FASHIONS IN MEDICINE.

The President's Address, delivered at the Annual Meeting of the Metropolitan Counties Branch, July 17th, 1871.

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THERE are "fashions" in medical science as well as in medical practice; and, like fashions in other quarters, they have their uses and abuses,—they effect some good, and they do some harm. The use of fashion in scientific matters is this, that great attention is bestowed upon the object that may be said to be "fashionable," whether that be a method of work, a direction of work, or the employment of some agent which is believed to be capable of effecting certain results; and that this great attention resolves itself, as times goes on, into a sifting process, which enables those who fall in with the popular method, direction, or agency, to separate the useful from the useless, and to "throw away the worse half." The evil of fashion in matters medical is this, that, by the individual, the sifting process is ignored; there is often easy acquiescence in, and unquestioning adoption of, the principle or agent which is felt to be in vogue; and thus either or both may be employed to the exclusion or neglect of means and agencies which we can ill afford to lose. All multitudes, masses, or sets of men have a tendency to run into extremes, and individuals who make up such masses are not free from the influences to which classes are exposed. It is hard work for any one to set himself against, and make way against, the current by which he finds himself surrounded; he too often finds it easy and convenient, and thinks it wise, to fall into the wake of others, and thus add force to the stream by which he and they are carried onwards. The result may be happy or disastrous; but very commonly, without being one or the other in an extreme degree, it is eminently unsatisfactory and disappointing, and the physician or surgeon has to work his way back again almost to the point from which he started, knocking against broken pieces of systems and of thoughts which he might have pressed into his service a few months or years before.

There is, I believe, when any current of thought or work sets in strongly in matters medical, some true reason for its existence; and it would be well if the sifting or critical process were at once adopted, in order to avoid the evils I have sketched; but the leading is sometimes so strong, and the movement that is made by the individual so unconscious, that not until he comes into contact with awkward, unexplained, or unthought of facts, does he recognise the direction in which he is drifting, or appreciate the aids which he has run by in his easier course.

I have been led to make these remarks because I think that, in the present day, we have set undue importance upon certain elements or features of disease, and have disregarded other equally important guides in that which is our real work—the recognition and treatment of the various "ills that flesh is heir to." Is it not true that, for some ten years past, we have practically ignored what our patients can say to us about their feelings, and have based our judgments and therapeutics upon our own direct observation of the phenomena of disease? Is it not the "fashion," I would ask, to direct attention almost exclusively to what has been termed "objective" symptoms, and to pass over as valueless, or nearly valueless, all the statements that patients make, and indeed all that group of symptoms which has been termed "subjective"? To me it appears that such is now and has been the practical tendency of the last ten years, and that our patients and our profession have suffered from that tendency. Permit me, therefore, for a few moments to direct your attention to this question.

The great value of so-called "objective" symptoms is this—first, that there is an *exactness* about them which is both attractive and valuable, and it is possible to weigh some, and to measure others; secondly, that there is a possibility of *recording* them, which is gratifying and useful; and thirdly, that the records we can make of them form the materials for *comparison* between one case and another, and between the different epochs of the same case. No one can set a higher value than I do upon these elements—exactitude, record, and comparison; and I earnestly hope that our profession will never fail in due regard to those essential conditions of its work; but it seems to me that attention to symptoms which can be so measured, weighed, and compared, has often led the mind away from other features of disease which will not submit themselves to our scales, crucibles, or thermometers, but which are among the earliest—often the only—indications of departures from health, and which may truly guide us in our diagnosis, prognosis, and treatment.

The great value of so-called "subjective" symptoms is this, that they tell us of changes, of diseases—in the true sense of the word—in the

suffering man that cannot be either weighed or measured; that they occur often before any other objective phenomenon of disease presents itself; and that they thus, alone and of themselves, constitute for weeks, months, or it may be for years, the whole history of many most important cases.

It may be replied, that the statements of a patient are often valueless; that they show nothing definite, and point to no therapeutic act; that they are often the result of fancy, or of something worse; and that it is wiser to ignore them, and lay hold of the tangible and true. This kind of statement is, I think, open to all the objection which it makes to the reception of such testimony with regard to disease. It is eminently subjective, and so liable to personal misuse. But, further, I would ask are not the phenomena which we can weigh and measure often thoroughly outside the object we have in view—the treatment of a patient? Is not much of the record of cases a mere collation of exact and learned lumber, from which no good has yet come, or is likely to come? And, if we would duly consider the matter, is not a phenomenon of sensation, of thought, or of feeling, of as great importance to the well-being of a man, as is one of secretion, or temperature, or weight? Again, is it not simply because we have not yet been able so to observe, arrange, analyse, and compare these "subjective" symptoms as to give them a definite value, that we have regarded them so lightly? And, lastly, is it not true that such symptoms must have a real pathology—must be but the expression of some morbid changes, for which we may have no name, but which are, in themselves, as definite and important as any others which we have been able to examine more minutely, and express more exactly? In other words, is not the diminished value of subjective symptoms a fault of our profession and of its mode of work, rather than a demerit, or fallaciousness inherent in the facts themselves?

Let me illustrate the value of some subjective symptoms by a few examples from actual practice, and show in what way and to what degree they may be utilised.

Of certain blood-diseases, the earliest indications are often of this neglected class: obscure discomforts of feeling in the region of the epigastrium—a form of dyspepsia, which it is sometimes difficult to place in any category—which baffles treatment directed in accordance with all proper principles, and is sometimes looked upon as "hypochondriacal"—may often be at once relieved by treatment based upon the hypothesis of gout. Sensations referred to the heart, to the chest, to the head, palpitation, vertigo, or the sense of dyspnoea, may be disregarded, although they are urgent enough to hinder work, and make life miserable; and yet, after months or years of fruitless therapeutics, they may yield at once to a well-directed treatment based upon the diagnosis of the particular blood-change. Is it not possible that a careful consideration of subjective symptoms might lead to an early diagnosis, and to a successful application of means for relief, and thus ward off the development of the disease?

Again, some of the earliest indications of such disease as carcinoma of an internal organ are often purely subjective; a sense of weariness, of depression of spirits, of carelessness, or really indisposition, from feeling of inability to attend to affairs, may be the first warnings of a malady which might be postponed, if not averted. Are not patients who have these symptoms sometimes rallied for their fearfulness, and, because nothing can be found, advised to do this or take that which subsequent history proves to have been not only useless, but injurious?

In heart-diseases of the very gravest kind, subjective symptoms have often been the earliest and the only evidence. Some feeling of distress—abrupt, sudden, unexpected, and unprovoked—has given alarm to a patient; but when his physician sees him the distress is past, the sounds are natural, the beats, though feeble, may be regular, and there is nothing to be seen or heard that should not be observed in one who is tired or overdone. "Nothing is the matter" is the common verdict; and the symptoms may go on, disregarded by all but the sufferer himself, until some terrible catastrophe occurs, and the certificate of death is either "angina pectoris," or "fatty disease of the heart." Is it not possible that, in some such cases, an earlier attention to warning symptoms might have done something to arrest the malady? or is it not certain that it might, at least, have prepared the patient or his friends for the solemn issue?

In lung-diseases, it has seemed to me that subjective symptoms are often the earliest indications that something is going wrong. Before there is any definite attack of asthma, there are often feelings—unprovoked and unaccountable—of dyspnoea and distress, which are allowed to be dyspeptic or hysteric, but which might, by careful examination, be separated from one or the other of these categories. So with phthisis, and so with emphysema. Often, before either of these diseases has so far developed itself that physical signs will reveal its presence, there may be symptoms of its existence. In the latter disease, the sense of tightness of chest and shortness of breath, with a little dry hacking,

may exist long before the percussion of the chest reveals undue resonance, or auscultation shows any lengthening of the expiratory murmur. Might we not here do something by early notice of subjective symptoms?

In nervous diseases, the application of the remarks I have made are endless. The early symptoms of ataxy and of general softening of the spinal cord are often such as are subjective only; feelings of weight, or want of equilibrium, or of restlessness, which go for nothing when the patient is under the stimulus of the physician's presence, and can walk firmly, and stand on one leg with his eyes shut; but which, nevertheless, when neglected, creep on until a malady is obviously present which our science may arrest, but can rarely cure.

The early subjective symptoms of brain-disease are too numerous for detail. I will only allude to a few examples, which I am sure you can multiply indefinitely. The "general paralysis of the insane" often passes unnoticed until it is highly marked; and yet at an early period some apparently trifling change in the feelings of the patient, some exaggeration of self-importance, or slight egotism of manner, might have given the alarm, when found in conjunction with certain slight and occasional physical weaknesses which have to be looked for to be found.

The early symptoms of "softening of the brain" are often complained of and disregarded, or set down to dyspepsia or fatigue, simply because they are subjective. A feeling of bewilderment, or of want of mental grasp or grip; an inability to take in new notions; a listlessness or carelessness, with sometimes a sense of well-being, are among the most significant of the signs of cerebral decay. Might we not here often arrest and even postpone indefinitely the progress of disease?

In epilepsy, it often happens that long before the attacks have developed into even the minor seizures of *le petit mal*, the patient has been conscious of some strange and sudden mental condition which he cannot describe, but which is significant enough. Here, and in allied cases, could we not do much by an early recognition of the possible disease? In all these cases I think we could. A scrutinising attention to the minutest departure from health, in mind, or emotion, or sensation, would, I believe, help us greatly in the estimation and prevention of disease; and we must ever remember that in the practice of our noble profession we have to deal with man as a whole, to examine him and to treat him as such; that by neglecting any part of the information which he can give us with regard to his sufferings or his wants, we shut out from ourselves one great source of information which we can ill afford to lose; and that by putting aside that kind of knowledge of his state, which can come to us only through the workings of his own mind, we rob ourselves of those elements for a correct diagnosis, without a due establishment of which all our attempts at treatment must be either empirical or fruitless.

MODERN MEDICAL DOCTRINES.

Extract from the President's Address, delivered at the Conjoint Annual Meeting of the East Anglian and Cambridge and Huntingdon Branches, at Norwich, June 30th, 1871.

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[AFTER thanking the members of the Branches for the compliment paid to him in his election as President, and offering them a welcome to Norwich, Dr. Eade gave a brief sketch of the history of the city, referring especially to its honourable position in the pursuit of the sciences and arts, and especially in the annals of medicine. He then proceeded to give a review of the progress of medicine during the year.]

With regard to the year that has passed, I would venture to express the opinion that, since our last anniversary, the science of medicine and its allied branches of knowledge have continued to progress. We may not have had such a valuable boon as chloral provided for us, nor such a great theory propounded as that of the safety-giving influence of carbolic acid after operations; but still I think that those who have perused our JOURNAL and the general medical literature of the country, will agree with me that there has been no check to the steady persevering work of our medical inquirers, and also that in this work various members of the British Medical Association have borne their full share. Even if nothing else had been done, the discovery of the inoculability, not only of portions of the integument, but even of the epithelial scales—of the very dust of our skins—upon the raw surface of another individual, would be almost enough to mark a distinct era in our advancing knowledge. Coming as it does upon the heels of Villemin's discovery of the inoculability of tubercle and other organised matter, there is no doubt it is helping to clear the ground for our thorough understanding of the pathology of pyæmia, of all cellular

and many contagious diseases, and—may I not say?—of phthisis itself. For it is very clear that, if we can see that isolated particles or cell-dust from the skin can live on a fresh surface and there grow and increase, there is no difficulty in believing that similar particles shed from the surface of the pulmonary mucous membrane can be inhaled by a second person, become transplanted on to his mucous membrane, and constitute there the starting point of a fresh and similar disease. I am of course aware that this possibility is by no means demonstrated, and that tuberculous particles differ considerably from ordinary nucleated epithelial scales; also, that there is much negative evidence to be adduced against this view. But when we remember that, whatever their microscopic characters, tuberculous matters have been proved to be capable of reproduction, and also call to mind the many instances which are constantly occurring of untainted individuals nursing the consumptive and themselves quickly becoming victims of the disease, there seems reason at least for believing that this is not unlikely to be shown hereafter as a true fact of this disease, and that the opinion long entertained of the occasional contagiousness of pulmonary phthisis is founded in truth. It is not long since the communicability of typhoid fever and cholera was vehemently contested. We now know (thanks, I believe, mainly to the researches of two eminent members of this Association—Dr. W. Budd, and the late Dr. Snow) that both these diseases are communicable by the reception into the system of particles—possibly mere poisoned epithelium—discharged from the mucous surfaces of diseased individuals.

It is really most lamentable that the true clinical history of such a disease as consumption, which destroys one-sixth or one-seventh of the whole population, and which is open to the observation of every one of us, should still be wrapped in such impenetrable darkness. The discovery of its inoculability into lower animals would seem to be the one ray of possible light which has lately been shed upon it—for the distinction of phthisis into several varieties, and the more accurate recognition of its various pathological forms, has as yet done little for its elucidation, and has not even enabled the best observers to agree as to the interpretation of the best known facts. In illustration of this, and of the consequent need for more work in this direction, hear what a reviewer of Niemeyer's recent *Lectures on Phthisis*, writing in the *Edinburgh Medical Journal* for December last, says. "There is no work", he writes, "on the treatment of phthisis in the English language so advanced in its pathology. It leaves the crude theories of Laennec and his followers far in the rear, and, by showing the essential dependence of tubercle on preceding inflammatory processes, it also shows, etc." Now contrast this with the views expressed by one of the most able and experienced physicians of our own country in the special field of consumptive disease. No longer ago than April last, Dr. Cotton wrote in our own JOURNAL to this effect. "Phthisis is, in my opinion, one of the diseases of organic degeneration, consisting essentially in the development or deposition of a certain lowly organised and variously constituted material, which we call tubercle. In the great majority of consumptive cases, I believe that such deposition is *not due to inflammatory action*—any inflammation, whether pulmonary, bronchial, or pleuritic, which may accompany it, being of a secondary kind." Dr. Cotton goes on to say that many cases of phthisis do begin with some form of pulmonary inflammation; but his general opinion on the subject I have quoted above in his own words.

Three or four years ago, at the meeting of our Association at Oxford, I read a paper in which I ventured to propound the opinion that a lowered vitality—nervous and anatomical vitality—of the pulmonary tissues was an essential element of the development of tubercular growths; and that, as tubercle itself was a low form of cell or nuclear growth, so it flourished only at best in lung-tissue, whose vital resistance was lowered by abstraction—either directly or reflexly—of nerve-power, so as to render it an appropriate soil for the development of this lower type of growth. All increase of knowledge since this time seems to have rather strengthened this view; and certainly a capability of previously healthy individuals for receiving and permitting the growth of inhaled tubercle-germs upon their pulmonary mucous membranes, when exhausted by nursing and anxiety, would not militate against it. Whether the result be actually induced in this disease, to quote the words of Mr. Paget, in his recent lecture on Dissection-Wounds, "by mere diminution of a normal power of resisting changes," or (as Dr. Carpenter has shown to be much more probable) by the production in the fatigued organs of some material on which morbid poisons may multiply and flourish, seems uncertain; but the tenor of this passage evidently is to show the belief of both these eminent physiologists and pathologists in the power of implantation and growth of living particles on or in lung-tissues, which they could not invade when these were in possession of their normal vitality. Other examples of this effect of lowered innervation in permitting the springing up of a lowered type