An Address ON PROGNOSIS.

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BY

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THE art of Medicine is a difficult one. The diagnosis of disease, its treatment, its pathology, its etiology, are each and all matters of more or less difficulty. The prognosis of disease is beset with pitfalls; these pitfalls are many and frequent, not merely for the tyro in medicine but even for the most experienced. Prognosis means "knowing before," and though here and there no one better than a medical man can "know before" what is likely to ensue in a given case, how often it happens that the event turns out somewhat differently from what even the most experienced among us has been led to expect.

I have been led to take this subject as the basis for a few remarks owing to the number of cases I have encountered in which patients have told me that many years ago they were told they had some fearsome or fearful disease; that Dr. So-and-so said they had only days or a few weeks or a few months, as the case might be, to live, and that, to their astonishment, not only have they lived but the fearful and fearsome disease from which they were supposed to be suffering and which was to prove so fatal has entirely disappeared, according to later authorities consulted; and here and there it has so happened—and I must confess to a certain feeling of exhilaration whenever this fact is superadded—the condemning medical man has died first. I feel I ought to suppress this exhilaration, but have to confess that in almost every case in which this sad fact has been recorded by the condemned patient, I have so far failed. Not that I have not made mistakes myself—as in the sequel I shall show you—but when I consider the numbers of lives I have met with, broken down nervously, apprehensive neurotics; coddled bronchitics; gluttonous dyspeptics; females with "heart disease" suffering from flatulence; patients with pseudo-angina in Bath chairs; cross-grained and irritable old ladies taking opium pills; and making every one about them miserable by fads and fancies and vapours, then I ask myself who is responsible for so much of this misery and distress, and I too often find it is a member of my own profession, who, in some unguarded moment, started a pebble of innocent prognosis which, rolling on during the years, has become a regular avalanche of chronic invalidism and avoidable self-torture. Beware the unguarded word! Beware the unguarded hesitation! Beware even the unconscious sigh! An eminent consultant once told me that a patient made to him this interesting confession. It was fortunately after many years of successful attendance, when the lung mischief for which he was called in had quite healed, and the patient knew her doctor well enough to talk to him in this wise: "Early in my illness, when you used to auscult my lungs, you had, perhaps, what was only a trick, or habit of listening to my breathing, and then giving a little sigh. Every time you did this I said to myself, 'Another bit of my lung gone.'" I need hardly add, my medical friend was quite unconscious of his sighing propensities.

But this brings me to the point I wish particularly to emphasize—that we medical men hold here an enormous power potent for good or ill to our patients. Our prognosis means so much to our patients. Sometimes it means all. Is it serious? Is it dangerous? Is it malignant? Is it a growth? Is it heart disease? Is it this? Is it that? Let no one of us think it is a matter of indifference how we answer. Of course we must give an honest opinion, but how that honest opinion is given matters a very great deal.

I do not intend to debate the old question as to how far we are to communicate dire and dread facts to our patients; whether in all cases we are to tell the brutal truth brutally or politely. Whether the patient with heart disease is to be shielded from knowing the truth, the whole truth, and nothing but the truth. Whether the inoperable malignant

growth is to be unmasked in all its hateful aspect to the trembling patient hanging on our lips for the fateful decision. These questions have been debated before and generally receive the tactful and courteous consideration which I am pleased to think still endures among us, and which I believe distinguishes our profession even above all others, not excepting the clerical.

I want rather to emphasize this part of my subject, that in doubtful cases, where we cannot be *quite* sure, where our "knowing before" must, if we are honest to ourselves, be a very uncertain knowledge, let us hesitate before we speak in didactic phrase to either the patient or anxious friends, of how long the sufferer has to live, and how short the time before the "abhorred shears" will snap the life-thread of those dependent upon us for an opinion as to prognosis in an admittedly problematical situation.

We may be *wrong* in our deductions. Let me cull two cases from my own experience to show this. *Twenty-seven years* ago I was asked to see, for an absent colleague, a bad case of hæmoptysis, fibroid lungs, extensive excavation, emaciation, fever, and the usual accompaniments of fairly advanced pulmonary disease; frequent and severe attacks of hæmorrhage followed. Prognosis—most of you would have failed to guess what has happened. That patient, thanks to indomitable pluck both on his own part and that of a devoted wife, is still the honoured head of one of our principal firms in Bournemouth, going to his office daily, and getting through an amount of work which puts to shame many a younger and a stronger man. How easy to have taken a pessimistic view of such a case twenty-seven years ago, to measure out his days, and to quote a very long figure in sporting odds against the chances of such an one. Had he been told he had no chance of recovery, had he had explained to him the pathology of his case, had he been other than he is in temperament, pluck, and that "quietness and confidence" which go so far to help such a sufferer, think you he would be alive to-day? I trow not. Our deduction from our usual experience of such cases would have buried him years ago.

Yet another case. Four years ago a severe case of rheumatoid arthritis in an old lady of nearly 80 came under my care. The severe pain which she suffered on the slightest movement was excruciating, and this pain persisted in spite of sedatives, spas, and external applications, giving rise to the suspicion that such acute agony could only be due to ulceration inside the hip-joint, to which most of the pain was referred. Heart complications set in three years ago at 80 years of age. The myocardium became very degenerated, anasarca and ascites, and at last a general oedema, reaching even to the face, seemed to usher in the final scene. Prognosis, three years ago—a week or a month would seem to be the proper period to give to such a case. Yet that patient is still living, still dropsical, still with heart attacks of such a nature that she becomes cyanotic for hours, but the pain of the rheumatoid condition has long since departed, and yet blistering her spine has not been the treatment employed.

Such cases, I think, should teach us to be more chary of prophesying when we do not know. Probably every medical man here could give instances from his experience of such cases. The lesson to be learnt is, I think, obvious. Even from the lowest motive—a desire to show our knowledge—it is wise to hesitate before limiting the period of existence possible in even some of the worst cases with which we may be confronted. Nor does the individual who attempts to be in a measure cheerful escape from pitfalls of his own making, as the following instance shows.

An eminent practitioner of this town was attending an old lady, aged 80. To cheer her up, and impart some of that optimistic spirit for which, as well as other virtues, he is rightly famous, he told her he could see no reason why she should not live to be 90. Contrary to his expectations and to those of her friends, a more settled gloom and melancholy possessed the old lady, even after this would-be cheering intelligence. The secret came out later when, asked if she was not glad her doctor said she might live to be 90, she pathetically answered, "No, he limited me"! So here is another possible rock of offence—do not limit your prognosis to a term of years, or some misunderstanding may arise even then.

But there is still another aspect of this subject I would have you notice—the therapeutic effect of a hopeful prognosis. I am now speaking from a personal experience both on my own corpus vile and the results on others. If it is at all possible, be optimistic. You little know the suggestive value of a hopeful prognosis. In the course of a fairly long experience I could quote case after case where a hopeful prognosis has done more than all the drugs, vaccines, serums, inhalations *et hoc genus omne* in curing a patient. Hope, that potent elixir of life, as opposed to hopelessness, that dreary quenching of the spark of life. Never mind the failures, we have all to fail one day. Death, against whom we wage an incessant war, and whom we so often drive away from the field baffled and defeated for a time, has yet this revenge: some day he will return to conquer. Yet, while we honestly can, let us add to our therapeutic armoury the suggestion of hope. If we cannot give hope of cure, let us give hope of relief; if we cannot give relief, let us give hope of partial relief; if we cannot give hope of partial relief, let us have some philosophy to offer to our wounded and sorely stricken patients, that even then we may administer some medicine to the mind.

I am here reminded of a letter written to the BRITISH MEDICAL JOURNAL some years ago reflecting somewhat scathingly on the optimism of a well-known London consultant whose name at that time was in almost everyone's mouth, professional and layman alike. A patient who complained of pain in the chest and had consulted many men but could get no relief at last consulted this famous consultant, and was told nothing could be found, not even with *x* rays. He was sent away with a cheerful prognosis. Soon after *x* rays revealed a mediastinal tumour, from which ultimately the patient died. How wrong, in the opinion of the writer of the letter, was the prognosis of the optimistic consultant. I beg to differ. For the one case that was cheered up wrongfully, I, from my own knowledge, could quote a dozen—and I have no doubt the list could be swollen to a hundred even by those present here (were I to mention names)—which this cheery consultant has blessed by his optimism and put on the road to recovery by a hopeful prognosis; and personally I would rather have the opprobrium of one case where in good faith I had given too hopeful a prognosis than bear the guilty knowledge of having condemned an innocent sufferer to added pains more hard to bear, more difficult to sustain, because mental as well as physical, by a dreary prognosis, proved wrong by the after-history of the case, and given on an assumed knowledge which by the light of experience may be falsified again and again.

May I address myself with all proper humility to the younger members of our society, and beg them to take this matter seriously to heart, for—I say it humbly—I think I have observed they are the principal offenders in this respect? They come fresh from hospital with all the latest learning at their finger-tips; they have seen so much that we poor provincial country “joskins” cannot (as they think) have seen, and are so up to date and familiar with the grave cases and serious puzzles of the London hospitals that there is no wonder they are somewhat biased in favour of (shall I say?) the greater surgery and the more remote in medical cases. When, then, a child has over-eaten at a party and has a flushed face, is slightly delirious, has a high temperature, is constipated, sick, and presents a doubtful *tache cérébrale*, it is not always necessary to get in a couple of nurses, apply Leiter's tubes to the head, make a lumbar puncture, and talk to the anxious parents of tuberculous meningitis and other grave diseases. A dose of calomel has been known to make all the other fuss superfluous. A story told of Sir John Erichsen is much to the point here. A lady had sustained an injury to her elbow and had seen several surgeons of note, who failed to give her relief or even give a satisfactory account of the nature of the injury. She was advised to consult Erichsen (then at the zenith of his fame) for a positive diagnosis. After careful examination he counselled the patient thus: “You say, Madame, that you have come to me for a positive opinion about your elbow, and I frankly admit that I cannot give you that opinion; but if you must have a positive opinion, there is the address of my young house-surgeon—he is just qualified—he will give you one.”

No; we are none of us infallible, not even the youngest

of us, and this fact should make us all, young and old alike, pause before we destroy hope, give even a suggestion of hopelessness, or light-heartedly give expression to opinions and prognosis which may quench for ever the light from some of our patients' lives, and then if, after all, we should prove to be wrong, let us know that never—and the more if we are ordinarily skilful and have a reputation for medical or surgical skill—never shall we or our more careful colleagues be able entirely to remove the impression which our suggestion has made. Tell a patient, perhaps, a growth is malignant, or say lightly “it may be cancerous,” or say flippantly, “Oh, your heart is bad,” or “I think your lung is slightly touched,” you may not have meant to imply the serious thing your patient thinks you implied, but no matter what reassurance he or she may receive from better men than you, and even from two, three, or more better men than you, the fear, the haunting suspicion, will for ever be in that patient's mind, “It may be true,” and long years after, when you have forgotten all about the patient—his or her ailment, and your opinion so haphazardly given—that baleful prognosis will be a gaunt spectre in that patient's mind, productive still of anxiety, foreboding, and fear, if not worse.

But there is the pitfall of the other kind, and I should not be true to you or myself did I not point it out and illustrate it. Here I metaphorically stand in a white sheet and confess my failure. Some years ago I was attending a very stout lady, who was full of fads and fancies; she habitually overate, would shut herself up in hot, stuffy rooms, would take no exercise, and was for ever complaining of all sorts of symptoms and sensations which in their variety and combinations fitted in with no pathological picture of any ailment I had ever seen, read, or heard of. She at last complained that she was so ill and felt so ill that I asked my dear old friend, Dr. Douglas, to see her in consultation. He examined her very carefully and could find nothing to account for her symptoms, and was inclined, as I was, to put down her troubles to neurotic and functional causes. We had our consultation at 3.30 p.m. and departed with cheerful prognosis to patient and friends. At 5 p.m., one hour and a half after our consultation, the patient had an attack of cerebral haemorrhage, and died before I could reach her house. I have never again been asked to attend that family, and I have often wondered whether the cerebral haemorrhage was not caused by the intense chagrin which the patient evinced by Douglas's corroboration of my unvaried cheerful prognosis. Such untoward happenings may occur to every one of us. I do not think any of the physical signs pointed to a greater likelihood of cerebral haemorrhage in this stout old lady; she had no overt signs of arterial degeneration, or Douglas or I would have noticed them.

This case has had a wholesome disciplinary effect in qualifying my exuberant optimism, but in spite of it I feel sure that, when honestly possible, optimism in prognosis is not only our pleasant privilege, but our bounden duty. Often it will turn the scale of the flagging forces and dispel the despairing mists, which those of us who have been ill ourselves know only too well creep miasma-like around our sick beds. Such depressions are, like the earth-born fog they so much resemble, dissipated by the sunny brightness of a hope, which deferred, makes the heart sick, but, when given with authority by a skilful optimist, cheers the heart like a medicine, and is a therapeutic agent of such value that I commend it to all of you as a never-failing charm, and one that will not only give you enhanced reputation in your calling, but will infallibly give back to you many a patient you otherwise might have lost, and prove a veritable godsend to many a weary, tired sufferer, whose blessing on your cheery hopefulness will not be your least future reward.

MR. ALFRED ADDERLEY, J.P., a life governor of the Leicester Infirmary, has left to that institution the residue of his estate subject to certain life interests. It is estimated that the infirmary will eventually receive the sum of about £80,000. The infirmary has also recently received under the will of Mrs. Ellen Dyke Frost two legacies of £1,000—one for the general fund, and one for the Children's Hospital. The estate of Mr. Charles Turner, who died four or five years ago, has been wound up, and, in addition to the sum of £1,400 already received, the infirmary has received from the executors the further sum of £933.