no vomiting in this case; and (4) the jaundice occurring without a history of biliary colic. Those are the symptoms. In looking up the subjective signs as given by Fitz in Clifford Allbutt's *System of Medicine*, I find that he says that the "most characteristic sign of cancer of the pancreas is a tumour in the epigastric or umbilical region, which is to be observed as a deep-seated rounded or elongated, sometimes nodulated, swelling varying in density and defined with difficulty."

Now we had here, as a very striking feature of the case, a tumour in the epigastric region, but it differed from the tumour as described by Fitz in several respects. It seemed to be higher up than one would expect any tumour of the pancreas to be, and instead of being deeply seated it seemed to be quite superficial. What we felt was almost certainly not the pancreas itself but the liver, which was raised over a large mass of pancreatic cancer. The specimen is here. The pancreas was infiltrated with new growth throughout its whole structure, part of it was soft and part was hard, and the hard part at the head of the pancreas had pressed upon the bile ducts so as to completely obstruct their course, and, indeed, the bile duct seemed to pass into the mass. You will notice that the liver is deeply stained with bile, and the ducts are much distended throughout the organ. At the necropsy these ducts, on the slightest pressure, exuded a very thick and very dark bile, almost like tar, and the ducts, for some considerable distance up, were very largely dilated. You see that the liver itself seems to be free from infiltration by new growth, and the new nodule that we felt really appears to have been the enlarged gall bladder which was extremely tense, and projected beyond the edge of the liver. It was so tense that it gave one's fingers the feeling of not being a soft elastic structure such as the gall bladder usually feels to be, but to be a hard nodular growth. The other organs were very fairly healthy. The mitral valves were slightly adherent together, and to this was no doubt due the somewhat prolonged first sound. This specimen is particularly interesting in regard to the methods of diagnosis which have been proposed by Fitz, because it dismisses a number of things that have been supposed to be methods of ascertaining the presence of cancer of the pancreas. For example, it has been supposed that in cancer of the pancreas you would find glucose in the urine. Such was not the case here. But Fitz has proposed, as the surest way of ascertaining the presence of cancer of the pancreas, alterations either in the food or physio introduced into the intestinal canal, and he mentions that in cases of cancer of the pancreas, if the patient be fed upon meat, large quantities of undigested muscular fibre are to be found in the stools, the reason being that if the pancreatic juice does not enter the intestine the muscular fibre will remain undigested. Another method that he proposed is for salol to be given in doses of one drachm per diem in divided portions. The effect of the pancreatic juice upon this drug, which is a salicylate of phenyl, is to split it up, forming salicylic acid and phenol. The phenol is excreted in the urine, and there its presence can be ascertained by bromine water. Now, these tests were not applied in this case, and it is a pity they were not, but if we had applied them we should in all probability have come to a wrong diagnosis, because, oddly enough, although the hard nodule in the head of the pancreas presses upon the gall ducts, and these are completely prevented from emptying themselves yet a duct of the pancreas remains free (cf. Fig. 1) and some pancreatic juice entered the intestine, for you see here a certain amount of *post-mortem* digestion by the pancreas. In this case, then, if we had applied those tests we should have found evidence of the presence of pancreatic juice in the intestine, and we should have come to the conclusion that there was in all probability cancer of the liver but no cancer of the pancreas. So that at present you see that the tests which were thought to be reliable cannot be implicitly trusted, and we must fall back upon the symptoms that I have mentioned to you before—deep-seated pain, progressive emaciation, jaundice, and distension of the gall bladder. The round swelling may or may not be there, and the presence or absence of sugar in the urine does not help very much. But excessive pain in this case was a very marked symptom, and the difficulty in such cases is to distinguish between the pain due to pancreatic disease and pain due to perihepatitis. Of course in perihepatitis you may hear a friction if the part of the liver affected happens to be under the abdominal wall; but if the upper surface of the posterior surface of the liver be affected with perihepatitis there may be a great deal of pain and yet no friction. The difficulty is so great in distinguishing between the pain due to

perihepatitis and cancer of the liver and pain due to cancer of the pancreas, that I suppose we have practically to fall back to a great extent upon the very rapid emaciation. In cases of cancer of the liver without cancer of the pancreas the malignant disease may be present for many months together, sometimes I believe for years together. But in cancer of the pancreas the course of the symptoms is very rapid, and you will have noticed that the present one only lasted four months from the first symptom to the fatal termination.

As far as treatment is concerned, medicines are of little good except in so far as you are able by them to relieve the pain by sedatives, such as morphine. Operation, as you will have seen, would be out of the question.

I have brought those cases before you because, meeting a medical colleague a little while ago, he seemed to doubt whether cancer of the pancreas could be, with any degree of certainty, diagnosed during life. I think that although these cases show how some of the signs upon which the greatest amount of reliance can be placed are not trustworthy, yet by attending to those rules which Dr. Herringham laid down, we may come to a fairly accurate diagnosis. Still the case which I have put before you of cancer of the stomach shows you must be on your guard against assuming the presence of cancer in the pancreas if you have already got indications of cancer in the stomach, because the glands there may become so much affected as to simulate the presence of cancer of the pancreas.

[NOTE.—Since this lecture was delivered a new method of examining the urine, which seems likely to be of great service in the diagnosis of cancer of the pancreas, has been described by Cammidge, *Lancet*, March 10th, 1904, p. 782, and Abstract in *BRITISH MEDICAL JOURNAL*, April and, 1904, p. 776.]

An Address

ON

THE MODERN PURSUIT OF NOVELTIES IN MEDICINE.

Delivered before the Reigate Division of the South-Eastern Branch of the British Medical Association at Dorking.

By SIR DYCE DUCKWORTH, M.D., LL.D., F.R.C.P.,
Physician and Lecturer on Clinical Medicine, St. Bartholomew's Hospital.

GENTLEMEN,—You are aware that the changes in medical education which have gradually come about in the last half of this century are numerous, and some of them so radical that they amount to a complete transformation of the student's curriculum. There are many reasons for these changes. Not the least of them is the general and astounding advance in all the sciences, and in those especially on which the art of medicine is based, by which I mean those of biology.

I hope you have no misunderstanding with respect to the position of medicine itself. It never was, and it never will be, a science; yet it is scientific, and its foundations lie, and must ever lie, on the bedrock of many sciences. Medicine, as physicians understand it, is an art, and all good physicians are good artists. It is possible to be a great medical scientist, and an inferior medical artist. We may hold that true physicians, like true poets, are born and not made, if we safeguard the assertion by adding that their best qualities do not come by instinct, ready-made, but are reached only by assiduous study and unceasing accurate observation. There is no royal road to their attainments, however keen their wits or precise their logic. The mental temper which alone befits the pure scientist would never quite become the investigator of disease, or the student of clinical problems, and for this reason, that the latter has to act promptly and make the best of the facts before him, often without attaining the certainty and exactness of the requirements of the physicist. The difficulties and abstruseness in the particular case before the physician may never be entirely cleared up, and these constitute distressing factors which sadly exercise the purely scientific mind and tend to avert it from the practice of our art. This has indeed often happened, and men who have eagerly taken up our work have found themselves unable to combat with the oft-recurring uncertainties which are inevitable in practice. They have gone off into other fields of research for which their mental qualities were better fitted. We cannot afford to sit down and bewail our inabilities, or shrink from the alluring problems which await us. For what is the reason of our existence in the body politic? Is it not

promptly to combat these difficulties, to do our best by the light of fully-trained experience to meet them, and to try to bring comfort, relief, and restored vigour to the sick and suffering? Are we to look on or pass by and do nothing, waiting till we can fully disentangle all the problems which present themselves? That cannot be, and so we have to act while we toil on, thinking, trying, studying, comparing, and hoping, too, for that fuller light which is dawning and drawing us on; and assuredly, gentlemen, that light is ever waxing day by day; we are working by its luminous beams, all of us, whether we realize it or not. We enter into other men's labours, even if we labour not ourselves. We cannot stand still. We are in our day the products of our age, and hence our thoughts and practice differ a good deal from those of our predecessors of some fifty years since.

When progress is active in any department of life, we are always apt to think that we have reached a standpoint which puts our forefathers very much into the shade. We regard them as worthy, and as having acted up to their knowledge, but we are prone to believe that we possess higher attainments than they did, that now the meridian is above us, and that we should mightily astonish them if they could now return to the scenes of their former labours and see us at work. Gentlemen, I believe we should indeed astonish them, but I for one should be sorry to be the performer before some of them.

By way of contrast to the plan of study which was pursued forty or fifty years ago, we may note the great increase not only in the subjects to be studied now, but the greater minuteness and elaboration of these subjects themselves. Gross human anatomy was practically perfect at the earlier period, and is hardly more exact now, but histology has become a considerable addition to it, and must be mastered. And what shall I say of physiology as it is recognized to-day, in comparison with that taught even in my time? I am I know skating on thin ice now, but I will not hesitate to say that this subject now bulks so largely that, for the actual possibilities of the student, to say nothing of his comfort and assiduity, it has become a burden very hard to bear. Art is long, and a five years' curriculum too short to enable the increased outspread of this subject to be soundly grasped. We may ask, can nothing be done to adapt the teaching of it more precisely to the actual needs of the majority of future practitioners of medicine? Fifty years ago physiology was taught by the practising physician or surgeon, but now it is rarely if ever treated from their standpoint, and is in the hands of pure professors of the subject.

I am none the less of the opinion that physiology is one of the great foundations of our art, and must always be so, but we have seriously to bear in mind that medical students are not all preparing to be scientific physiologists. The development of the biological side has been great during the time of which I speak, but I regret to find that the study of botany is now hardly reckoned within the compass of modern medical education. I rarely come across a pupil who knows the natural order of plants or could name properly any six of our common hedgerow flowers. I regard this as a lamentable decadence, and a distinct loss, since I have always reckoned a training in botany as one of the very best for the future medical man. The mere names and details may be safely forgotten, but the study of specific distinction and differentiation is invaluable as a mental training for future clinical work. So I feel thankful that I had three courses of botanical lectures in my time, and spent some of the happiest days of my life in filling my vasculum in the glorious Highlands of Scotland under one of the greatest masters of his time. These happy chapters of student life are now almost unknown. Fifty years ago botany was held to be of importance, and its study, no doubt, did much to encourage accurate appreciation and clearmindedness.

Chemistry was at that time a comparatively simple science. The development of it in respect of organic matters has been unceasing, and even small departments of it now constitute studies for a lifetime. It is strange to think that the importance and significance of albuminuria were hardly recognized half a century back by the rank and file of the profession, though Bright, Prout, Christison, and a few pioneers of animal chemistry were then disclosing the meaning and associations of it. The stethoscope was scoffed at by many of the foremost men of that day, and pulmonary tuberculosis was still diagnosticated by the pulse, and the tendency of the sputa to float or sink when poured into water. Cardiac hypertrophy, which we regard as a kind act of nature, was then attacked as an enemy, and its vehemence reduced by prostrating drugs.

Clinical thermometry was hardly recognized and its significance unknown. Every hard pulse afforded an indication for venesection. Leeches were used by the hundred. Blistering and counter-irritation were in daily use. An inflammatory process anywhere was the signal for the free use of mercury. People were regularly bled every spring. Aperient doses were copious, nauseous, and drastic. Fever patients were usually starved. Graves, of Dublin, however, remonstrated against the practice, and deserved for his epitaph the simple sentence—"He fed fevers." I might add to this list did time permit, but I have stated enough to convince you of the mighty changes in the outlook of to-day. And all that I have mentioned went on in the great schools of medicine at the time I speak of. What shall we say of it? While we venerate our predecessors who carried out these practices, we think we have fallen on better times, and know much that they did not and could not know. This is the case. Times have changed and we have changed with them. Are we then to believe that much was wrong in medicine in the lifetime of our fathers and that all is right to-day? Some ardent and sanguine spirits among my auditory and elsewhere may affirm this, but I am prepared to join issue with them. I propose to state my position, therefore, and to do so by laying down and contending for two main propositions: first, that our predecessors in the profession were not all ignorant, unobservant, or unwise men; and secondly, that the constant pursuit of novelties in medicine is beset with snares, and that a practice rapidly accommodated to such pursuits is not that of the wise and rightly trained physician.

First, then, it is not to be supposed that the great physicians of the earlier part of this century were ignorant of many of the great truths in medicine. They used the light and the opportunities they had. The plentitude of knowledge that has come to us in the recent past has tended to obscure the fact that many of the clinical problems presented to them were apparently simpler and more readily unravelled than they now appear to us. They set themselves to question these by their unaided senses and well-trained wits, and they did so with an assiduity of observation and attention to details which we are perhaps too apt now to discard. We are almost debauched, if I may say so, by the number of revealing instruments and methods which are available to-day for the prosecution of clinical research, and we are rather too ready to apply these and too little disposed to use our wits and unaided powers of observation in individual cases. We make short cuts with instrumental aids to arrive at a diagnosis, and do not always reach the real inwardness of things even then. The experience of the older physicians was great, and they set themselves to forward Morgagni's dictum: "*Nulla autem est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.*" We are too apt to forget that many of the practices I have just enumerated, and which are flippantly condemned to-day, contain germs of truth. They were certainly somewhat blindly followed, often in obedience to traditional authority which is apt to be dangerous. But it is certain that germs of truth may long lie dormant, and but slowly develop, and their full growth may be reached in very different circumstances from those in which the genius of the discoverer first detected them. Indeed, what is true, was, is, and ever will be true, and no time or fashion of a day can alter it. Moreover, that which is likely to endure is commonly of slow growth, and, not seldom, he who sets forth an original idea to-day may never see the ultimate outcome of his discovery. Again, new ideas, as they are conceived, must always be enshrined in the current thoughts and language of the time they are disclosed. The latter inevitably change with the progress of time. The setting of the jewel may be varied and beautified, but the gem itself remains unaltered.

Hence, we have often but to reset the ideas of our predecessors in physic, and to accommodate them to the mode of our own time, or perhaps to recast them, and so render them available for to-day's use. Our temper should then not be that of the relentless iconoclast. If we intrude into the old shrines, and break up the images, we should look carefully for the hidden gems they almost certainly contain. Let me apply these views and deal with some concrete instances to make clear my meaning. We find that abuses in practice crept in owing to routine habits, false doctrines, and the tyranny of tradition. The practice of bleeding so prevalent early in this century fell into disuse, and five-and-twenty years ago was practically abolished. The lancets rusted, and

the trade in leeches greatly declined. But, gentlemen, there is a time to bleed and a time to abstain from it. The prudent and observant physician knows this, and he is quite uninfluenced by any prevalent fashion which either encourages or discourages the practice. The oculist, who sees what he is doing better than the physician, never gave up the practice in deference to those who condemned it as an enfeebling procedure. There were, and there are, and always will be, cases in which it is proper to employ abstraction of blood. There was, therefore, a not inconsiderable measure of truth underlying this practice of our predecessors. Many of them outran discretion, and the knowledge of their time forbade their recognizing the exact conditions in which alone bleeding was a sound practice.

Again, the hard, or, as we should say, the tense pulses, which to them always indicated venesection, are now recognized by us as sometimes salutary, or as demanding more benign eliminative methods of treatment. But some of the conditions thus manifested were clearly appropriate for the lancet, and were wisely thus treated, and with benefit; and the same holds good now—albeit, I think there is still too much hesitation to bleed, owing, not a little, to prejudices on the part of the patient or his friends.

With respect to the employment of mercury, we find much the same comment to make. It is true that the great value of this drug has been rediscovered in recent years. It was certainly grossly abused, as was bleeding; and equally stormy disputes occurred regarding its value, especially in relation to its power of reducing inflammatory processes. It was credited with virtues it did not possess, but it did unquestionable good in many cases. We now recognize its usefulness in reducing pulses of high tension, and know that no agent so well and so promptly relieves gastric and biliary catarrhal states. The disuse of mercury led to much continued suffering on the part of patients, and so its several compounds had to be brought back into use by those who had been diligently instructed not to employ them. This was my case. In my student days mercury was largely out of fashion for all ailments, and was, in the Edinburgh School especially, denounced at that time as a remedy for lues venerea. With many others I had quickly to unlearn this teaching, and to discover how very wrong it was. So here, as in other cases, we find that a reformation is attended with much that is wrong in itself and undesirable, but good comes of it in the end when the pendulum swings calmly once more. Our predecessors then were not altogether in error. They had a modicum of the truth of these matters, and we have been, with further light and experience, enabled to find more clearly wherein the truth lies. (I might here throw out a suggestion that the calomel of our predecessors' days was a more efficient drug than the chemically, perhaps too chemically, pure salt used to-day. It appears to have been more prompt in action, more aperient, than ours, possibly owing to some admixture with bichloride of mercury.)

Again, it was formerly the practice to employ purgative medicines to a far larger extent than is now done. We may recall the famous prescription of Mr. Abernethy, of blue pill and black draught, which was greatly in vogue, and which has now been replaced, often inefficiently as I believe, by doses of aperient mineral waters. The fashion set in against purgatives, not improbably because many of them were drastic, griping, and lowering. Modern pharmacy has, however, removed many of the crude qualities of the drugs which were used fifty years ago, and we may therefore now employ them with more certainty, and, as the old doctors said, *jucunde*, for the same purposes our predecessors were wont to use them.

Once more, the older physicians held strongly by the conception of certain bodily habits or proclivities which they termed diatheses. They were impressed by the varied manifestations which attached to particular families or individuals in respect of their tendencies to certain ailments and diseases. They were led, too speculatively, no doubt, after the fashion of their time, to elaborate a variety of these conditions or diathetic states, and they over-elaborated them with an unwarrantable refinement with which we now find it impossible to agree. For many years past these doctrines have been discarded and forgotten, and members of the human family have come to be regarded by those who oppose these views as so many indifferent units, items, or ninepins, void of any textural peculiarities or proclivities. Some amongst us, however, have come to see that there was a basis of truth in some of these neglected observations, and that if we honestly use our wits we can find abundant evidence to satisfy us that several

diathetic habits of body exist. I will only allude to the scrofulous and rheumatic diathesis, and in respect of these will affirm that the most recent achievements in medicine, those of bacteriology, tend to confirm the truth of the older doctrines in regard to them. The proof lies in a recognition of the fact, for fact I believe it to be, that certain families and individuals are, either by heredity or acquirement, impressed with textural proclivities in the direction of one or the other of these conditions. We recognize the tissues of such persons as being specifically apt to react mischievously, or to be especially vulnerable, to the attacks of microbic parasites, particulate, as in the case of tuberculosis, particulate also, and toxic, as in that of the infection of rheumatism, which we now regard as a toxæmic condition due to invasion by some microbe of the streptococcal genus. To entertain any doubt on these matters is, in my opinion, to be possessed of slender clinical instincts.

Were they not amongst the certainties of medicine for some of us, it might suffice to remark that Sir James Paget held by these doctrines and taught them. Thirty years ago they were taught by Laycock of Edinburgh, who impressed their importance on his pupils; but, as I well remember, his voice was at that time as of one "crying in the wilderness." Those of us who sat under him have long had good reason to bless his teaching and realize the truth and value of it.

I have tried to show you that some of the best-established methods of older times were not altogether wrong or mistaken, but that we have in our day come to improve them and to find more certain indications for their application. This I believe to be a sound and rational practice—one which helps to establish more firmly the principles of medicine. What we have carefully to do is to learn by observation how to employ the methods which have long been proved to be of value in the treatment of patients' ailments, to master this art, and to equip ourselves soundly with the general principles of successful treatment.

I now pass on to declare, secondly, that this is not what is now being done in the whole field of medicine. A very different plan, indeed, is followed, and, as a consequence, I venture to affirm that our art has not improved so much as it might have done, that many of the acquired certainties and benefits of therapeutics have been lost, and that we do not afford to our patients the full and prompt measures of relief that are possible for them.

What, we may ask, then, is the mischievous element in our modern system of therapeutics? I would express it thus: A perpetual pursuit of novelties, an untiring effort to produce new remedies, the enjoining new methods of dietary, and with all this, the inevitable loss of any well-acquired principles of treatment as founded on long experience of others, or of personal experience laboriously acquired for oneself. When will men learn that what is new is not always true? I see constantly examples of the employment of remedies which no one has any trustworthy experience of. I meet with prescriptions composed of many drugs of whose existence I have no knowledge, and which are in no pharmacopoeias. Every week I am informed from German and American sources of some new synthetical compounds and so-called foods, generally with unpronounceable names, which I am invited to use on the strength of monstrous assertions and the raw experience of some young and imperfectly-trained physicians. The documents setting forth the encomiums on these so-called remedies go quickly into my waste-paper basket, sometimes with parcels of these strange compounds; but I fear that they often enlist the interest of some practitioners, who, believing this nonsense, forthwith set to work to try their effects on patients. This is very bad, and unworthy of well-trained practitioners. The state of mind it reveals is lamentable, for it is simply impossible to acquire sound experience in any such way. I therefore maintain that the mental attitude which is content to be always in pursuit of the latest novelty, and to be expert with the newest product of the chemical laboratory or tradesman, is not that of the calm and level-headed physician. How can any one in full practice take note of, and keep pace with, the new things that are daily foisted on his attention? If he attempts a small part of it, he at once fails in his duty to his patients; he weakens his clinical instincts, and loses hold of well-defined principles, which should always be his main guides in practice. And so—I regret to say it—we have frivolous minds amongst us at work in therapeutics. This is the danger of it, and it is high time to rebuke this spirit, which has already taken too much hold upon many in our profession. I, at all events, have lived long enough to see how many of these novelties have had their little day and

have vanished; how strange remedies and curious dietaries—which were always useful, we were told, while they were in vogue—have been forgotten. Hence, I often ask myself, when a new drug or a new method is in repute, How will it be in three years' time with it?

But we have novelties even in the matter of ailments and alleged morbid states. These come, and they go. To-day we find weak hearts asserted to be very prevalent; lately gastric dilatation was perpetually before us; then neurasthenia; next, phimosis became of extraordinary frequency, while typhlitis and naso-pharyngeal adenoid growths are heard of on all sides in society. To-morrow there will be something else. What, then, are we to do in these hurrying, feverish days? I will tell you, as I conclude. We are to be calm, and we are to keep our heads, to be level-headed, to see all things in due proportion, to hold fast by all we have learned to see as most certain and dependable in medicine. We are to expect difficulties, to be patient in our failures, to seek alone for what is true, to be as accurate as we can, and in and through all to have cheerfulness and strong hope. On these lines we shall do best, and we shall at least not be in danger of frittering away our time and energies in the empty pursuit of novelties. We are now often told that the young diplomates sent out from the schools are ill equipped for the duties immediately awaiting them. If this is true, it constitutes a serious reflection on the teachers in these schools. There can be no doubt that too much of the average student's time is now spent on biological and chemical studies and in efforts to pass examinations on these subjects, and that too little time is thus left for clinical study and observation. The fifth year of the modern curriculum, which was designed for the latter purpose, has been captured by the chemists and the physiologists, who now tyrannously override the course of ordinary medical study. I hold that this is not fair to the average student who has perforce to make his way as soon as possible to a daily practice of his art. It may be demanded for aspirants to a degree in medicine, or from those who seek to attain a leading place as teachers or consultants. We recognize that the best knowledge for practice comes solely from practice, and we have to resist this tendency to overload the earlier studies beyond what is absolutely necessary.

Lastly, I will urge very strongly the value and importance of practitioners acquiring a full knowledge of the *British Pharmacopoeia*, and of the art of prescribing appropriately. As an examiner, I am constantly aghast at the ignorance displayed by candidates of these subjects. Few matters are of greater importance to the successful practitioner than a good knowledge of pharmacy, and of the action of our best and most reputed old remedies, but now we find that more attention is paid to drugs and preparations which have no place in our pharmacopoeia, and are urged upon our attention by persons who know little or nothing of their properties. Some amongst us are for ever experimenting with these, and all the while neglecting remedial agents of long approved value. Of many of these our younger men know little or nothing. They either ignore them, or only venture feebly and ineffectively to use them. The untidy, inadequate, and inappropriate prescriptions which are now commonly written readily display the imperfect knowledge respecting our best remedies which is widely spread. They not seldom excite the contempt and pity of the well-trained pharmaceutical chemists of to-day, as I well know, and we cannot rest content to merit such opprobrium from that quarter.

Let us then see to it, that we be rather less keen in the pursuit of new remedies, and more careful to learn what is known of the older ones. If we do this, we shall certainly benefit our patients, and acquire in our practice such fixed principles as shall guide us both safely and more successfully in our daily duties.

In expressing these sentiments, I decline to be regarded as an old Tory in medicine, or a pre-scientific fossil. As a clinical teacher I have to teach all parts of medicine, and must not fall behind the best knowledge of the day. The new views and theories, and the fresh acquirements in our art have all to receive our attention, and no less the most careful scrutiny, but we do ill if we at once proceed to adopt them, and replace our best acquired clinical experience by methods of which we know little, and whose solid value is still to be proved. Much of our work at the best is sufficiently experimental. We need be in no hurry to wander away in deeper experimentation. We have always to bear in mind that we have to treat patients and not diseases.

The modern tendency is to produce remedies for diseases. This is the Continental method, but it is not the fashion in the more humane and sensible practice of the best British practitioners. That practice is hardly to be found recorded in books. It is best learned at the feet of those who, by long and mature experience, with full responsibilities, have gone through the chastening fires of daily and anxious practice, who have little time to record their experiences, but are ever the best masters of our art.

An Address

ON

THE ORGANIZATION OF THE HOME TREATMENT OF PULMONARY TUBERCULOSIS.

Delivered before the Fourth International Home Relief Congress at Edinburgh on June 9th, 1904.

By R. W. PHILIP, M.A., M.D., F.R.C.P.E.,
Senior Physician, Victoria Hospital for Consumption, Edinburgh.

AMONG the important subjects which will occupy the attention of the present International Congress there is probably none of more immediate significance to our communities than the organization of the home treatment of pulmonary tuberculosis. The home treatment of tuberculosis occupies a different platform from the home treatment of most other diseases. In the case of acute illness poor patients—if they have been reasonably provident—can generally face the situation, including enforced cessation from work, without serious inconvenience either to themselves or their household. Moreover, in the case of fevers, where the danger of communication to other members of the household is recognized, municipal and other authorities have made provision for the isolation, maintenance, and treatment of the individual while the disease runs its course.

THE EXTENT OF THE ISSUE.

In respect of persons affected with pulmonary tuberculosis—more especially when belonging to the poorer classes—the conditions are very different. In the first place the disease is more disastrous in its effects, both physical and pecuniary. At the best the illness must be a long one. It reduces the patient frequently from the state of an able-bodied to a more or less disabled working man. For months or years the individual may be unable to work, or may have to limit himself to part time, or may have to take to a less remunerative occupation. Further, his medical treatment, if it is to be effective, is relatively costly. Continued, as it must be, for long, it forms a serious drain on the individual's resources. All the time, moreover—or at least during a large part of the illness—the patient is a source of danger, more or less pronounced, according to the relative care or carelessness exercised, to those living under the same roof or coming into close contact with him. The risk of infection, comparatively slight as it may be in large, well-ventilated houses, becomes accentuated in the contracted dwellings of the poor. The danger of communication is enhanced by the short commons which advancing poverty brings to the household and the physical strain put on delicate dependents in their effort to undertake work for which they may be unfit.

The picture is sufficiently wretched. And yet those who have been brought into intimate relationship with the disease and its effects among the poor will be the first to admit that it is far from overdrawn. The distress is in many cases infinitely greater than I have outlined. The miserable drama drags its weary course, it may be, for two, three, five years or longer.

HAS THE ISSUE BEEN ADEQUATELY CONCEIVED AND FACED?

It may well be asked whether we have seriously faced the problem. Have we really attempted to deal with the issues as they deserve? Have not communities, more especially our larger centres, a distinct responsibility in the matter, (1) in respect of the individual sufferer, and (2) in respect of those who are dependent upon him, and who are so closely associated with him as to be necessarily exposed to risk?

There appears to exist at the present time a popular notion that the solution of the tuberculosis problem has been found