REMARKS

ON

WINTER HOLIDAYS FOR LONDON DOCTORS.

By SIR T. SPENCER WELLS, BART., F.R.C.S.,
Surgeon to the Queen's Household.

IN the early days of the Victorian era doctors' holidays were generally in the summer; run with the family; to the seaside; or country lodgings in some farmhouse, was the most general. Sir Henry Holland was one of the first to make longer holidays common. He made it a rule during the greater part of his professional life to take at least six weeks, sometimes seven or eight, for rest and a thorough change of scene, and strongly advocated the importance of not neglecting this as part of the life of a London doctor. Sir John Forbes in his *Physician's Holiday, or a Month in Switzerland*, still kept to the summer or early autumn; and it is only of late years that it has become usual to escape from the fogs and cold of winter, and go somewhere in search of sunshine and warmth. Then it became common to go to the Riviera, or to the South of France, or some part of Italy; and many men left London in November or before Christmas, while others waited for the New Year and took an Easter holiday, escaping the March winds. These were mostly those who had no objection to a sea voyage. They crossed from Marseilles to Algiers or to Corsica, or visited Madeira and the Canary Islands. Others went to Egypt and voyaged up and down the Nile. Rarely this trip was extended to Ceylon and a journey made through India, visiting Madras, Calcutta, the Himalayas, and Bombay. A sea voyage to the Cape and back was not uncommon, and a few men patronised the yachting cruises of some of the steamboat companies. A trip to the West Indies was the latest of these holidays, and as I have just returned after visiting Jamaica and Florida, it may interest some readers if I give a short account of this last trip.

Accompanied by my son, I left Southampton on December 4th, 1895, in one of the steamers of the Royal Mail Steam Packet Co., went direct to Barbadoes, where we arrived on the 18th, spent one day there, and then went on to Jamaica, where we spent a full month. The climate there in January was delightful—warm sunshiny days and cool nights, not so warm as the same season in Ceylon, rather warmer than the Canary Islands and Madeira, much warmer than Algiers, Corsica, or the Riviera. In February it was becoming too warm, so we went to Florida, and remained there during a great part of February. We returned home by way of Washington and New York, where the temperature was decidedly too low for those who had passed the winter in a warm climate. We came direct from New York to Liverpool, and arrived home on March 4th, this holiday having taken exactly three months. Were I advising anyone to do this excursion I would say: "Stay away at least a month longer than we did, or leave England later."

There are interesting cruises among the West Indian Islands; or a tour in British Guiana or Mexico can be arranged, taking Mexico or New Orleans on the way to Florida. In Florida the hotels are excellent and the climate very enjoyable. The scenery is not beautiful, long tracts of pine forests amidst lakes or marshy lands being monotonous; and most of the hotels are too far from the seashore for bathing. A visit to Washington or New York is not advisable before the end of March. January and February in Jamaica and among the West Indian Islands is to be particularly recommended to anyone who does not fear or suffer from seasickness. To them the return home direct to Southampton is preferable to the return journey by New York. The climate in January and February in Jamaica is charming, and if the days are too hot in the plains a visit to some spots in the Blue Mountains, if accommodation can be found, at an elevation of from 3,000 to 5,000 feet, it is difficult to imagine anything more delightful.

We spent ten days from Christmas Day until after New Year's Day at Cinchona, where Mr. Fawcett, the Director of

Public Gardens and Plantations in Jamaica, has a beautiful residence overlooking a large part of the island. From the south to the north-west a railway intersects the country for more than 100 miles. We made use of this, visiting the old Spanish capital, and went on to Montpelier, where Mr. Ellis has established a well-furnished comfortable hotel, surrounded by sugar plantations, coffee, bananas, oranges, and cattle farms. After a few days here we returned by way of Mandeville and had some lovely drives, with a good hotel at Moneague as our headquarters. Then we accepted an invitation from a friend at Kingston, who is superintendent of a large lunatic asylum there. His house is pleasantly situated on the shores of the harbour of Port Royal, and we are indebted to him for some beautiful rides in the outskirts of Kingston, the public gardens at Castletown being one of the most interesting.

In order to reach Florida we had to repeat our railway journey and stay at Montego Bay for four days, until the departure of a steamer for Tampa Bay. This stay was made interesting by Dr. McCatty, who has a very comfortable sanatorium for patients of the better class, and a still larger clinic, mostly for coloured people. The drives along the shore at either end of Montego Bay are very beautiful—indeed everywhere in Jamaica the country is quite lovely—the tropical vegetation is very rich and the country nowhere flat or sterile, while mountain chains in various directions complete the landscape. Sea bathing is very pleasant, and sharks are only known where water is deep. Malarial diseases are rare and epidemics of yellow fever seem to have passed away, so that to those who are in search of something new for a winter holiday, who have tried the Cape or the East Indies, I would advise full consideration to be given to the West Indies if time is unlimited—say from December to April, or, if that is too much, from January or February till May. To many this may seem too long, but not to those who suffer from continuous work. I had a friend who boasted that for fourteen years he had never slept out of Harley Street; another friend, on leaving the Navy Medical Service, bought a practice at Putney, and for several years he never left the parish. I do not think either of them really enjoyed life, and both died before 60. I think an occasional long holiday would have made their life longer and happier, and they would probably have done their work better.

NOTE ON AUSCULTATORY PERCUSSION AND THE SCHOTT TREATMENT OF HEART DISEASE.

By SIR WILLIAM H. BROADBENT, BART., M.D.,
Physician to St. Mary's Hospital; Physician in Ordinary to His Royal Highness the Prince of Wales.

DR. BEZLY THORNE's paper in the BRITISH MEDICAL JOURNAL for March 14th, p. 653, on the new method of auscultatory percussion by means of which the varying dimensions of the heart are exhibited affords an opportunity for the discussion of its value.

Taking the tracings there given as representing the limits of the deep cardiac dullness and the outlines of the heart ascertained in this way, the method carries its own refutation with it. The upper limit of the cardiac dullness, according to the diagrams, is made to extend nearly horizontally outwards almost as far as the right nipple line, an extension which, in the absence of aneurysm or mediastinal tumour, is inconceivable at that level. Even more irreconcilable with anatomy or with clinical experience is the bipartite outline at the base of the heart which is said to be a constant feature of a certain stage of dilatation. Dr. Bezly Thorne states that "it can scarcely be doubted that the notch corresponds with the situation of the auriculo-ventricular fibrous ring." He does not say whether the fibrous ring which gives rise to the notch is that of the right or left side of the heart, but there can be no possible correspondence with either, and the notch actually occupies the place where the pulmonary artery and aorta would be found.

It was demonstrated by Sibson years ago that the fibrous ring around the auriculo-ventricular orifice, which takes its

origin from the central fibro-cartilage of the heart, becomes thinned out till at the opposite side it is non-existent, so that this orifice, which itself contracts and expands with the ventricle, can have no more resistant power than the muscular substance of the ventricle itself.

Obviously auscultatory percussion leaves much room for the exercise of the imagination, and any statements as to the variations in the size of the heart based on this method of examination must be rejected as absolutely untrustworthy. To ascertain the position and dimensions of the heart we must continue to employ the sober method of carefully collating the evidence afforded by palpation, percussion, and auscultation.

That a diminution in the volume of the heart may take place under the influence of saline baths and certain movements there can be no doubt, but such diminution is an occurrence which is perfectly familiar to all who are in the habit of noting the changes in the size of the heart under other methods of treatment or from various causes. In a heart dilated from over-exertion, for example, the apex beat may often be felt to come in for half an inch towards the normal situation when the patient is simply made to walk two or three times across a room.

The Schott treatment has undoubtedly potentialities of usefulness in certain forms of heart disease, and it is a matter of great interest and importance to ascertain with some degree of certainty and precision in what class of cases it is of most service. No advance can be made in this direction while it is employed indiscriminately in all forms and stages of heart disease, including cases where perfect compensation has been attained and cases where no real heart affection exists, nor while statements are made which seem to imply that it is equally efficacious under all circumstances. It must be borne in mind, too, that any treatment which is powerful for good can also when misapplied do harm; grave risk, for instance, is incurred when the Schott methods are practised in cases of aneurysm.

THE LUMLEIAN LECTURES

ON

THE SEQUELS OF DISEASES.

Delivered before the Royal College of Physicians of London, March 19th, 1896.

By SIR DYCE DUCKWORTH, M.D., LL.D. EDIN.,
F.R.C.P. LOND., ETC.,

Fellow and Treasurer of the College; Physician and Lecturer on Medicine, St. Bartholomew's Hospital; and Honorary Physician to H.R.H. the Prince of Wales.

LECTURE I.

[The lecturer prefaced his address with some reference to the early conditions of the lectureship, reminding his audience that the appointment used to be for life, and that Harvey had held it for a period of forty years, and then proceeded:]

I propose in this course of lectures to discuss as fully as I can the subject of the sequels of diseases. Our knowledge of this is far from anything like completeness; indeed, it may be said to be very small and most inadequate, yet it is a very large subject and it has never, so far as I am aware, been made one of systematic study. It was a saying of one of our most distinguished Fellows, the late Dr. William Baly, whose early death was the gravest loss to my own hospital, to this College, and to the whole profession in England, a saying treasured up in the writings of his colleague, Sir James Paget, that, in his opinion, one of the most useful books that might be written would be one on the diseases of convalescence. The field for observation and exact determination in the direction I now set out upon is indeed immense, so large that the experience of no one amongst us is, or ever can be, adequate for the purpose in view, and we may therefore ask at the outset, Who is sufficient for these things? I can only hope, then, to try to map out the large field before me somewhat in the fashion of an explorer in a new territory.

The first difficulty which besets the inquirer into this subject is to determine and define what constitutes a veritable sequel in the case of any disease. This difficulty grows greater

as modern research throws more light upon etiology and the intimate nature of morbid processes. What the physicians of half a century ago deemed to be sequels of disease must now be regarded by us, in not a few instances, as but later evolutionary manifestations of the primary and original *quidquid irritans*. Such consequences may occur early or very late, and yet may be certainly referred to the noxious elements which originally broke in and disturbed the health of the individual. In such instances I take it that we must regard the particular consequence as a veritable sequel, although we do not regard it from the patient's point of view as a new malady. We shall find that many of the disorders of convalescence fall into the category I have just indicated. The early physicians recognised the occurrence of some sequels of diseases, though but little is to be found bearing on the subject in their writings. It is certain, for instance, that Hippocrates was familiar with orchitis as an early and a late consequence of parotitis, since he described the condition at some length in the *Epidemics*. Aretæus noted that gout passed into dropsy and sometimes into asthma.¹ Seventy years ago the subject attracted much attention from Graves, who in his chapter on Fever described several sequels and especially the occurrence of white leg or venous thrombosis.² About the same time, Dr. Caleb Hillier Parry of Bath, a Licentiate of this College, was near to describing sequels of disease in his interesting books on the *Elements of Pathology and Therapeutics*, especially in his chapter on the Relation of Diseases by Conversion, wherein he embodies a series of careful observations made upon patients many of whose symptoms were then really inscrutable to him, although they were believed to be due to increased determination of blood, his universal doctrine, but of which some admit now of very clear interpretation. Thus we meet with accounts of "cases of pleurisy which gave way to immediate and fatal diseases of the head, of which one case was proved by the dissection to have arisen from inflammation and albuminous effusion above the pia mater." Here we have without doubt a case of tuberculous pleurisy to which tuberculous meningitis was a sequel. In another case he tells of hæmorrhage from the kidneys immediately succeeding the desquamation of measles. We can hardly doubt that this was an example of glomerular nephritis following, not measles, but scarlet fever. Amongst these observations are many remarkable instances of metastasis of gout, of which, I venture to believe, we now see fewer examples than did the physicians of the eighteenth century. To mention but one, the frequency of erysipelas in Parry's time as a precursor and a sequel of gout is certainly not recognised in these days. (James Gregory, of Edinburgh, noted the frequency of facial erysipelas in the daughters of gouty men.) Caleb Hillier Parry was a great physician, and it is not sufficiently known that he anticipated Graves in the recognition of exophthalmic goitre, and was possibly the first to describe the visual phenomena of migraine known as "trichopsia," a fact which has been fully set out in his learned work on *Hemicrania* by our present Registrar.

The ordinary conception of a sequel is the occurrence, sooner or later, after recovery from an illness is seemingly established, of new symptoms and physical signs of disease either near to, or remote from, parts which had been the seat of disturbance in the original malady. Some of these have long been recognised, and little surprise is felt when they supervene, though we may never have been able to predict their certain onset. Amongst such may be mentioned the occurrence of various palsies after diphtheria, and of rheumatism with cardiac complications after scarlet fever. However we may explain these, they are true sequels, albeit they may be inconstant, and only ensue in a proportion of cases of these disorders. Throughout our present inquiry we shall do well to bear in mind the following apophthegm of Sir William Jenner to the effect that "the invariable antecedent of any given event is not necessarily its cause. Invariable antecedent and invariable consequent are not synonymous with cause and effect." I shall endeavour to find a reply to the very pertinent inquiry which Sir James Paget has suggested, whether each disease does not leave after it has ceased certain conditions of blood or structure

¹ Περὶ αἰτίων καὶ σημείων χρόνιων πάθων. βιβλ. Β. Περὶ Ἀρθρίτιδος καὶ Ἰσχιάδος

² *Clinical Medicine*, reprint from second edition, p. 195, 1864.