General Remarks

ON THE

PRACTICE OF MEDICINE.

BY
P. M. LATHAM, M.D.

VI.—CURE.

One chief cause of damage and discredit to Medicine as a Profession is to be found in the notions popularly held of Diseases and Remedies; and in the use to which those notions lead of pretended Specifics or things claiming a special curative virtue.

THE abuse of specifics or special remedies has been spoken of as it rests with physicians, when they choose them, and apply them, and misjudge their effects from evidence which, upon sober examination, turns out good for nothing. Now, should any one be inclined to cultivate a little plausible ill will towards physic and physicians, let him dwell for a while in this unfortunate region of our practice, and he will easily pick up enough to confirm his own prejudices, and to convict us of weakness and credulity. There is nothing edible or potable in the world, which has not found somebody or other to eat it or drink it as a sovereign remedy for some disease, and upon the recommendation of some physician. The records of medicine shew all this; and ludicrous enough they are.

But there is an expenditure of worthless things for special remedies constantly going on, and never more than now, far beyond what can be accounted for from any mere fault of physicians. The world is much more in fault than we are. Indeed, all the world practises medicine beside physicians. And it holds pretty strong opinions on its own line of practice; and its opinions and practice influence ours more than may at first appear, and more than we may think or care to allow. Now its line of practice is chiefly in *curing*, and it deals largely in specific or special remedies.

Supposing, from the aggregate experience of ages, medicine, as an art, to have now gained a certain level of perfection, and supposing it to be always in good and skilful hands, there is that constantly at work in the world which is calculated to keep its practice below what it ought to be and what it might be, and prevent the best physicians from doing their best, and lead the wisest among us to do all sorts of foolish things, or allow them to be done.

There are always two parties to the management of the disease—the physician and the patient. But the share of each would seem to be defined plainly enough; and that it was the physician's business to direct and the patient's business to submit. This, however, rarely happens in fact. Unless when he is so ill as to have no will of his own, the patient always interferes with the physician in some measure, great or small; and it is hardly possible that he should not do so. And truly his interference is sometimes for good, and the physician finds help in it. Too often, however, it is for evil, and to the hindrance of the physician; and its mode and measure may make the evil and the hindrance great and

serious. Between patient and physician there arises a perilous chance that some such practice will result as is found to come from consultations between physicians themselves, bred in totally different schools, and of very unequal experience. Unluckily, the physician of perverse views and of little or no experience, is apt to be practically pertinacious and dogmatical. He sees no difficulties, and will have his own way. On the other hand, the physician of sound views and well tried experience, while he is ever ready to give you the full benefit of them, if you choose to trust him, is not the man to be for ever doing battle in their behalf, and forcing a way for them against strong prepossessions. Hence, in the management of any disease shared between such two physicians, it is odds but the handiwork of the former will be visibly predominant throughout.

The world, or, as we should say, "all those that are without", and that have not the estimable privilege of being physicians and yet keep their common liability to become patients; all mankind, in short, except physicians, even this entire world conceives all diseases that have a name as distinct essences, and of all remedies as distinct antidotes. Hence it has no sympathy and common understanding with us and our proceedings. The world, the educated world, has no other notion than that each disease has its own remedy; and that thus the whole practice of medicine really consists in knowing the disease and its antidote, and matching them fairly against each other. "You physicians have not yet found out *the remedy* for hydrophobia." "Here is cholera come again, and you physicians know nothing more about *the remedy* for it than the first time it appeared among us." "Here is this diphtheria making cruel havoc, and you seem to understand a good deal about it as a disease, but none of you has any conception *what is the cure* for it." All such common impeachments of our shortcomings plainly imply the prevalent notion, that physicians have but two things to learn, and have learnt only one of them, and not always that.

It has been a matter of painful concern to me half my life, to see my profession lightly esteemed by many wise and good men; owing, I believe, to the utter impossibility of any body being brought to understand what that profession really is in any other way than by partaking of its peculiar experience—*i. e.*, by practising it. The distinction, plain, simple, and needful as it is, between *curing* the disease and *treating* the patient, is one of those things which cannot be comprehended otherwise than by being daily conversant with diseases and remedies. It requires to be wrought into us by force of the facts, the peculiar facts, of practical medical experience.

I had a friend, who was a lawyer, and had held a judicial office many years; and he had a son, also a lawyer, about 30 years of age. The son was taken ill of a fever, and was put under my care a few days after its commencement. The fever was what we now call typhoid. I took some pains to make the father understand all that he was most interested to know about it; how that it had a certain course to run; that it was the business of medicine to avert or to mitigate its contingent evils, and so carry it safely to its end; but that there was not the thing in the world which could cut it short, and at once and directly *cure* it. He seemed to comprehend all I meant perfectly, and to assent to it; and, upon the

terms of this preliminary explanation, I proceeded to do my best for his son.

The case went on hopefully in the main, but not without circumstances of anxiety enough to make me glad of having another physician called in consultation. Yet, notwithstanding the two physicians, such circumstances did not become fewer or less pressing as time advanced. And then the father announced to me his resolve that he would have physician after physician, until he hit upon one who knew the *remedy* that could *cure* his son's fever. Luckily, on that very day the symptoms began to clear up, and hope was more legible in them all; and so the son was spared the peril of the paternal experiment. In due time the young lawyer got well, leaving the old lawyer to meditate the mystery, how in the world it is possible for mortal man to get rid of a disease for which there is no *cure*.

This instance strikingly shews the fact, and might have shewn the mischief, of the common belief, that the practice of medicine consists altogether in the giving of antidotes. "Try this. This not succeeding, try that. That and this both failing, are there not yet things which are reputed sovereign for the malady? Try them all one after another. None of them succeeding separately, still do not despair; try them all at once." The matter, thus plainly put, looks ridiculous in the eyes of every experienced and thoughtful physician. But the world—the greater part even of the well educated and intelligent world—would see nothing at all ridiculous in it; it is simply their notion of the practice of medicine. The popular notion has, and it cannot help but have, a momentous bearing upon medicine and its fortunes, as a profession. The world has great faith in physic upon the whole; but its faith is of a wrong sort. It is not a belief, but a superstition.

To find the particular antidote for the particular disease being the popular notion of the practice of medicine, it unhappily comes to pass that no small portion of mankind have actual motive enough for demanding these antidotes at our hands, in cases where they can never be forthcoming—cases of irremediable disease. And it is these, even these, that furnish the principal field of trial for all worthless things, and the principal source from which they issue and pass current for specifics or special remedies. In truth, the amount of irremediable disease in the world is enormous. There are small tuberculous deposits at the apex of a single lung or elsewhere, which may be slow to advance, or remain stationary for years and years. And there is acute fungoid cancer sweeping and destroying all organic structures before it, and killing in a few months. And between these two there are diseases of various kinds—some limited in their seat, some wide-spreading and diffusive, some slow, some rapid—all admitting of various degrees of palliation and postponement, but not to be got rid of, and all in the true sense irremediable. Now no diseases have been so well studied as these; none have had, none still have, so much thought and experimental industry bestowed upon them by the best minds. And all for what?

In this working-day world of ours, we must take things according to their kind. If the greatest good be not attainable, we must not count all that is short of it for nothing worth. If the highest mark be beyond our reach, we must content ourselves with a

lower aim. By all his knowledge and experience, the physician is convinced that, in certain diseases, he can prosecute neither cure nor treatment to the restoration of perfect health. But his office does not therefore cease. Still he can palliate; still he can postpone; still he can procure years and years of life and usefulness for the subjects of irremediable disease. And I will be bold to say, that the prime condition of his ability to do all this, is his knowledge that the disease is irremediable.

Further; it is no paradox, but an experimental truth, that the physician holds his power of doing good in incurable diseases so long only as he does not attempt to cure them. And his power of doing good is very great.

The world may think, naturally enough, that the knowledge (howbeit only to be procured by hard study) of what is incurable and intractable in the nature of diseases, must indispose physicians for putting forth the full power of their art, and lead them to make too easy and premature a surrender of its possible masteries. But let mankind have no misgiving on this point: our fault is the common fault of all. Oftentimes, in particular cases, we catch ourselves at work fabricating a sort of fictitious faith, and setting it up against all the experience of our lives, sooner than give the disease up for incurable. We believe, or try to believe, against knowledge; and so we run a perilous chance of *acting* against knowledge, and doing mischief.

There is hardly a man living, be his disease what it may, who will bear to believe himself beyond the possibility of restoration to health. He will allow the physician to profess palliation, and postponement, and relief; and, when the physician does all which he professed to do, he will be thankful to him, but he will think it strange that he can do no more. And so he lets go his faith and his allegiance, and goes in search of some one to cure him by a lucky remedy.

Thus the comparison of what we *can* do with what we are expected to do, is often mortifying enough. But it cannot be helped. People are free to expect what they like; while we cannot do more than can be done. Our ability is bounded by the nature of things, at all events.

The physician gains strange insights into the weaknesses of poor human nature. Men are found to cultivate credulity, and take refuge in it against the convictions of common sense, until they bring themselves to believe impossibilities. An eye, or an ear, or a large joint irreparably damaged by some bygone disease or injury, is doubtless an evil hard to bear; but, the fact being demonstrably certain, nothing remains but to acquiesce in it. Therein, however, consists the moral trial, of which we physicians are the privileged spectators and judges; and, summarily, this is the result of observation. The poor, and those who live by their labour, and to whom the loss of an eye, an ear, or a joint, is a serious hindrance in their daily work, *do* acquiesce in it well upon the whole. They do the best they can without them. They learn new shifts to supply their defect, and so contrive to forget them, and get on pretty comfortably altogether. Not so those who are delicately brought up and are well off in the world; not so those especially who have no indispensable duties waiting upon their each day's thought and each day's labour: yet they have their own (perhaps

many) resources always at hand, and always ready to serve them if they choose. But when the mind needs physic, the dose must be compulsory to do any good. So many come to cultivate credulity as a better expedient, and some with such success as to cast anchor upon downright undeniable delusions, and rest there with much content.

I knew a man who was totally blind of one eye. The eye was gone. Disease had abolished it years ago; and, in its stead, all that now remained was a little round button of gristle or cartilage, to which the muscles still had an attachment, and moved it about. He was a man of fortune, and had had the best professional advice, and must have been made acquainted with the true state of his case. He was also a man of accomplishments, and his society was much sought and cultivated. Yet he was going twice a week to a notorious quack, and having something dropped upon what was once his eye. Thus he had brought himself to believe that lucid glimmers followed each application of the nostrum; and this happy delusion kept alive in him the hope of returning sight.

One would willingly believe this to be a very rare specimen of self-deception; but really it is not so. The experience, I find, of many physicians has furnished them specimens to match it. But surely it cannot be that any man, educated for our profession, should have the requisite ignorance and the requisite dishonesty to share and to promote so vast a delusion. The transaction must always lie between the patient and his favourite quack.

But let us concern ourselves only with actual diseases, diseases existing and in progress. And of these let us ask whether the fact that they are, or are deemed to be, incurable or intractable—the fact that there is no medicine or method of treatment known by which they have ever been successfully managed—whether this fact be enough to warrant physicians in doing and trying anything or everything indiscriminately upon them?—enough to justify or excuse us in falling in altogether with the world's notions, and adopting the world's practice of medicine, as far as they are concerned? I think not; for this would be mere gambling with drugs, and not the practice of medicine. Gambling, too, it would be, of the silliest kind; the chances being incalculably against you. For thus to try this, that, and the other thing, implies an expectation of finding in some one of them a specific or special remedy for the particular disease, well knowing how very few such remedies exist in the whole world. The absurdity is neither more nor less than that of a man, who should trust the payment of his bills to the chance of finding a bag of money.

But there is, it must be confessed, a good deal done every day by eminent physicians which we cannot honestly compliment and call it the practice of medicine. Bankruptcy of means puts good men often upon strange shifts to stave off pressing obligations; and so they must be excused.

The conditions under which we are called to act are not seldom such as to disturb all sober reckonings of the means and methods which we employ, confounding even their choice, their uses, and their effects. Irreparable disease, with its pains and its perplexities, its fears and its despair, is apt to raise a very importunate cry. Ask what it will, in very pity it must be granted. But it asks impossibili-

ties; and when it does, the physician in very pity must attempt them for it.

But where nothing is expected, the least thing is exaggerated by surprise, and comes to pass for something great. Morally, no extremes so nearly meet as credulity and despair. Thus cures are reputed for incurable diseases, which confessedly remain as incurable as ever; and wonders are accredited to particular remedies, which can never be got to do the like wonders again. Physicians, who have worthily achieved great reputation, become the refuge of the hopeless, and earn for themselves the misfortune of being expected to cure incurable disease. They find a necessity laid upon them of attempting something when they have faith in nothing. Thus, for all who resort to them, they must needs prescribe a remedy. But acquiescence for long in any labour felt to be quite useless is intolerable. And so physicians themselves are driven to get up a sort of fictitious faith in certain remedies which hard necessity forces them often to use; even if it be but a faith to this small amount, and thus faintly expressed, "that they do not know but they may have seen them do good in a few cases".

What a penetrating insight had they of old into occult moral truths; and how they sketched them to the life in their beautiful mythologies! Thus they fabled some curious "penal servitudes" in their world below, typifying the torment of labour with utter uselessness. But, could the unhappy ladies have stopped only one of the hundred holes in the leaky cask, they might perhaps have deceived themselves into a little heart and hope under the circumstances. And surely many a sensible physician must half-willingly deceive himself, or he never could go on prescribing the things he does under any necessity.

Now even we physicians have a motive for being careful of acting foolishly, lest possibly we may find followers. Remedies known to be prescribed habitually by the best of us, but *not* known with what little or no faith, are apt to make sad havoc with the faith and practice of the profession at large. A physician plausible, clever, and very active, a favourite and an authority, perhaps, with people of the world, may, if he be but right-minded, be a credit and a gain to us all in the position which he holds; but a little wrong-headedness, or a little credulity, or his own opinions half worked out, and consequently a facile compliance with the opinions of others and even with the will and pleasure of good people who can know nothing about the matter, must in the main greatly damage his own usefulness, and make him, all unconsciously perhaps, a worker of mischief to his profession; as, in other respects, so especially in this, that he keeps alive within it a talk and a fuss and a barren interest about a pack of foolish things, which are utterly worthless.

Thus it is beyond question that the adoption of special remedies for diseases upon insufficient grounds is a main hindrance to practical medicine, constantly withholding it in its progress to that degree of perfection which it is capable of. A motive for their adoption, and a strong one, has been seen in the sway which the world is ever exercising upon us in the manner explained. Another motive, also a strong one, has not been concealed—the acquiescence and credulity of ourselves. There is no doubt of the fact that what may be taken up to-day without

reason or proof by a plausible enthusiast or two will have the multitude of the profession using, and believing in, and swearing by, a few months hence; and thus it will gain a credit from which the contrary experience and sober dissent of well-judging minds will never be able to set us free. Unfortunately, where there is no experiment of exact science to settle the matter, it takes as much time and trouble to pull down a falsehood as to build up a truth. Only let the most worthless nostrum get backed by the credit of some good name, and it will never cease to pass current for something in the world, and will never be altogether got rid of from our *materia medica*. Thus, upon the whole, it is sad to think how much of the practice of medicine is blindly engaged in a busy, noisy workshop of impossibilities.

Addresses and Papers

READ AT

THE TWENTY-NINTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

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HÆMORRHAGE FROM THE EARS IN HOOPING-COUGH: ITS REAL CAUSE.

By GEORGE D. GIBB, M.D., M.R.C.P., late Physician
to the St. Pancras Royal, and West
London Dispensaries.

THOSE members of our profession who have had much experience in watching some of the phenomena consequent upon the paroxysms of whooping-cough, must have noticed that sometimes hæmorrhage takes place from the nose, the mouth, and the ears, and that the conjunctivæ become suddenly ecchymosed from the effusion of blood. The bleeding from the nose and mouth oftentimes depends upon the rupture of some of the smaller vessels of the fauces and pharynx, the result of extreme distension, occasioned by the influence of the paroxysmal shocks upon the heart, which is driven as it were to pump the blood with great rapidity and force through its vessels. The circulation is also greatly impeded about the head and neck during the spasms, the frequent repetition and length of which engender a state of weakness in the walls of the capillary blood-vessels, so as to render them liable to give way. The rupture of the vessels of the conjunctiva usually takes place beneath the membrane; but, in rare instances, the blood pours out externally. In the nose, occasionally, but not invariably, the source of the bleeding is from the mucous membrane covering the turbinated bones and posterior part of the septum. Occasionally, I have seen the tonsils and velum the origin of it, generally from the posterior surface of the latter, which offers considerable obstruction to the exit of air during the spasms.

Hæmorrhage from the ears is much rarer than from any other part; and the reason of that is clear enough. Pathologists are well aware that under certain circumstances hæmorrhage from the ears will occur, in persons of various ages, who are not labouring under whooping-cough. Violent attacks of sneezing have given rise to it; so have the paroxysms of asthma; loud forcible coughing will produce it. Extreme dyspnoea from general swelling of the back of the mouth, perhaps associated with a similar condition of the posterior nares, will like-

wise give rise to the same phenomenon. Now, the cause which has been assigned for it in all these conditions is the rush of the pulmonary air through the Eustachian tube into the tympanum, and its escape through the external ear, lacerating or forcibly rupturing the membrana tympani. No exception can be taken to this; but it has been denied by the latest writer on diseases of the ear (*Treatise on Diseases of the Ear and Organs of Hearing*. By Dr. J. P. Bonnafont. Paris: 1860); and the only reason that he assigns for his disbelief is, that he has searched in vain for an example. He refers to Tulpian as citing a case of rupture of the tympanum during an attack of asthma. He does not even honour pertussis with a mention in his whole book.

Feeling interested in this important question, more particularly in relation to whooping-cough, I have referred to a number of writers of authority upon the ear, and find that the majority only refer to the supposition of the tympanic membrane being lacerated, during sneezing and other expiratory acts; but very few have actually seen cases, or have had the opportunity of examining them, after the bleeding has occurred.

Of nearly two thousand cases of whooping-cough which have come under my notice during a period of years, in public and private practice, more especially since my attention has been devoted to the study of this singular malady, four cases in which bleeding took place from the ears in children, were under my care, and they afforded me the opportunity of judging for myself the manner in which the lesion giving rise to it occurred.

Bleeding from the nose is by no means uncommon in pertussis; from the mouth it is less so; the eyes come third in point of frequency, *i.e.*, subconjunctival hæmorrhage; and the ears last.

Of the four cases, three were boys and one a girl, their ages varying from 4 to 9 years. In two, bleeding occurred from both ears; in two, from one only, namely, one in the right and one in the left. That made six ruptured membrana tympani. In four the laceration was near the margin; and in two it extended towards the middle; the shape in one being three flaps, more or less triangular, meeting near the centre. I had the opportunity of examining the ears on two or three occasions of each. All healed up by adhesion, except the fourth case, which was followed by suppuration and permanent deafness of the one ear, from considerable loss of substance of the membrane; and although I afterwards lost sight of the boy, I have no doubt that his deafness is permanently incurable, unless he has since been treated upon the plan for which both the profession and the public are so much indebted to Mr. Yearsley.

Now these four cases incontestably prove that the hæmorrhage from the ears was due to the laceration and rupture of the tympanic membrane, the result of the forcible passage of air through the dilated Eustachian tubes into the tympanic cavity. The compression of the air into this small space, I would estimate as equivalent to that of a single atmosphere, and as it became increased, so would it suddenly escape through that part offering the least resistance. This is of course the membrane of the tympanum itself—the weakest boundary to the cavity—and rupture is the result, the amount of laceration varying according to the degree of pressure which the air has sustained.

Of those cases under my observation in which the laceration healed, deafness remained for a short time, but it eventually disappeared, as the children became cured of their pertussal malady. The cicatrix of adhesion was distinctly visible, and varied in colour from the surrounding membrane.

In dwelling upon the terminations of whooping-cough in my monograph on that disease, I went into the question of Affections of the Ear (p. 145), and particularly showed that the violent efforts at coughing will sometimes produce profuse hæmorrhage from the ears, the