Address.

OPENING ADDRESS OF THE PRESIDENT
BEFORE THE NEW ENGLAND
PEDIATRIC SOCIETY.

BY THOMAS MORGAN ROTCH, M.D. BOSTON.

IN the city of Richmond, in 1880, following the example of the Ninth International Medical Congress, the American Medical Association introduced into the number of its sections one on Pediatrics. This section was organized under the presidency of Dr. Abraham Jacobi, and I had the honor to act as his secretary. It may, perhaps, be wondered at that, with all the advances which had been made in clinical medicine during the first three quarters of the last century, such a vitally important subject as the clinical medicine of early life should have been practically unheard of and, indeed, neglected. The reason, however, for this blank space in the otherwise well-studied questions relating to disease in later life, was evidently the ignorance of the medical community, and a strange lack of observation regarding evident truths. The physician of the past supposed that an understanding of the normal anatomy, pathology and clinical symptoms of disease in fully developed human beings was sufficient to treat the same diseases in the infant and child. He, therefore chose to study and investigate diseases in adults, because it was the easiest method to reach his goal. The intelligent physicians of the present day recognize that there is great reason for the especial study of early life, and that on this study depends the full understanding of a later and perfected stage of development. They also appreciate that the best results in filling up the gaps in our knowledge is obtained by a concentration of forces; they feel that it is necessary for a number to come together and, by mutual discussion, to arrive at more correct results. These combinations are especially necessary for the isolated physician who otherwise would gradually learn to feel that the cases which he lost should necessarily be lost, and that those that recovered proved that the treatment carried out in such recovery was the best.

It is, however, very necessary also for those who live in large cities not only to meet among themselves and to report the results of their investigations on special subjects, but likewise to confer with the physicians from the smaller towns and country districts who bring with them problems to solve, often of the utmost significance for the advancement of our medical knowledge.

In 1860, Dr. Jacobi failed to form a pediatric section in the New York Academy of Medicine. Examples of the difficulty to bring the medical profession at large to appreciate the necessity of a special study of children were at that time met with all over the world. The Children's Section of the American Medical Association proved to be such a success that it was deemed advisable, in 1889, to form the American Pediatric Society, with Dr. Jacobi as its first president. Since that time, year by year, a greater appreciation has grown, of

the value and importance of special study in all that relates to children; and the American Pediatric Society has become not only respected all over the world, but numerous local societies in the various cities have grown and flourished. Especially might be mentioned the Children's Section of the New York Academy of Medicine and, most successful of all, the Pediatric Society of Philadelphia. Numerous journals devoted to pediatrics and books written on pediatrics are now prominent in the field of literature. It would, therefore, seem that the physicians of New England should have their own recognized and authoritative organization to represent, and to give to the world especial knowledge of their studies in early life,—a knowledge which has been so prominent in the study of the later periods of life.

The objects of this society are to bring together as many as possible of our New England physicians. In the case of a number of other societies devoted to children, it has become exceedingly difficult to obtain the rights of membership, and this, indeed, may, in a certain way, accomplish what is called "raising the standard of the membership." There is, however, another side to this question, and I believe that the members of our council who originated the idea of establishing this society judged wisely in their endeavor to have here in New England a society whose members may come to learn as well as to teach. We believe that this New England Pediatric Society has its own especial province in this respect; we believe that more sound pediatric medicine and literature will emanate from this society, simply because it does not shut its doors to any registered physician, no matter what his especial ability or his special school; we believe that, starting on this broad basis, the people at large throughout New England will receive much greater benefit than if a chosen few should come together to debate the finer points of pediatrics. We would, therefore, welcome all those who truly wish to benefit by meeting together three or four times a year, and although always ready to receive the society in Boston, we wish to have it understood that we are glad, at any time, to meet anywhere throughout New England, if a reasonable number of physicians living in a certain locality wish the society to meet occasionally out of Boston. This society should be, in a sense, a clearing house for general information and practical everyday utility, and we would ask you all to take up the work by encouraging your colleagues from all parts of New England to join with us.

To intelligently understand the full development of the adult in health and disease, it seems self-evident that the anatomy and physiology, not only of the final stage of growth, should be studied, but also that the various stages of development from embryo to infant, and infant to child, and child to adult, should successively be dealt with. In the past, however, this has been but little done. On the contrary, the very opposite method has been adopted, the most careful attention being paid to adult anatomy, physiology and clinical investigation, and then deductions made back-

ward from adult to child. This is a retrograde means of acquiring knowledge which has proved eminently unsuccessful. In the Old World, as well as in the New, these false methods have been pursued. What little has, by more rational methods of study, been accomplished in the investigation of infants and children has as large a place in America as in Europe. Here, then, is our opportunity for original research, for we have a branch of medicine which is universally new; we have the same advantages in clinical material, in well equipped laboratories, in especial hospitals, and in the intelligence which is bred and born in our New England climate throughout all of our six New England States, as is to be found anywhere. Let us endeavor to give as much, if not more, to the *savants* of Europe as we receive from them. It is not an exaggeration to state that a large number of sick infants and young children throughout the land are suffering from the vigorous treatment of their over-zealous medical attendants rather than from the disease with which they started. This should be stopped.

I ask you to carefully consider this vital question. I ask you to attack it with iconoclasm and original thought, for I assure you it will repay you by opening up vast fields of intensely interesting brain work. It is not difficult to pick out instance after instance of the truth of what I have just said. The therapeutics of infancy and childhood, as understood by thousands of practitioners in Germany and France, in England and in America, is a wonderful exhibition of what vagaries the human mind, sound on other subjects, can be induced to indulge in.

A total disregard of natural processes, an over-exaggeration of symptoms, which in the adult mean danger and require active treatment, hold too great prominence in the mind of the general practitioner of medicine, since in the child they are but simple and harmless manifestations of an over-stimulated nervous system. Such is the "*ignis fatuus*" so misleading, not only to those who have not especially studied the early stages of life, but also to those who have seen much of it, but with eyes blinded by traditions of the past.

It would seem as though in this age of rapid discovery and quick change and interchange of ideas, — in an age when the precision of our investigations in all branches of research has almost placed the much-abused profession of medicine on a level with the exact sciences, — that we who are endeavoring to place our especial branch of study on firm ground should consider, with unusual care, the opinions which we express to the profession at large and to the laity. What we say in this society should be founded on principles as accurate as the science of the day can make them.

There is one especial subject which I hope may be brought before this society during the course of the coming year, and that is, the endeavor to reform the nomenclature of the pediatric medicine of to-day. Some effort should be made to first determine upon the classification of certain important subjects, such as diseases of the mouth

and of the gastro-enteric tract, and then, as the exponent of some accepted classification, we should endeavor, through our influence as a society, to bring the various large teaching centers of our country to join with us in introducing and adopting such classification. Much of the present medical nomenclature is unintelligent and misleading. Many old terms, such as dysentery, phthisis, summer diarrhea, and many others should be dropped as mere relics of past ignorance.

What we need, and what the Pediatric Department of Harvard University has proved to be the best classification for practical purposes, especially in diseases of the gastro-enteric tract, is to place our classification of these diseases on an etiological basis. This we find can be done, and this we believe will enable physicians in different parts of the world to understand which particular disease their colleagues at a distance are talking and writing about. At present, many names are used for one disease, and again, many diseases are at times classified under one name.

This is only one of many subjects which we should investigate and promulgate in the future, and I trust that you will enter into work of this kind with enthusiasm, for I assure you it will not only aid you to appreciate the sick children who come under your care, but will help to place this especial branch of clinical medicine on a more intelligent basis. Let us all work shoulder to shoulder to advance the subject of the clinical medicine of early life which has grown so rapidly in the last twenty-five years, and which we can but feel will continue to have its horizon expand, until it equals that of any of the useful sciences in the world.

I welcome you, gentlemen, to the first regular meeting of the New England Pediatric Society.

Original Articles.

THE SERUM TREATMENT OF EPIDEMIC CEREBROSPINAL MENINGITIS.*

BY CHARLES HUNTER DUNN, M.D., BOSTON.

At the present day it is coming to be generally recognized by the medical world that in the study of the problem of immunity lies the key to further advance in the knowledge of the infectious diseases. To this study we must look for the results which are to be of the greatest future practical benefit to humanity. The complexity of the problem is so much greater than can possibly be realized by one not actually engaged in its study, that the progress of scientific research is necessarily slow, and the practitioner, while eagerly awaiting disclosures which shall be of value to him in his practice, has no time to follow each successive step, each little addition to our knowledge, which the unceasing patient efforts of investigators are reaching. He has difficulty, too, in choosing, from the complex

* Read before the first meeting of the New England Pediatric Society, Feb. 15, 1908.