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ORIGINAL COMMUNICATIONS.

ART. XV.—*Prognosis*.^a By HENRY C. DRURY, M.D.
Dubl., F.R.C.P.I., Physician to Sir Patrick Dun's
Hospital, Dublin.

“LIFE is short, and the Art long, the Occasion fleeting, Judgment difficult, Experience fallacious.” Thus spoke Hippocrates in his first aphorism, and there has passed no day since that does not prove its truth, and I do not know of anything to which it applies with more aptness than to prognosis.

It is not till long after we have learned to make a diagnosis that we can begin to learn to make a prognosis; and of the two perhaps the latter is the more difficult.

Though upon diagnosis may depend the question of life or death, upon prognosis may depend all that makes life worth living. Prognosis deals not only with the ultimate termination of a case, but also with much leading up to that and much more, stretching away into the future, long after the case has passed out of our care or ken, often even extending to other individuals, born or unborn.

^a Read before the Section of Medicine in the Royal Academy of Medicine in Ireland on Friday, October 26th, 1817.

Diagnosis depends largely on facts; prognosis depends largely on experience, which is fallacious, upon judgment, which is always difficult and often swayed by sentiment, and frequently has nothing to depend upon but "If." We are all conscious of our inability to weigh properly the conditions present in the case of those closest to us in the ties of affection or kindred. Here we are swayed by sentiment so as to be unduly buoyed up by hope, or more frequently depressed by fear. Hence it is that we seek the aid of another who will study the *case* when we can only view the *person*.

Or again, suppose we have to deal with what apparently is a mild case of enteric fever where "if" looms so large in our outlook. Suddenly and without warning hæmorrhage or perforation changes our outlook from hope to fear, and the "if" becomes diminutive.

For some, especially the rarer cases, or those that are long drawn out, life is quite too short and the art too long. We have to fall back on the combined experiences of many other observers, and this is never so self-helpful as our own. No two cases are alike, surrounding circumstances and collateral conditions still further vary them. Here our experience is so limited that our judgment is formed of patchwork. In any one of the very chronic diseases of the central nervous system for instance, to see it through, we must get it early in our medical life, and it lasts until we have become stale and old in it. How rare is it to have even a chance of this! They come across our path for a season, and drift out of it again into other channels, where we never meet with them again.

Having made a diagnosis we feel immediate satisfaction; prognosis keeps us long in anxiety and doubt. How true is this in some of the most common conditions we meet with! Take, for instance, Bright's Disease. In no case I think is the contrast so marked. The merest tyro will make the diagnosis with ease and promptly, but in the great majority of cases who amongst us will venture upon a prognosis except in the vaguest terms?

For my own part I feel that the greater and larger becomes my experience of nephritis cases, the more uncertain do I feel in forecasting their course, and there is only one condition which so far has not failed me in helping to form a judgment of the course of a case. That is, of course, the appearance of eye symptoms, which in my experience always marks a rapid downhill course.

Let me briefly cite some examples. An unmarried lady, aged only 40, while dressing one morning got a fulminant apoplexy, and died in about 36 hours. I had known her for years. She had a good colour, was active, strong, fond of exercise, led a healthy life, and was not self-indulgent in any way. I never knew her to be ill, and as I attended any of the family who required medical advice, I think she would also have sought it if she had felt anything wrong, but I never saw her professionally until the stroke occurred. I then found that her urine contained a small quantity of albumen. Had I tested the urine a year previously and found the same condition present I doubt whether I would have thought it right to alarm her and her friends by telling them taking into account her apparently excellent health, &c. Yet suddenly and without warning nephritis brought about this fatal result.

Another unmarried woman died in coma. For over twelve years she had been under my observation. Seventeen times she had been a patient in Sir Patrick Dun's Hospital. Always she had a very large quantity of albumen in the urine. On several occasions she was admitted in an extreme condition of anasarca, the most extreme I think I have ever seen. On one occasion the legs had to be punctured to relieve the pain caused by the stretching of the skin and other tissues. From time to time most of her serous cavities had been tapped. On other occasions she came in on account of uræmic symptoms, but without a trace of œdema anywhere, and it was in this condition, with great emaciation, that she died. On several occasions she appeared to everyone to be *in articulo mortis*, but revived, and recovered sufficiently to leave the hospital.

In the intervals of her visits to hospital she went about her household duties, and was to all appearance quite well, but she perfectly knew the warnings which told her to come to hospital. Yet for twelve years she carried on, but never till her last illness had I any idea how long she would be able to do so. From experience I had learned that when she appeared to be dying, we should not give up hope, as for years before she had frequently given the lie to the apparently obvious prognosis of everyone. However, about two months before her death she began to complain of failing eyesight. I found she had developed retinitis, and was able to tell her sister that the end was approaching, and that when she again came into hospital it would be her last visit, and thus it proved.

A gentleman aged 57, whom I had known for years, seemed to me to be the embodiment of healthy vigour. I often met him cycling alone or with parties, and he enjoyed life like a boy. One day he came to my study and related vague symptoms. I found a moderate amount of albumen in his urine. Having prescribed for him and given him instructions he casually remarked that his sight had been lately getting very bad. I examined and believed he had retinitis, but such a diagnosis was too serious for me to depend on my own examination alone. I sent him to the late Dr. FitzGerald, who reported that there were very serious changes in the retina. I at once informed his family of his grave condition. He died within three months in coma. Dyspnoea was the painful feature of those three months.

In the first case, even had a diagnosis been made beforehand what was there to help prognosis? Even if high tension had been found who would have prognosticated the probability of cerebral hæmorrhage in a woman of 40, who otherwise looked and felt in perfect health?

In the other two, where the only aid to prognosis that I know of appeared, how utterly dissimilar they were. The only feature common to both was albuminuria, one with twelve years' symptoms and the other with three

months'. The female was very poor and had to put up with poor surroundings and indifferent food; the male was rich, lived in the country, and had all the delicacies that an invalid required and all the comforts of home. What was there to help a prognosis of three months in his case and twelve years in the other?

Heart cases form another series in which in the majority of cases the diagnosis is a comparatively simple matter, but the prognosis requires years of experience, thorough understanding and serious consideration. Prognosis here entails vastly more than the ultimate result, and the data for this are neither numerous nor clear. Perhaps the most important of these is the condition of the heart muscle, and what material have we on which to form a judgment about it? Little except hypothesis, which requires long experience and careful observation to make it worth anything.

The cases in which one can say that a certain valve is incompetent are often not the most serious from the standpoint of prognosis, even though they, at times, give rise to more urgent symptoms. Those in which no organic lesion at all can be detected are often of the utmost gravity, and require the most judgment and experience for arriving at a true prognosis. Here we have little to go on except the condition of the heart muscle. Whether the organ is increased in size from dilatation or hypertrophy or both, the quality of its beat, its behaviour under conditions of rest or exertion, and the general performance of its functions in carrying on the circulation in the various parts of the body. No one of these conditions is sufficient in forming our judgment, all or several must be considered together before we are in a position to form any opinion of value.

For instance, a lady patient has been under my observation for over ten years. When I took up the case I was told that her heart was in a very precarious condition, as some years before a physician of repute had informed her friends that her pulse was so weak and irreg-

ular she might die at any moment on making slight exertion. As a consequence she very seldom had been out of doors, and that only to drive on picked days. She lived mostly in one room with the door and all the windows tightly closed for fear of the least draught, and a fire in the room nearly all the year round. She was then nearly 70 years of age, and had lived an active busy life. She is now in her 80th year, active in mind, and for her years active in body, goes about her house, gardens assiduously when the weather permits, and visits her friends, using the trams to their furthest ramifications. Her pulse is still, and always has been when I have seen her, of the same extremely irregular and weak character, so much so that it is generally quite impossible to count it. Yet there is no sign of valvular incompetence nor any other sign indicating failure of the heart-muscle.

In this case it is probable that too much weight was given to one sign alone, which was so marked that other indications were ignored. The result was faulty prognosis, entailing years of anxiety and joyless unhealthy invalidism.

Glycosuria, including diabetes, is easy of diagnosis, and prognosis can be given with more confidence than in most other diseases, for the data at our disposal are more definite. Age, temperament, physical structure, occupation, heredity, response to treatment, all have very precise bearings on its course, and enable us to form a truer perspective than is usually given us. The outlook will not be unduly roseate if we find the disease in a man of middle life, temperate in living, wiry, active in body and mind, with high-strung nervous system, together with large business interests, home anxieties or arduous occupation, not responding well to the early stages of treatment, and rather impatient under it. It is unnecessary to labour this subject, for illustrations would be endless they would be so diverse. Opinions too will widely differ—but I do think, after consideration, that we have better grounds here for forming a prognosis than in most other conditions.

What shall we say of phthisis? How often does it disappoint our hopes and upset our calculations?

When I was a small boy I was sent on many a weary tramp to a neighbour's house to inquire for a young girl believed to be dying of consumption, and I was warned not to be surprised if I heard she was dead, and instructed how to conduct myself in that event. The sister had very recently died of rapid consumption. This girl had had several hæmorrhages, and appeared to be going the same way. She was confined to bed and her life was quite despaired of. In later years I had many a pleasant dance with her, and a couple of years ago met her after a long interval, a married woman, beautiful, vivacious and healthy.

Here is the converse picture. A young man about 20 years of age, feeling perfectly well, looking the picture of health and strength to his many friends, attended my clinique one morning, the next morning he had hæmoptysis. This continued, high temperature developed, and on the tenth day he died. Experience was here fallacious and judgment difficult in attempting a prognosis.

Even when it is perfectly evident that Death is about to claim his victim, those of us who have learned by experience know better than to express an opinion just when he will stretch out his hand and take it.

A girl with pulmonary tuberculosis was for many weeks under my care in hospital, daily growing weaker, more emaciated, less vital. Day after day I was surprised to find her still there. She had become so weak that she could not feed herself nor raise her hand a foot off the bed. In this condition she said to me with whispering voice and faltering breath—"Doctor, if you will let me sit up by the fire, and have a mutton chop for my dinner, I'll be all right." She died an hour later. Yet I could no more have told that this would happen before my visit next day than I could have told any day of the previous fortnight that she would have lived so long.

Ars longa, Vita brevis, est.