. I lament the tendency nowadays for aspirants to hospital posts to avoid the routine of the performance of post-mortems as pathologists, which formerly was almost the routine preparation for the staff.

Perspective in Prognosis

Prognosis is admittedly one of the most difficult problems in the practice of medicine. It depends upon so many factors, some of which are capable of expression statistically, while others are almost imponderable. In any given case its assessment depends upon an accurate estimation of the patient, together with the extent, nature, and character of his malady, but even then the individual experience of the practitioner is apt to influence his opinion more than a statistical statement as to the average.

Of one thing I am convinced, and that is of the wisdom of being hopeful even if the outlook is grave, and if possible infusing that hopefulness into the patient and those around him, whether relatives or nurses. In this connexion I may quote Dr. G. F. Still, to whose address on "Perspective in Medicine" I am much indebted. He says, "Certainly we have no right to close the door of hope so long as there is the smallest possibility of recovery," and adds, "That great clinician, Sir James Goodhart, when he was close on 70 years old said to me apropos of diagnosis, 'The older I grow the more hopeful I grow,' and certainly this has been my experience."

A special case often hard to deal with is the problem of what to tell to a patient with an obviously lethal disease, notably malignant disease of some vital area, such as the bronchi or mediastinum, recognized at a time when any opportunity of eradication or even of lengthy arrest is improbable. I have been much impressed with the fact that in such cases, when I have been dreading the direct question from the patient as to the nature of the disease and the outlook, how rarely it is asked. I have felt that the patient suspects but does not want to know. Believing this to be true, I have not often told a patient my suspicions unless I have been deliberately asked as man to man my definite opinion, or unless I know that grave matters are at stake. I repeat that I think this problem one of the most difficult we have to face, with the knowledge that with the best intentions we may make the wrong decision. We must all have seen cases where the announcement that the condition was almost certainly lethal has embittered the last days of a patient's life and accelerated the end. On the other hand I can recall one case where I was forced by the patient's wife to tell him that in my opinion he could not recover. I have never disliked a woman more than I did that one, but I was obliged to do as she demanded. I have never admired a man more; he said, "You mean, Doctor, that in the words of a South American proverb I have to pack my biscuits for the journey." On my answer in the affirmative he sent for his lawyer and his priest, arranged his

affairs, and spent his last days in a calm and serene peace of mind that I shall never forget.

Perspective in Treatment

In no phase of our work is a true perspective more necessary than in treatment. Though patients like a name to be applied to their condition they are more concerned with the measures suggested to restore them to health. We should always bear in mind that what we have to treat is a morbid state; that disease is not a clear-cut entity, but a condition of disordered function from organic damage or defect, or from disturbed balance of metabolic or endocrine activities, and that our efforts should be directed to restoration to normal or compensation for defects.

There was a time when instruction in treatment at medical schools was haphazard, and it was left to the student, especially during his period in the wards, to acquire for himself such practical experience as the treatment of the cases there offered. It may be questioned whether even now the teaching of treatment is as organized and methodical as it should be, although clinical lectures and instruction in dietetics afford valuable aid in this direction. It is a commonplace now that treatment involves much more than the giving of drugs, useful as they often are. The modification of the patient's mode of life, alteration in his habits, change in his place of habitation, even in his amusements or relaxations, may be the chief factors in treatment. Strict dieting is often the only thing necessary. In regard to drugs the "therapeutic nihilism" of the mid-nineteenth century was followed by a spate of new remedies, which is ever more abundantly fed by complex products from chemical and biochemical laboratories, many of which are ephemeral and soon forgotten, while others have enriched us with therapeutic agents of the greatest value. There are fashions in treatment, and this aspect of therapeutics is to-day one of the most popular and fashionable, and probably one of the most promising for the future; but it is well to remember that there are "good remedies out of fashion," as one writer happily expressed it. Some of the drugs used by our predecessors, like antimony, apomorphine, and aconite, might be instanced; while serums, vaccines, and endocrine preparations no doubt still hold great promise for the future, though at the present time they are perhaps less prominent in treatment, except in certain well-established conditions, than they were a few years ago.

The various mechanical, electrical, and ray treatments are now being developed and employed with almost feverish haste. That they are giving valuable aid in the treatment of disease and in the relief of suffering there can be no doubt. The time is not yet ripe for the determination of their true perspective in the therapeutic picture, but we may be sure that those of value will last and those that do not help will disappear.

There are so many special forms of treatment now available—including psychological psycho-analytical methods and suggestion for nervous disorders, special sanatoria for certain diseases, and varied treatment at spas in many countries, some of the most valuable being in our country—that it behoves us to be eclectic. We must be careful not to mistake enthusiasm for experience. The Biblical injunction, "Prove all things: hold fast that which is good," should be our maxim.

There is often a tendency to overtreat and to deal with symptoms rather than with causes. This is a wrong perspective, and is to be deprecated, except in regard to

pain. It is our duty to relieve pain and prevent suffering whenever it is possible to do so.

Perspective and Specialism

The public nowadays demand specialists. It is an economic axiom that demand creates supply, and there is an increasing tendency to specialize in all departments of medicine. This up to a point is doubtless good, for intensive study should lead to advance and to improvements in technique in relation both to diagnosis and to treatment. Special experience based on a wide general knowledge of medicine is the ideal to be aimed at in those who desire to practise in special departments. Over-specialization or too early concentration on such branches of the medical art is likely to lead to professional myopia, and is to be deplored. If specialism develops, as it seems to be doing at the present time, into almost water-tight compartments, a closer co-operation with the family practitioner or the general physician will be necessary if incomplete or incorrect diagnoses are to be avoided, with grave omissions, or mistakes in treatment, the consequence of studying a part instead of the whole of the patient.

Let us admit that with increasing developments in so many departments of medicine the role of the general practitioner or general physician is not an easy one, and that there is a tendency to specialize even in medical partnerships at the present time; yet it seems to me that it is still true that "they that are sick need a physician," using that term to indicate one person to be in charge, even though he call in specialized help in diagnosis and treatment when necessary.

In this connexion I may quote Henry Adams: "Time and Experience alter all perspectives." It is difficult to forecast the future of practice. The increasing complexity of methods of diagnosis and treatment and the provision of more and more accommodation for private patients at general and special hospitals may eventually alter the whole scheme of medical practice. It is possible that in certain special departments—for instance, diseases of the nervous system and of the lungs—owing to the highly technical nature of diagnosis and treatment, a type of hybrid specialist may be evolved dealing with both the medical and the surgical aspects of these diseases.

Perspective in Medical Education

The curriculum of medical study is one of the most exacting and expensive of any of the forms of technical education. On all sides it is recognized at the present time that it is overloaded and ill balanced. It has been well said of medicine that there is no other art for which the most thorough education is so essential. This is true from the start, for a wide and good grounding in general knowledge and in habits of observation is most necessary if the complex details of the preliminary and intermediate subjects are to be intelligently assimilated. The specialization in teaching and examination in all departments needs overhauling and very close scrutiny. One wants to exclaim with H. D. Thoreau, "Simplify, simplify." Perspective in the curriculum is urgently needed, and although there is hope of amendment at present it is hope deferred.

The Profession, the Public, and the Press

It is somewhat of a paradox that whereas the doctor as an individual is popular and trusted, perhaps more than any other person, the medical profession as a whole is not

in great favour, either with the public or the lay press. Religion, medicine, and politics appear to be three matters in regard to which nearly everyone seems to feel competent to criticize and to offer suggestions to the experts. The lawyer, accountant, chemist, and engineer come in for much less comment in regard to their professions, and their opinions are generally accepted. Their only critics are as a rule other members of their own professions. The lay press no doubt contributes largely to this public attitude to our profession. While we must admit with gratitude that the Press is ever ready to help forward any appeal for assistance in regard to the work of our hospitals and other agencies for the aid of the sick, suffering, and needy, it too often seizes on the sensational in medicine and champions the heterodox or the unproven. The fact that the legitimate practitioner of medicine does not advertise no doubt contributes to this attitude of both public and Press. The doctor is a public servant and his actions are often of public interest. His refusal to avail himself of the aid of the Press is misunderstood. It is not to withhold anything helpful but to prevent the exploitation of the public.

The medical press of this country is in my opinion wholly admirable. It is conducted entirely in the public interest and edited with tact and restraint. The best proof of this is the respect in which it is held by the profession and the rarity of any sensational extracts from it in the public press. There is so much that is dramatic and even romantic in medicine and medical research that it is to be regretted that the lay press neglects these aspects for the sensational and the bizarre.

Poise

Poise is a word with many derived meanings. In its original scientific application it is concerned with weight and balance. It has a pleasing sound, as have most words with a pleasant meaning. There is something about its lingering cadence which suggests balance and hovering. Shelley used it in this sense in the line "On poised wings held mute and moveless." In definition the learned Dr. Johnson again comes to my aid. He defines "poize" as "a regulating power," and then quotes Dryden: "Men of an unbounded imagination often want the poize of judgement." I want to stress the idea that poise means more than perspective; it is an artistic balance—a power and judgement with grace and dignity. It must be carefully distinguished from pose. Pose is an attitude, a self-conscious and conceited over-expression of self. It is rather interesting to note that the difference is only an "i," but it is a capital "I." The poseur is an egotist—the man with true poise is usually a philosopher and often an altruist. I often think that some of the general practitioners of my acquaintance have the truest poise in their relations to their patients. I so well remember one distinguished lady who said of her trusted medical adviser, "He is not our doctor only; he is our very dear friend"; and so indeed he was, for his advice was sought and followed not only on medical matters but on many of the ordinary affairs of life. Poise in professional conduct is inculcated in the highest degree in the Hippocratic oath, which is often quoted but seldom read.

While we often get gratitude from our patients it must be confessed it often happens that those for whom we do most are those who are least grateful and who sometimes even try to evade their liabilities. I am always suspicious when I hear, "No expense is to be spared, Doctor." I am reminded of a series of seventeenth century engravings, where the doctor is first represented

as almost divine, then degraded to the rank of angel, then shown as mere man, and is finally represented as satanic when his account is presented.

The same idea occurs in the well-known quatrain:

"God and the doctor we alike adore,
But only when in danger, not before.
The danger o'er, both are alike requited,
God is forgotten and the doctor slighted."

How many of us must have wished that we need only see and treat the patients whom we like and who give us their confidence. I have, however, learned one important lesson in poise—that often the patient who is gauche, taciturn, difficult, or even rude is self-conscious and shy, and that the attitude is often almost a subconscious protective reaction on his part. If we can get through this shell and probe the real person we can often help him greatly, but it sometimes needs great patience.

The happiest relation between doctor and patient is one of mutual esteem and confidence. The patient who goes behind his doctor's back to get what he calls an unbiased opinion seldom gets the best. On the other hand, the doctor who opposes a patient's request for consultation where there is a desire on the part of the patient or his friends for confirmation of an opinion or for help in treatment is lacking in poise, and is often not acting in his own or his patient's best interests. There are, however, some patients who collect doctors' opinions rather than take advice. Such are difficult to help, and they usually drift into the hands of the unorthodox, or crowd the waiting-rooms and clinics of foreign specialists whose reputations are not always greatest in their own country. This is not to belittle the value of international consultations. Our work is so responsible and our problems are often so complex that most of us welcome aid from those with greater experience, no matter whence they come. The aim of every true doctor is to help his patient. He can best do so if he knows that his patient trusts him. Money cannot always buy the best. I often think of Kipling's "Last Rhyme of True Thomas":

"And some they give me the good red gold,
And some they give me the white money,
And some they give me a clout o' meal,
For they be people of low degree.

"And the song I sing for the counted gold,
The same I sing for the white money,
But best I sing for the clout o' meal
That simple people given me."

My own criterion has been never to recommend or allow anything that I would not permit to one near or dear to me. La Rochefoucauld, probably the greatest writer of crisp epigrams of all time, said: "It is more necessary to study men than books." That is most true in our profession, and we must bear in mind that it is a sick, maimed, suffering, or sorry fellow-creature that we have to deal with. Oliver St. John Gogarty writes, "Humanity is all that matters to human beings." In these days, when Robert Burns's wonderful lines, "Man's inhumanity to man Makes countless thousands mourn," seem more than ever true, let us remember that our profession, and we as members of it, can and should set an example of true humanity in a world at present almost attuned, or at any rate inured, to cruelty, misery, and suffering. An Edinburgh surgeon, John Chiene, said to his students: "I always feel when I hurt a patient I have done wrong." The true perspective in medicine and the true poise in practice are summed up in the golden rule, "Do unto others as you would they should do unto you."