metastatic disease, the older views in regard to the infective powers of the micro-organism must be set aside. The gonococcus must be regarded as a micro-organism capable under certain conditions of setting up widespread disease in the human body. It may be regarded as an occasional exciting agent of septicaemia, but, just as in the case of other micro-organisms, the gonococcus in the production of disease shows preference for certain parts of the body—for example, the synovial membranes of joints, tendon sheaths, and the valvular apparatus of the heart. The affection of the heart by the gonococcus has been the subject of much discussion, more particularly in regard to the frequency of its occurrence. Clinically the condition is regarded as rare, and even *post mortem* the exciting agent may be lost sight of. It is true that the demonstration of the gonococcus is difficult in many cases, but with the routine examination of the blood in all cases of endocarditis *ante mortem*, as well as the bacteriological examination of the valvular lesion *post mortem*, cases due to the micrococcus gonorrhoeae ought to be brought to light in greater abundance in the future.

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An Address

ENTITLED

AFTER TWENTY YEARS.

Delivered before the Walthamstow Division of the Metropolitan Counties Branch of the British Medical Association.

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AFTER twenty years or more spent in the practice of a profession such as ours, and after having passed what our dear old friend Oliver Wendell Holmes calls "the five-barred gate," one gets into the habit of spending more time than formerly in looking backward. The younger man when he meditates generally looks forward. It is good, no doubt, to keep an eye in both directions, but belonging as I do to the former class I am getting to think that, on the whole, looking backwards is the more profitable, and one reason is because I believe that it adds so largely to one's experience; for experience, I may perhaps remind you, does not only consist in receiving impressions from without and recording them; not only in being acted on and in acting; but largely in reflecting, comparing, and judging of the effect of those impressions and actions.

The life of the family doctor has in it undoubtedly much which cannot enter into the lives of those who follow other callings than ours, and the first thing I have to say about that life is, that it has brought me, as I am sure it has brought you, much pleasure and enjoyment, much satisfaction and reward, not of the material kind alone but of that kind which is more honourable and in the end more valuable, the assurance that one is doing something (little enough it may be, but still something) to relieve suffering, and to increase the general fund of happiness in the world.

The pathway has not all been smooth. It never is, we must have our disappointments and periods of depression, for life at all times, and especially a life like ours, is a continual conflict, of good with evil, of health with disease, of truth with falsehood, and there are times when, in spite of our best endeavours, the enemy seems to be getting the upper hand—times when our mistakes are only too well remembered, when our sense of failure is hardly counterbalanced by the feeling of having done one's best, the awful feeling that one has not done the right thing in some particular circumstance—such experiences come to us all. But, looking over these twenty years, it can certainly be said that on the whole we are advancing. Our knowledge of disease and our power to cope with it has increased immensely; indeed, our whole conception of some diseases has entirely changed, and our methods of treatment, preventive as well as curative, based upon our increased knowledge, have altered for the better.

But not only this—there is an advance all round. The

scientific spirit—that spirit of careful, patient observation, of induction of principles from facts, which pervades all our work—is more widespread; it more and more influences every phase and method of life—sanitary, social, educational, and even political.

It is more generally recognized that a spirit of inquiry, a healthy scepticism, necessarily precedes increased knowledge. Hence there is more toleration; people are less under the influence of dogma and superstition; there is a greater inclination to explain things on natural rather than on supernatural grounds. This is largely due to the spread of education; and I do not wish to claim more than is our due in that direction. But I venture to think that our profession, mixing as it does closely with all classes of the community, has had a not inconsiderable share in bringing it about. It is part of our work to do this—to advance in any way we can the knowledge of the truth in all things; our duty, in short, is not only to try to make the world healthier but better. Better, because healthier.

One of the great men of our profession, who died only last year (Sir John Simon), was said to have been the means of saving more lives than were lost by us in all the wars of the last century; but his aim, like ours, was not only to save, but to improve the conditions of life. And that this aim has to some extent been attained—that the conditions of life generally, and especially of the great masses of the people, have improved during the last twenty years, no one can deny. And, moreover, may we not say that the nature of our work is such that there is no room for anything that is unreal or untrue in our own lives, and that if we do our work properly and live our life well, we are not only doing some good to our fellow creatures, but we are raising ourselves to a higher level, getting a firmer grasp of the truths of Nature and of human life, and while mixing, as we necessarily must, with much that is bad, vicious, and unclean, we are learning that there is always in every thing and every body something that is good, and we appreciate that it is that something which it is most worth our while to seek out and cultivate, because it is only by encouraging the development of the good that we can hope to counteract the bad.

We are sometimes told that our race is dying out, that the family physician is becoming extinct, that he is being gradually elbowed out by the consultant, the specialist, or the club doctor. This would mean, if it were true, an entire alteration in the general feeling of the public towards the great mass of our profession. I do not believe that it is true; but the fact that such an idea may be even mooted should make us consider if there may not be an element of truth in it. In a book published last year called *Doctors and Their Work*, Mr. Brudenell Carter remarks that "the medical profession, apart from a few distinguished individuals, does not hold, in the estimation of the public anything like so good a position as that which it held fifty years ago." Such a statement is obviously difficult to prove or disprove. I cannot believe it, but I doubt if it is worth while to spend time in discussing it now.

There can be no doubt, however, that the conditions of life and of private practice at the present time in and around London, and I presume other large towns, do tend to make the bonds between doctor and patient less close, more easily severed than was formerly the case. Whether, among other things, this is due to the sceptical habit of mind to which I alluded, or to the spread of education, or rather that which goes by that name, I cannot say. I am disposed to think that there is less inclination to be ruled by authority in matters of health, as in other matters, than used to be the case; people do not put themselves so unreservedly in the hands of the doctor as they did. They wish to judge for themselves. They have no conception of what is meant by a medical training. They do not understand that such a training is necessary to enable them to enter fully into the consideration of medical questions, questions some of which are amongst the most difficult that the human mind has to deal with. This is part of one side of this question, but there is the other side, and it is possible that the fault is to some extent at least our own. That the reason why doctors and patients are less united than they used to be may be because we have not done our best to cultivate in ourselves the good traits of the old family physician, his tact and patience, his kindness of heart and broad intelligence, his humility in the face of difficult questions, combined with the sagacity, readiness of resource and decision of character for which he was noted, all of which enabled him to enter into the troubles of his patient from every side, and to treat him not only by the light of science with which

he was far less well-equipped than we are, but by the light of his knowledge of human nature by studying the whole man, his character and idiosyncrasies, with the help of what he knew of his family history and development.

No doubt you can all recall cases in which your knowledge of the life and tendencies of your patient have helped you in your treatment of him when he was ill. And as we who are older look back we are reminded that it is not only our knowledge of disease which has increased as the years go on, but our knowledge of human nature also, and we realize how much it has helped us, how important it is that we should study our patients, not only as cases but as individuals, noting their likenesses and their differences, their tendencies and their peculiarities, their sympathies and their antipathies, their habits of mind as well as of body; and to do this, to understand a man fully, we must, as Carlyle puts it, not only endeavour to look into him and view him from our own standpoint, but we must do our best to look out of him, see things as he sees them, and see him as he sees himself, remembering always to do as he is pretty sure to do, that is, take particular notice of the good points and not only of the bad ones. And is not this especially true in illness? In making a prognosis do we not sometimes forget, when we go over the symptoms, to take sufficient note of the good points? A good rhythm of the heart, sound kidneys, a generally good digestion, a mind that habitually works smoothly, all of these are, as we know, of far more importance in a case of pneumonia, for instance, than the amount of consolidation or the height of the temperature, and the same thing is, of course, true of many other diseases. I repeat that, just as in judging of a man's character, if we only notice his failings and omit to take note of what is good in him we generally come to a wrong conclusion concerning him; so in judging of his physical condition, if we only study, or perhaps I should say, pay too much attention to, the symptoms which indicate disease, we often miss that which is most essential in the case. For our treatment should be directed, not to the disease alone, but to the patient who is suffering from it.

Health is a comparative thing—there are various degrees of it; a great many people go through life, especially the latter half of it, with something that is not far removed from disease always with them. Very few of us wear out like the "one-hoss shay," all over alike; there is a little too much friction here or there which produces the inevitable result, and many people either inherit or acquire something that will always be for them a "thorn in the flesh"—something that makes their life more or less that of an invalid, but does not necessarily tend to shorten it, and these people, as you know, require careful handling. Their system has learnt to bear with their disease, and it does not do to treat them too vigorously; by so doing one may make them really ill. A strong purgative given to a person with a sensitive stomach and digestion may upset him for a week; a strict diet for a man who after middle life passes sugar in his urine sometimes does more harm than good; a continuance of bromide of potash in some cases of epilepsy makes the patient worse. It is wrong to be too mechanical in our methods of treating disease, for what with one person may be disease may in another be a state of health. I am sure that I have often done the patient more harm than good by the drugs I have given him. It is not always easy to see this, for the effects of the drugs are often masked by the symptoms of the disease. I think I used to give too much alcohol in typhoid; I am sure I have given both too much alcohol and too much food in pneumonia. I am not sure that I have not hastened the end of some old people by being too anxious about the regularity of their hearts. And in the treatment of pain how much easier it is sometimes to administer a sedative than to abstain from giving relief in that way!

Pain is often more or less of a mystery in spite of the physiologists, who tell us that it is merely a matter of vibrations. There is a good side to pain as to everything else, and it is as well to try and see this good side and learn what we can from it, before proceeding blindly to abolish it. We all know how true this is in acute abdominal cases, and yet it is still forgotten. It is, as you know, also true in many other conditions, and there is some pain which morphine does not relieve, as of course there is much for which it is not necessary. I remember that in one of my own illnesses I had what I thought was pretty severe pain, and was probably making more fuss about it than was needful; the nurse came along and said, "Are you sure that the pain is as bad as you

seem to think?" I thought her rather unsympathetic, but the suggestion was certainly good, it made me consider the matter, and the pain soon became quite bearable instead of occupying all my attention. Suggestion undoubtedly often helps us, though we may not always use it in a way that would be called scientific; we are not always even conscious when we do use it, it is a part of our art. I have never practised hypnotism, but I had one case in which I made use of it by the help of a friend. It was a case of a boy with a huge sarcoma, he suffered excruciating pain during the later stages, and we gave him large quantities of morphine and other sedatives, without appreciable benefit, so I asked my friend to come and hypnotize him, which with some difficulty he did. In about half an hour the boy was sleeping quietly, and remained without pain for some hours, a thing he had not done for many days. That boy had immense doses of morphine, and yet his pain was unrelieved. There was what for want of a better term I will call a subjective element in his pain. Long-continued pain produces a state of the nervous system which makes one more susceptible to pain. Indeed, one is in the habit of thinking of pain as of two kinds—the objective and the subjective; the one, as it were, starting from below, the other from above. The latter appears to be sometimes a relic of the former; it is more susceptible to the influence of suggestion, and it is often unrelieved by ordinary sedatives, such as morphine, except in large doses.

Yes; you will agree that there is still much that is mysterious about pain, but it is always our duty to try to solve the mystery, to fathom its meaning, to find out its good side; for

There is some soul of goodness in things evil,
Would men observingly distil it out.

It is curious how one loses the memory of pain; I suppose it is because we cannot put it into words. We as a class have more opportunity of observing this fact than other people. Many say the same thing about pleasure. Burns wrote:

Pleasures are like poppies spread;
You seize the flower, the bloom is shed.

He might have written in a similar strain about pain, though I fancy the pain which he experienced was chiefly mental, and its effects seem to be more lasting than the physical.

I have said that mechanical methods in treating disease are to be avoided, still more must the mechanical habit of mind in viewing disease be guarded against, and as I look back I am reminded that I am less in the habit of labelling my patients, and treating them according to the label, than I used to do. In our early days, when our acquaintance with disease was less close than it has since become, we did this; it was inevitable, and I suppose it is always the method of the purely scientific physician. He classifies each case according to the group of symptoms it presents, and prescribes the appropriate remedy; he is careful to have a good reason for the administration of every drug he prescribes. I fear that we do not keep up to that standard of excellence, and if we have good reasons we do not trouble to put them into words. Our time is largely taken up in the management and treatment of what are called minor ailments, in dealing with the beginnings of disease, in noting how healthy growth and development are interfered with in the young, and in marking the various ways in which people begin to get old. Many of these problems which we have to face are complex, they cannot be solved offhand, they must take time to unravel, and as time goes on other factors may enter into them, which delays their solution, and consequently our methods are perhaps less definite and precise than they should be; but the truth in such cases is not always easy to arrive at, and it is better to sacrifice precision rather than truth. Let me illustrate my meaning by a class of case with which all of us are familiar, which are labelled functional or cyclical albuminuria. I need not describe them, but I will say that the symptom which gives them their name is only a part, sometimes but a small part, of their condition. This is, of course, well known, but, as far as I know, is not generally stated in the ordinary description of the disease. Besides the cyclical albuminuria, which may be only temporary, or may last for years without appearing to cause any definite harm, there is in many of them a general condition which may be described as want of tone—the heart and the stomach often do their work badly, and either or both may be considerably, though perhaps temporarily, dilated: the muscles are generally

flabby, and the nervous system hypersensitive and easily over-fatigued; all of these symptoms may be important, and either may require more consideration than the albuminuria in arriving at the truth of the case; and I fancy it is because we are apt to label them instead of trying to understand them fully, that they so frequently go on for such a long time.

The thought comes to me sometimes when I am going round from one sick person to another—What good am I doing for all these unfortunate people? Some, I may feel sure, are or will be the better for my visit and advice; some, doubtless, would have got on fairly well without either; I trust that none are the worse for them, though that is, I fear, possible. At any rate, it is possible that I might have done them more good than I have done by my visit. The thought suggests the question—What is the good, what is the value to the patient of the doctor's visit? Some would say that its value varies from sixpence to two or more guineas, according to the depth of the patient's pocket. That is one sort of value. There is another sort which I am anxious to learn how to estimate; to do so we must, I think, consider the matter from more than one side, for there is something more than diagnosing the disease, and prescribing the remedy, for which we visit our patients. There is not only the practical, material advice which we give, that which is based upon sensible, reasonable, reasoning knowledge and experience; that is one thing, and the most important thing. But there is the imponderable, insensible, more or less unconscious influence which we may exercise on him, which is another. The value to the patient of the doctor's visit depends on the influence as well as on the advice. A person who is ill is ill at ease, his outlook on the world is altered, his psychological condition is modified by his illness, his mind seldom works smoothly, he finds it difficult to be at rest. The visit of the doctor should tend to put him into a condition of rest. By rest I do not mean doing nothing, torpidity of mind and body, the condition which is allied to that kind of rest which all come to when functions cease. The rest I speak of is living, life-giving. It has been called "easy working," which is perhaps the best definition. Harmonious actions of all the vital functions is another. To produce it, energy is required, the energy of control, and it is this controlling energy which the visit of the doctor helps to develop in the patient.

One of the most remarkable powers of which our physical body is capable is the tendency to return to what may be called the rhythm of health, after that rhythm has in any way been disturbed, provided that the cause of the disturbance is removed, and that the mind does not interfere with the natural forces and so hinder the return. Our duty is (1) to find out and if possible remove this disturbing cause, (2) to watch over and assist in any way we can the natural forces in their efforts, and (3) to do nothing that can in any way interfere with those efforts. And one of the most important ways in which we can assist the natural forces, is in helping them to get fair play, by so influencing the mind of the patient that it does not interfere and so hamper their action. How this is to be done each man must find out for himself; there are some things which we cannot communicate by means of words, and this is one. As we all know, it is not only the amount of knowledge we have of his case, or the experience we have had of his disease, which gives confidence to our patient, there is something more. I will only mention two things—the power of real sympathy, and the power of hope. Of the former I have already spoken, and with regard to hope I will read a saying of Carlyle's which I think conveys all that need be said about it. "Man," writes Carlyle, "is, properly speaking, based upon hope, he has no other possession but hope; this world of his is emphatically the 'place of hope.'" This is Carlylean, and it is essentially true. "We live by hope," and it is right that we should always endeavour to convey a feeling of hope to our patients, not by words alone so much as by our general attitude. To discuss too much the grounds of hope often suggests grounds for despair. But I need not emphasize that. We, as a profession, are always, as we should be, careful of words, and the same care is needed as to our general demeanour in the sick room.

And now I must stop. I have said nothing, I know quite well, that has not been said better many times before. Many of my remarks have, I fear, been mere platitudes, but I may comfort myself with the thought that platitudes are, after all, truths, even though they may be stale and obvious. I hope their age and obviousness have not been too apparent. I should like to finish by reading some verses from a medical poem by Dr. O. W. Holmes. You have probably all read it,

but you will not mind hearing it again. It conveys in beautiful language the idea that has been uppermost in my mind. That with all the progress we have made in our knowledge of disease, with all the improvements that have taken place in our means of diagnosis and treatment, we must never lose sight of the human and higher element in our cases.

The morning's visit—not till sickness falls
In the charmed circles of your own safe walls;
Till fever's throb and pain's relentless rack
Stretch you all helpless on your aching back
Not till you play the patient in your turn,
The morning visit's mystery shall you learn.

'Tis a small matter in your neighbour's case,
To charge your fee for showing him your face;
You skip upstairs, inquire, inspect, and touch,
Prescribe, take leave, and off to twenty such.
But when at length, by fate's transferred decree,
The visitor becomes the visitee,
Oh, then, indeed, it pulls another string;
Your ox is goled, and that's a different thing!

Of all the ills that suffering man endures,
The largest fraction liberal Nature cures;
Of those remaining, 'tis the smallest part
Yields to the efforts of judicious Art;
But simple *Kindness*, kneeling by the bed
To shift the pillow for the sick man's head,
Give the fresh draught to cool the lips that burn,
Fan the hot brow, the weary frame to turn—
Kindness, untutored by our grave M.D.'s
But Nature's graduate, when she schools to please,
Wins back more sufferers with her voice and smile
Than all the trumpery in the druggist's pile.

Once more, be *quiet*: coming up the stair.
Don't be a plantigrade, a human bear,
But, stealing softly on the silent toe,
Reach the sick chamber ere you're heard below.
Whatever changes there may greet your eyes,
Let not your looks proclaim the least surprise;
It's not your business by your face to show
All that your patient does not want to know;
Nay, use your optics with considerate care,
And don't abuse your privilege to stare;
But if your eyes may probe him overmuch,
Beware still further how you rudely touch:
Don't clutch his carpus in your icy fist,
But warm your fingers ere you take the wrist,
If the poor victim needs must be percussed,
Don't make an anvil of his aching bust;
(Doctors exist within a hundred miles
Who thump a thorax as they'd hammer piles.)
If you must listen to his doubtful chest,
Catch the essentials, and ignore the rest.
Spare him: the sufferer wants of you and art
A track to steer by, not a finished chart.
So of your questions: don't, in mercy, try
To pump your patient absolutely dry;
He's not a mollusc squirming in a dish,
You're not Agassiz, and he's not a fish.

And last, not least, in each perplexing case,
Learn the sweet magic of a *cheerful face*;
Not always smiling, but at least serene,
When grief and anguish cloud the anxious scene.
Each look, each movement, every word and tone,
Should tell your patient you are all his own;
Not the mere artist, purchased to attend,
But the warm, ready, self-forgetting friend,
Whose genial visit in itself combines
The best of cordials, tonics, anodynes.

EXPERT TESTIMONY.—A Bill has been introduced into the Senate of the State of Massachusetts which is intended to regulate expert testimony. The necessity of legislation in respect to expert witnesses in the courts of the State is urged on the ground of expense to the State, of biased testimony, and of the unnecessary number of experts employed. The Bill provides that expert witnesses shall not be paid amounts in excess of the ordinary witness fee unless the court awards a larger sum. The number of expert witnesses is also limited, except in special cases. Attempts have been made from time to time to improve the quality of expert testimony, but hitherto without success.

The fifth Italian Congress of Pediatrics will be held in Rome on April 26th and four following days, under the presidency of Dr. Luigi Concetti, Professor of Pediatrics in the University of Rome.