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ON

TRAPS AND PITFALLS IN SPECIAL
AND GENERAL PRACTICE.*Delivered before the Hunterian Society of London,*By J. DUNDAS GRANT, M.D. EDIN., F.R.C.S. ENG.,
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[AFTER some preliminary observations on the duties and advantages of the office of President of the Society, Dr. Dundas Grant spoke as follows:]

Among the traps and pitfalls in general and special practice some are slight, some serious, and they may be various in character, as they affect the individual in himself, in his business, financial, social, or professional relations.

In my Hunterian Society's oration I expressed the opinion that in the practice of medicine there was enough to bring out whatever was best in any individual, if he allowed it to do so, whether his bent was scientific, literary, humanitarian, business-like, or philosophic. It may, however, from its engrossing nature, have the effect of warping and cramping his nature, so that he may lose interest in everything connected with mental, physical, social, or even moral culture, and degenerate into a mere drudge. Though this is a comparatively minor derelict, it is one greatly to be deplored. Dr. Johnson, in his dictionary, described lexicographers as "writers of dictionaries, harmless drudges." Happy is the medical practitioner who, as a drudge, can say to himself, that he has been a harmless one.

THE BUSINESS OF PRACTICE.

Though many members of the profession are careful to a degree in regard to business matters, a very large proportion are in this respect deplorably negligent. The mere rendering and recovering outstanding accounts may seem a trivial matter, and negligence in regard to this may be due to the greater interest taken by the practitioner in making himself a good workman and increasing his professional reputation rather than in collecting his fees. To show how indulgence with debtors may damage a reputation I will recall a genuine case of a patient who owed her doctor a bill and was afraid to call him in in case he should ask for it. What more natural than to summon another man, and when asked by neighbours why the medical attendant was changed, to attribute it to his carelessness, unskillfulness, or anything rather than the true cause? Again, the doctor's indulgence may lead to the patient "running up" an account which it is quite out of his power to pay.

It is as important for the practitioner to save as for any ordinary citizen, but in his case there are a few special reasons for his endeavouring to make himself independent of temptations to which the *res angusta domi* may render him liable, such as the multiplying of visits and consultations or the performance of avoidable operations. What practitioner has not at some time or other had to refuse the liberal payment offered him for the removal of the fertilised ovum? I say, then, that the medical man who thinks it unworthy of him to take the steps necessary for securing his financial position allows himself to totter near most dangerous pitfalls.

I will only refer to the need of providing by insurance, investment, or otherwise, for times of professional depression, for accident, illness, and, still more, for old age. I hold that a man should endeavour to retire from practice before practice retires from him, whether he be induced to postpone his retirement by financial necessity or by the mere love of his professional work. It is not uncommon to find elderly practitioners becoming disappointed, jealous, cantankerous, peevish, and even vituperative, who had formerly been open in manner, generous in judgment, and kindly in counsel.

A "BED CASE."

As an instance of minor temptation I may narrate the case of a woman of about 50 years of age, who for twenty years was supposed never to have left her bed, having been

brought to London from a distance under the influence of chloroform on account of some convulsive nervous disorder, presumably hysteria simulating cerebro-spinal meningitis. During these twenty years she was believed to have taken no solid food, and to have subsisted entirely on brandy and water. She was, however, rather plump than otherwise, and there can be no doubt that she got up in the night and visited the kitchen larder. She was subject to well-marked epileptiform attacks in which neither touching the eyeball nor tickling the nasal mucous membrane produced any reflex reaction. A very striking feature in her physiognomy was the intense blackness beneath her eyes. Her chief complaints were retention of urine and the passage of a quantity of gravel which accumulated round the urinary meatus. On account of the former trouble she was visited every second day by a medical man who passed a catheter at each visit. When the patient came under my care I had many searchings of heart as to how to deal with this strange combination of epilepsy, hysteria, and simulation, being doubtful how to steer between conscience, brutal downrightiness, possible errors of judgment, and tactful self-interest. I suggested the remarkable resemblance between the urinary sediment and the sand in the bird's cage, and as a result the "gravel" disappeared. I withheld the use of the catheter, with the result that the patient's father insisted on my returning and relieving her from the agonising pain which my omission had caused. One day, however, I found the blackness under the eyes extending down the dorsum of the nose, and by means of a wet towel I removed the blackness completely. Thus convinced of the fraud she was practising, I felt I could convict her also, and assured her that if she would get up and put on some clothes, which we borrowed from a neighbour, I would say nothing as to her deception, and simply mention it as a remarkable recovery. So distasteful to her and her family was her return to a reasonable, natural mode of life that I got no thanks for what I had effected. I was simply informed that there was apparently no need for me to see the patient again, and I know that for subsequent illness in the house another medical man was called in my stead. How easy to exercise interested credulity and continue attendance in such a case as this.

INFECTION.

Exposure to infection and to inoculation with the virus of microbes of sepsis, tubercle, syphilis, or other diseases, is so frequent that the medical man ought to be constantly on his guard, especially in the way of cleanliness and tidiness in his manipulations. He should be most cautious to avoid abrasions or other injuries to the skin of his hands, and above all he should forswear that objectionable but almost irresistible habit of holding instruments in his mouth. I am sure it has often led to specific inoculation on the lips or tonsils.

Among the dangers besetting the medical practitioner on account of the peculiar circumstances in which he is necessarily placed is that of being charged with breaches of sexual propriety. Too great caution cannot be given to safeguard oneself by all possible means. That medical scandals are so few is eminently creditable to the profession.

I pass now to more purely technical traps and pitfalls: these beset the path of the general practitioner, consultant and specialist alike.

SPECIALISM.

I have to plead guilty to being a specialist, but I regret that the term "specialism" has unfortunately acquired a somewhat evil reputation, which I venture to consider accidental, and by no means essential. The age is one of specialism. In the most ordinary manufactures the work which is the most perfect of its kind is done by specialists. No man alone is expected to make a piano, a chair, or even a cushion, in its entirety; for I understand that it has been found that people who can sew buttons on cushions with the greatest rapidity and neatness, and to the greatest economical advantage, are those who confine themselves to this particular speciality in the cushion manufacture. In our sports specialism is rampant; bowling, particularly if the artist has the advantage of being left-handed, is brought to the greatest perfection by those who devote themselves to this particular branch of cricket. In sum, it would be foolish to shut our eyes to the fact that continued and concentrated attention to one par-

ticular department of work is followed by a greater facility in its comprehension and application.

The late Sir William Savory, in whom "the taint of specialism," if it may so be called, was as thoroughly wanting as it is possible for it to be, expressed himself as follows:

Now with regard to what is called specialism, let me say at once that I have no word to utter in disparagement of that form of it which consists in a man first of all studying and duly qualifying himself in the principles and practice of surgery as a whole, and then at length devoting his attention more especially to the cultivation of some particular part of it. This is not the form of specialism against which I would protest. In my humble opinion it is in no way an unworthy one, and if it were it is by no means frequent. It is no illustration of the law of division of labour as commonly understood, for excellence is not here obtained solely by exclusiveness. But the kind of specialism which should be denounced, and which it is to be feared is not very rare, is that which consists in the practice of some particular portion of surgery, without adequate attainment in, or continued study of, surgery as a whole.

Sir William Gowers, who in his own department of neurology, is perhaps one of the most eminent and respected of specialists, has very properly drawn a distinction between "specialism" and "exclusivism," the latter being in reality the form of specialism to which scientific exception may justly be taken.

Where elaboration in the machinery and manipulation necessary for making accurate observations demands a special amount of mental and mechanical dexterity, it is impossible for this to be within the reach of those who are not prepared to devote an amount of time to its acquisition which the pure all-round practitioner would be unable to give; and it would be unfair to deny to him who has devoted that time the credit for the special capabilities which this devotion has enabled him to attain. While doing this, it is, however, impossible that his acquaintance with the other departments of the remedial art should be kept up to the same standard of perfection, and indeed, unless he is ever watchful these may and must diminish; indeed, the tendency is for his mental vision to become blurred so far as they are concerned, and he may almost be inclined to think that they do not exist because he has ceased to see them. It would indeed be an unhappy thing if sick humanity in its entirety were entrusted to specialists in whom this change had taken place; in every case they would most probably see either some ailment pertaining to their own speciality or no ailment at all, and the possessor of a composite morbid organism would wander wildly from one to another, and would suffer much at the hands of many physicians, including surgeons and specialists of every form.

I deny, however, that this decadence need take an extreme form, for I believe that on the contrary the continued and anxious cultivation of the powers of observation and manipulation in a particular direction, as required in the practice of any semi-surgical speciality, leads to a sharpening of these faculties to some extent in every direction. Thus the mischievous tendency to which I have referred may be considerably weakened.

THE DEBT OF GENERAL MEDICINE TO SPECIALISM.

That general medicine has benefited by the works of specialists some may be disinclined to accept, but few will venture to deny. To take as an instance the introduction of laryngoscopy; history compels me to admit that its conception did not take place in the brain of a throat specialist, for indeed in its present form it was brought before the Royal Society in 1854 by that eminent nonagenarian Manuel Garcia. He was, however, from our point of view, a specialist, though a non-medical one, for he devoted his life to the study of the production of the musical voice. Previous to this, however, there exist records¹ of which this Society may be proud, of a demonstration before it in 1829 by Dr. Benjamin Guy Babington, of a laryngoscope closely resembling the instrument now in general use, which, when introduced through the mouth, enabled the observer to see the glottis and the movements of the vocal cords, illumination being effected by means of a hand mirror. The popularisation of the use of the laryngoscope in general medicine is, however, to be credited to the specialists, among whom we have no greater name to record in this country than that of the late Sir Morell Mackenzie. The laryngoscope is not the monopoly of specialists, but it will be readily admitted that it is to them that its wide use is chiefly due.

I need hardly remind you of the value of the laryngoscope

in the detection of aneurysms and other growths in the interior of the thorax; it is less well known that occasionally there occurs, as one of the earliest signs of locomotor ataxy, paralysis of the muscles of one or other or both vocal cords. Asthma is another disease in the treatment of which general medicine owes much to the specialist, and every practitioner in diseases of the nose must have before his mind cases in which the treatment of the nasal cavity has resulted in long and even permanent relief from the suffering depending upon this disease. Sir Felix Semon has indeed said that only a small percentage of the large number of cases of asthma which were at one time brought to him by physicians were traceable to nasal disease or relieved by nasal treatment. His experience, however, has been exceptional, for a reason not far to seek. At the time when attention was first drawn to the dependence of asthma in a certain number of cases, at least, upon nasal disease, Sir Felix Semon already had in so high a degree the confidence of physicians at large that cases of asthma were brought to him in large numbers, on the supposition that he was to find nasal disease in them all. He was naturally disappointed at the inevitable result in a considerable proportion of the cases. At the present time physicians make a rational search for nasal symptoms, and when such are present or suspected, then only are the patients brought before the notice of the rhinologist, and under such circumstances the percentage of beneficial results is by no means a contemptible one.

The study of ophthalmoscopy has in the same way contributed enormously to the powers of diagnosis of the practitioner of medicine, and I need only recall how the changes in the optic disc have led to the detection of cerebral tumours, now amenable to operation; how tubercle of the choroid may be observed, and how also the changes in the retina may indicate incipient disease of the kidney. Many cases of unexplainable failure of health and pyrexia are now rightly traced to a suppurative disease of the dental alveoli, and headaches not otherwise amenable to treatment have been relieved by the correction of errors of refraction; the adaptation of prismatic lenses, or the removal of hypertrophies of the middle turbinated bodies—results which general medicine cannot afford to despise.

THE DEBT OF SPECIALISM TO GENERAL MEDICINE.

On the other hand, the special branches have equally often benefited by advances in general medicine; thus, to take an instance from the speciality with which I am most familiar, deafness and hoarseness have been traceable to the presence of myxœdema, and to have yielded to the internal administration of thyroid gland, as they could not have done had the general condition been overlooked. Gout and rheumatism often play havoc with the middle and internal ear, and their influence in the case would be overlooked were the evidences of the cachexia not sought for. One of the most intractable forms of disease producing deafness—namely, the so-called dry or sclerotic catarrh of the middle ear—depends upon an arthritic fixation of the stapes in the fenestra ovalis, and in many instances the evidences of rheumatoid arthritis, such as grating of the shoulder, temporo-maxillary, or knee-joints, with cold sweats of the extremities, occurring in pale, delicate, young women, may indicate the nature of the affection long before the typical deformity of the joints has had time to show itself. Deafness becoming worse under local mechanical treatment of the ears is sometimes due to hysteria, whatever that mysterious disease may be, and the detection of such signs as comparative hemianæsthesia, diminution of pharyngeal reflex, increase of patellar tendon reflex, narrowing of the field of vision, may, apart from the grosser evidences of loss of voice or the typical hysterical fit, enable us to account for, and with more or less success to deal with, the condition on which the deafness depends.

The additions made to our knowledge of disease of the nervous system help the specialist materially, and I may cite the comparatively recently discovered disease of the spinal cord, syringomyelia, one of the long unknown causes of paralysis in the region of the pharynx and larynx.

A familiarity with the symptoms indicative of the menopause are essential to the specialist who would successfully deal with diseases of the throat, and instances are constantly coming under our notice of disturbances of sensation in the

throat, which cause the patient the greatest distress and anxiety, but are due entirely to the nervous disturbance incident to this period of life.

PHYSICAL EXAMINATION AND GENERAL OBSERVATION.

In special or consulting practice the tendency is perhaps to depend too much upon physical diagnosis, whereas in general practice the opposite is the case. No doubt the diagnosis of the disease may be approached from either standpoint, and thus, in a most valuable work on medical diagnosis, we find pneumonia classed among those diseases of the chest in which there is dulness on percussion. There are, however, many features which strike the family doctor before he has arrived at this stage in the examination, and delirium, rapid breathing, impaired oxygenation, and pyrexia may lead him to his diagnosis before he has attempted percussion or auscultation. The circumstances under which he works are more favourable to the investigation of rational rather than physical symptoms; in plain English, his patients have a great dislike to what they call being "pulled about." I remember, in being introduced to various patients by my predecessor in practice, I was urged by him to avoid examining the heart of a certain elderly gentleman in whom this feeling was very strongly developed; but, having come fresh from the hospital and keen on using the stethoscope, I felt that my duty towards the patient was not fulfilled unless I had investigated the heart. The result was as my sagacious introducer had anticipated, and the patient promptly sent for another doctor. This is an exaggerated instance, but the general principle is true, that the feelings of patients tend very strongly to discourage the use of the method of physical diagnosis on the part of general practitioners. On the other hand, I was once much galled by having omitted to make a physical examination in a patient suffering from what were simply the symptoms of dyspepsia; as my remedies afforded no relief, it was proposed that we should have the opinion of the late Dr. Stephen Ward; he at once detected a well-marked carcinomatous tumour of the stomach, and when I expressed my mortification at having overlooked it, he smiled, and said that as a young man no doubt I was keen with regard to physical diagnosis, indicating that old practitioners were much more indifferent.

It is unquestionable that far more errors have resulted from neglect of physical signs than from defective investigation of symptoms, and the acquisition of sympathetic tact in carrying out our physical examination is almost as indispensable as technical skill. The late Dr. West's work on *Diseases of Children* contains in its opening chapters one of the most instructive and inspiring lessons on this subject I have ever read.

I presume that it has fallen to the lot of all to make with me such mistakes as diagnosing lumbago instead of aneurysm of the abdominal aorta, catarrh of the uterus instead of suppuration in the Fallopian tubes, hæmorrhoids instead of epithelioma of the rectum, and, as I have said before, dyspepsia instead of carcinoma of the stomach. Many instructive lessons have been given me by physicians whom, during my time as a general practitioner, I have called into consultation.

Thus, a physician whose name was long associated with diseases of the stomach came to investigate a case which appeared to be one of chronic disease of that organ. Somewhat to my surprise, he included in his examination not merely the rectum but the uterus, and found a slight hardness of the cervix, to which at the time he did not think any great importance could be attributed, but which, nevertheless, required watching: the advisability of his careful examination was evidenced by the fact that within a year from that time the patient died with carcinoma of that organ.

Very early in my career I had considerable trouble with a case of what appeared to be a stricture of the œsophagus; the patient had great difficulty in swallowing, though this at times seemed to diminish; he wasted and suffered from distension of the abdomen, without actually any ascites. The late Sir Andrew Clark came in consultation, and in his presence I was able to push a large-sized œsophageal bougie into the stomach; he then proceeded to make a rectal examination, and thought he detected evidences of malignant disease in some portion of the intestine external to the

rectum. My fear was that there was a stricture of the œsophagus, and that it was cancerous; there was a stricture, and no doubt there was cancer, but the stricture of the œsophagus was spasmodic, and the cancer was in one of the abdominal organs. I remember a case presenting the symptoms of cancerous stricture of the œsophagus, which seemed a favourable one for gastrostomy, but Mr. Mayo Collier, on examining the abdomen, found evidence of carcinoma of the liver, and was able to pass a bougie down the œsophagus, the case being in fact, practically identical with the one above described.

These two cases indicate the importance of examining under an anæsthetic before pronouncing any obstruction in the œsophagus to be impermeable. Dr. Stephen Mackenzie has published several cases of this reflex spasm of the œsophagus associated with disease of the abdominal organs.

The following is an illustrative instance of a spasmodic affection simulating organic disease. An elderly medical man, complaining of pain and difficulty in swallowing, came to me in great anxiety, thinking he was the subject of cancer of the œsophagus. Having been formerly inoculated with syphilis, he had been treated by another surgeon for that disease, and the absence of benefit confirmed him in his opinion that his obstruction was malignant. Observing, however, that he was almost edentulous, and knowing that the swallowing of imperfectly masticated food may occasion the most extreme spasm of the larynx and œsophagus, I urged him to apply to the dentist for artificial teeth. In a fortnight he returned smiling with a complete set of masticators, and assured me that every troublesome symptom had disappeared.

I have experienced difficulty in the diagnosis between alcoholism and commencing phthisis, especially in women; the prodromal rashes in the various fevers also are very apt to mislead, as, for instance, the scarlatiniform rash preceding the eruption of small-pox. Effusion into the labyrinth is constantly mistaken for a bilious attack, and I am informed by ophthalmologists that the same is true of glaucoma.

I regret to say that I have mistaken renal dyspnoea for asthma, only discovering when too late for my remedies to be of avail the real cause of suffering and danger.

Apical pneumonia may puzzle the most wary, and I remember a case which commenced like typhoid, the subsequent localisation of physical signs in the apex of the lung suggesting tuberculosis until the crisis rendered the diagnosis obvious to myself and to the consulting physician whom I had by this time called to my aid.

CONSULTING AND GENERAL PRACTICE.

This particular instance reminds me that the consultant has often a very great advantage over the family practitioner. Apart from the more leisurely and important nature of his investigation, there has often been time in the interval between his being summoned and his arriving for changes to take place which render the diagnosis easy; as, for instance, the sneezing or rash of measles explaining at once the convulsions which had been puzzling the family practitioner, the crisis in pneumonia, the discharge in suppurative inflammation of the middle ear. I was formerly very much struck by the ease with which I seemed to arrive at the diagnosis in cases of obscure disease in which my neighbours did me the honour of calling me in consultation, as contrasted with the difficulties I had in analysing my own cases. I came to the conclusion that a man called into consultation with his mind screwed up to the pitch of concentration in a particular case, seeing it for the first time when its features were fairly developed, was in a much more favourable position for diagnosing it than he who had watched its gradual development from the outset, when its seriousness was not yet pronounced. There is need, then, for the charitable—I may say honourable—consideration on the part of the consultant towards the practitioner placed at such a comparative disadvantage. On the other hand, the ablest consultant is sometimes called in for a single examination of a case at a time when its nature is too obscure to allow of an absolute diagnosis; the family practitioner may at a later date witness the changes which may reveal its character, and form an unfair opinion as to the judgment of his colleague.

THE VALUE OF DRUGS.

The general practitioner has been charged with over-enthusiasm with regard to the value of drugs; the consultant, on the other hand, is credited with an equal tendency to scepticism. Either attitude is to be deplored, and I am convinced that the former is less regrettable than the latter. I postulate, however, the careful study of pharmacology with which the spirit of scepticism is absolutely incompatible. Making all allowances for individual idiosyncrasies, admitting further that much drugging that is practised is valuable on account of the "suggestion" which it conveys, I am convinced that the relief afforded to sufferers by practitioners who believe in drugs is far too great for any theoretical uncertainty as to the mode of action, to justify that relegation of them to the realms of all things vain, which some superior persons seem to countenance. Scepticism diminishes and even disappears when the due selection of drugs is carefully studied. That too much is expected of them by many practitioners is undeniable, and in point of fact it is very easy to become over-enthusiastic about any particular drug or method of treatment, as the history of such drugs as aconite, phosphorus, and arsenic amply show.

VENESECTION.

Venesection is a method of treatment which has suffered both from neglect and from over-estimation. On one occasion I was attending a little girl through an attack of scarlet fever ending in acute nephritis, uræmic convulsions, and coma. I proposed venesection, and met with protests and the suggestion that a more experienced neighbour should be called into consultation. The result of the consultation was the advice on my friend's part that I should leave the venesection alone: that the child was going to die, and that if I did the operation the death would be attributed to it. In spite of this, the parents being convinced that nothing could save the child, I got permission to do as I wished. The heart beats, which had become almost imperceptible, became steadily stronger as the blood flowed from the vein; the patient recovered, and was alive and hearty many years afterwards. In a case of congestion of the lungs with distended veins following immersion and reanimation by means of artificial respiration, unconsciousness was rapidly developing. I practised venesection, consciousness returned, and a rapid recovery took place without the occurrence of pneumonia. The next and I believe the last occasion on which I performed venesection was soon after the last mentioned, when a patient suffering from dyspnoea, rapid breathing, and cough seemed to me to be likely to be benefited by withdrawal of blood. The case, however, turned out to be one of pulmonary tuberculosis, and the result of the loss of blood was to promote euthanasia at an earlier period than otherwise would have taken place. Regrettable as was the result in the last instance, I can recall no more brilliant recoveries from impending death than the two previous ones; and what I have said of venesection is, I am sure, true of many other of our remedial agents, if we had the determination to employ them judiciously.

PITFALLS IN GENERAL PRACTICE.

In looking back on the ten years of busy general practice which extended from 1877 to 1888 I almost shudder to think of the pitfalls which by luck I escaped. What became of the cases of appendicitis which ought to have occurred and died? Why had I no deaths due to extrauterine foetation? May I say, with Dr. Johnson, that it was simple ignorance? I do not think so. I never had occasion to break up the foetal head, and though I am not aware what the experience of others may be, I believe that by the timely practice of turning, followed by the application of forceps to the after-coming head, I have succeeded in delivering in what would otherwise have been cases of craniotomy.

In my intercourse as a general practitioner with consultants I was often favourably impressed by those who, as physicians, strove to guard themselves from falling into surgical errors, and those who, as surgeons, gave due attention to the medical aspects of the case. In this way alone, it seemed to me, was the chance of error reduced to a minimum. I hold that while the general practitioner should emulate the exactness of the consultant, the latter should at the same time try to look at

the case from the point of view of the general practitioner. The former may be a scientist or artist in his particular line, but the latter is the typical healer of the sick, whose livelihood depends upon his affording cure, relief, or consolation, an ideal which should be foremost in the mind of whoever would succeed in the practice of the healing art.

In the light of what I have just said, you will, I am sure, agree with me that the traps into which both general and special practitioners are likely to fall are many and various—the former for want of "special" knowledge, and the latter for want of general regard to medical considerations. I shall quote in particular specially those cases which have come under my own observation; and I shall in the first instance narrate a few instances of errors into which practitioners of general medicine might readily fall for want of special knowledge.

The following is a concrete example: A young woman with many signs of phthisis—cough, expectoration, disturbance of digestion, loss of appetite, and general wasting—was sent to Bournemouth for treatment of her supposed pulmonary tuberculosis. My friend Dr. Davison was unable to detect the physical signs in the chest required to complete the diagnosis, but he discovered a purulent nasal discharge associated with the presence of multiple polypi of small size. He directed the patient to return to London and place herself under my care. I was able to restore the nose to a reasonably normal condition, with the result that all the phthisical symptoms disappeared, and Dr. Davison's opinion was absolutely confirmed. Similar cases have been observed in which the primary disease was suppuration in one or more of the sinuses of the nose, producing the quasi-phthisical condition to which French writers have given the name of "*pseudophymie*."

Nothing is more terrifying to specialists in laryngology than the comparative indifference with which a persistent hoarseness is viewed by many general practitioners, the specialists well knowing that this is often the only symptom present at the early and tractable stage of epithelioma of the vocal cords. The practitioner is too apt to be biassed by the absence of pain and of the "cancerous cachexia," a fetish to which too many lives have been sacrificed. How often, too, has an aneurysm of the aorta been overlooked, when an examination with the laryngoscope would have rendered the diagnosis plain.

PITFALLS IN SPECIAL PRACTICE.

There are, however, traps of the most insidious description into which specialists are apt to fall, either from want of general knowledge or from the self-sufficient disregard for general medical consideration. I may quote a case of dryness of the throat, such as a specialist is very apt to attribute to nasal obstruction, and in which on the first visit I entirely overlooked the real cause; whereas on the second one I luckily made an examination of the urine, and found ample evidence of diabetes mellitus. Habitual epistaxis, again, is in most instances to be treated by a localised cauterisation of the so-called "seat of election" on the antero-inferior portion of the nasal septum, but the specialist who fails to examine the urine for albumen is sure to be led into error at some time or another.

Perhaps the most dangerous trap of all is in relation to the question of hæmoptysis. There is no doubt that cases have occurred in which the hæmoptysis has arisen from rupture of a small vein in the pharynx, or it may be at the root of the tongue, and the knowledge of these few cases has too often raised hope ("immortal in the human breast") that a visit to the throat specialist might result in the discovery of some such comparatively trivial cause for the dreaded symptom. I as well as others have fallen into this trap, and have had the mortification of seeing a patient return with unmistakable evidences of phthisis for whose hæmoptysis I had too cleverly cauterised some suspicious venules. I am quite convinced that the very last thing one ought to expect to find as a cause of hæmoptysis is such a local hæmorrhage as I have mentioned. It is most exceptional for this to arise from any other cause than incipient pulmonary tuberculosis. A medical friend brought his son to me on account of hæmoptysis, full of hope that I should find a cause for it in the upper part of the throat. With great distrust I carefully examined the throat and discovered nothing accountable for

the bleeding, but on examination of the chest I was able to find, as I expected, sufficient evidence of tuberculous disease of the right apex to lead me to refer my friend to a physician more skilled in diseases of the chest than myself. On another occasion a medical friend brought a cousin who had had a distinct hæmoptysis some two days before; history again repeated itself. The throat revealed no lesion but I heard unmistakable crepitation at the right apex. I advised an examination of the morning sputum and a consultation with a more skilled physician. Two days later the crepitations had entirely disappeared, and the physician found absolutely no signs of disease of the lung, but the sputum contained bacilli, and the patient has since had two breakdowns, requiring repeated sojourns at Davos Platz. I may say in passing that mistakes sometimes result from omission to auscultate behind (over the apex of the inferior lobe) as well as in front.

Another trap was a case of considerable interest. A gentleman of advanced middle-age had returned from India, and was advised to consult me on account of what was supposed to be tuberculosis of the larynx, the most marked symptoms being cough, hoarseness, and wasting. On laryngoscopic examination there was a slight congestion of the vocal cords, but absolutely nothing characteristic of laryngeal phthisis. The patient was indeed considerably emaciated, but there was a yellowish tinge of the conjunctivæ which suggested hepatic trouble. On inquiry I elicited that he was subject to shivering attacks every afternoon, and I ventured to make a diagnosis of tropical abscess of the liver, a diagnosis which was subsequently confirmed.

I may quote a case to illustrate the subject of myxœdema to which I have already referred—namely, that of a middle-aged woman who was sent from the Midlands to consult me some years ago on account of deafness. Her voice was somewhat monotonous, and there was just sufficient characteristic peculiarity in the physiognomy to enable one who was familiar with myxœdema to recognise it. I therefore wrote to her medical attendant advising that the patient should consume thyroid glands of sheep. Within three days I received a telegram to say that the patient was apparently dying, hardly breathing, with the pulse so soft and quick that it could not be counted. In the interval I had made myself acquainted with information concerning the physiological action of thyroid glands, and telegraphed at once instructions to stop the thyroid glands and to administer digitalis and ammonia. A letter arrived to say that although the patient had been so seriously ill the hearing had quite recovered, and at the present time, thanks to the more discreet ingestion of the thyroid gland, she is in the best of health.

Some considerations with regard to enlargement of the thyroid gland ought to be at the disposal of those who treat diseases of the throat, and I have been saved from error by the recollection of certain cases observed during my period of practice in the East End of London, at the time when it was more customary for the wives and families of seafaring men to live there, before the railway afforded the present facilities for residing at a greater distance from the docks. In several instances under my observation the wives of sailors came to me on account of enlargement of the thyroid gland, which diminished under the internal administration of those valuable sexual sedatives, potassium bromide and camphor, and disappeared entirely soon after the return of the husband. Recently a married lady of robust full-blooded type was brought to me on account of an enlargement of the thyroid gland. I was able on close inquiry to elicit that, from motives of economy, in spite of strong mutual attachment, marital relations had for a considerable time been allowed to lapse completely, and the origin of the thyroid enlargement was thus explained.

This illustration of the bearing of general medical observation on special practice reminds me of a form of deafness which merits your attention. Mr. Jonathan Hutchinson has described the amblyopia of young husbands, and I have in several cases observed the analogous occurrence of a marked degree of nerve deafness in men similar circumstanced. Excess for the individual in solitary indulgence is a frequent cause of nerve deafness in males, as direct interrogation and the results of reform clearly prove. In the female the same cause no doubt constantly prevails, but I am not aware of

any means of detecting the existence of the injurious habits which is not open to objection.

A curious instance of a trap for the specialist was the case of a male child of about 10 months old, brought to me on account of attacks of suffocation attributed to some obstruction in the throat. On inquiry, I elicited that the attacks were characterised by evidences of intense nervous excitement, culminating in a climax followed by intense depression approaching collapse. This closely answered to the description of the orgasm given in Braun's work on diseases of children, under the heading of infantile masturbation, that I ventured to diagnose it as such, the father confirming my opinion by the observation that during the attacks there was obvious priapism. I found an elongated and tight prepuce, and recommended circumcision with, as I afterwards heard, the most satisfactory result.

SPECIALISM AND MEDICAL EDUCATION.

It has been proposed to include examination in the so-called special subjects among the requirements for medical qualification. There can be no doubt as to the correctness of this position, as I think some of the incidents which I have narrated amply prove. This will not, however, make every legally-qualified practitioner a specialist in one or every subject, but it will do for the public more than the creation of any number of specialists, if it raises the standard of medical education all round. The bane of specialism is self-sufficiency, and the general practitioner also is sometimes not altogether free from this defect; but with increased education in the direction that I have just indicated he will exercise a wholesome check upon the specialist, who will find that he is no longer dealing with an ignorant person to whom he may lay down the law at his own sweet will, but with a well-equipped colleague who, if he is not so accurately informed in regard to the one special portion of the human organisation, is as well, or probably better, acquainted with its general workings, and able to take a wider grasp of the situation than the pure specialist may be able to do. I am confident that humanity has suffered from the arrogation of special knowledge of a limited department of medical science, on the assumption that the general practitioner is proportionately ignorant. With increased education on the part of general practitioners, and more active competition among specialists, this evil has been minimised, and to a great extent eradicated; that it may be completely so is a consummation devoutly to be desired, both for the sake of sufferers, the credit of the profession, and the self-respect of all practitioners, both general and special.

Gentlemen, if I have seemed to give instances in which I have escaped falling into traps, I have given them because I feel that my escape was a very narrow one, and I trust the cases are illustrative and instructive. Were I to give you a detailed list of the traps into which I know I have fallen, I should occupy a much longer space of time than I am justified in doing, and I doubt not that for every trap I have escaped I have fallen into a dozen. I can only hope that those who have suffered by my ignorance may not bear too large a proportion, compared with those who have benefited by my experience of the traps and pitfalls into which I have fallen, as well as those from which I have only by luck escaped. Until the human knowledge approximates to the Divine we must expect to make mistakes. If the specialist keeps his mind open for the instruction which he may derive from the general practitioner, the list of mistakes will be all the fewer, and those which are committed all the more excusable.

REFERENCE.

¹ *London Medical Gazette*, 1829, vol. iii, p. 55.

PHILADELPHIA FREE HOSPITAL FOR POOR CONSUMPTIVES.—This institution has announced that the total receipts for last year were \$10,237.65, and the expenditure \$10,048.27. The sum of \$3,327.14 was received through small contribution boxes placed in different portions of the city. The Board of Managers of the Philadelphia Free Hospital for Poor Consumptives has purchased 215 acres of land in the Pocono Mountains on which to erect a sanatorium. At the present time the patients are being treated in the University, German, St. Agnes's, Rush, and St. Mary's Hospitals.