An Address

ON

THE PATIENT AND THE DISEASE.

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MR. PRESIDENT AND GENTLEMEN,—I suppose that the name and work of John Hunter are suggestive rather of anatomy and surgery than of general medicine, but it needs no assurance from physicians to testify to the value of his influence and research on many parts of their art. We are, or certainly ought to be, as ready as the surgeons to carry in our minds his famous aphorism—"Don't think, try, be patient, be accurate." Let us consider the real meaning that this somewhat cryptic statement had for Hunter.

THE IDEALS OF JOHN HUNTER.

Research by way of experiment was urged by him just as it had been enjoined previously by Harvey, and the problems in biology which engaged their attention were attacked by similar methods. Mere theories were to be put to the proof, and the secrets of Nature were to be exposed, if possible, and tested by the ordeal of experiment. This was to be the test of the thinking. Any inquiry necessitating research demands meditation, and to correlate the facts elicited from an experiment no less entails a large measure of thinking. Hunter clearly intended to denounce mere theory unsupported by facts. Next he urged patience. This was surely to secure further or confirmatory experiments, and a calm meditation on the results of them. There was to be no hurry or premature disclosure of the conclusions derived from early experiments. New facts were to be weighed, pondered over, and checked by repetition. Research on these lines could alone, in Hunter's opinion, lead to the last point in his aphorism—viz., accuracy or truth as its guiding principle.

It may be well for us to consider how we are carrying out Hunter's advice to-day, at a time when scientific research is more widely and actively pursued than it has ever been, so far following out his recommendation to "try" in many directions. With respect to some of these observations which bear more particularly on therapy, I venture to doubt if we are thinking or meditating adequately upon the results obtained in practice. I doubt still more if we manifest the patience which Hunter would have demanded ere we announced and urged an immediate application of some of the methods which are indicated as warrantable and safe for the treatment of the sick. The human problem is before us here, and we are on holy ground. Surely patience, meditation, and accuracy are the points we need to attend to to-day if we are to unlock the secrets of Nature, and hurry, with eager strain for results, is unseemly in such tasks. Without doubt we are naturally desirous of worthy and dependable results. The public, too, stimulated by a vulgar and debased press, is still more greedy for startling novelties of which it is keen to seek

the benefit at our hands, if we are so unwise as to experiment upon them. Indeed, so keen is a section of the public, often well placed and supposed to be intelligent, in this matter that it prescribes for itself, partakes of the vaunted novelties, and becomes, alas, sometimes addicted to drug habits in consequence.

THE DIRECTION OF EDUCATED TREATMENT.

I have recalled to you some of John Hunter's principles. I ask you to consider the patient and the disease, and I propose to try to enforce the very plain and simple fact that when we are contemplating disease we have necessarily to consider the subject of it as well. This is not seldom lost sight of. We find books and numerous monographs written distinctly on the subject of treatment for various diseases. It appears to be forgotten that the educated physician treats *patients* and not *diseases*. It is true that many of our modern remedies which issue from the laboratory are mainly for the purpose of combating morbid conditions of the body, and when these consist of specific vaccines or sera which have the power of overcoming specific toxins, we must recognise their value apart from any special features or peculiarities of the particular patient requiring such treatment. The need for such measures is commonly urgent, and time presses for their employment—

Where the greater malady is fix'd,
The lesser is scarce felt.

Thus meningitis, diphtheria, rabies, plague, anthrax, and tetanus admit of no delay in such therapy. In the treatment (preventive) of variola and enteric fever, of syphilis, gonorrhœal arthritis, and several other septic conditions there may be less urgency, and the peculiarities of the patient may often be of minor importance and can wait.

This class of modern remedies is commonly of a specific nature, and its successful employment in many cases is rightly regarded as evidence of the scientific progress of medicine, a progress which is destined ultimately, as some believe, to abolish all empirical or old-fashioned methods of treatment. We are gradually learning to employ these agents more and more, but much remains for further clinical research and a more accurate knowledge of their action. It may be noted that vaccine therapy itself is not yet void of empiricism. Multivalent vaccines, for example, are somewhat akin to the "blunderbuss" prescriptions of a century ago, and yet they sometimes prove of value. I suppose that not a few of us are far from satisfied with the efficacy of tuberculin treatment, or of the value of pneumococcal vaccine in cases of pneumonia; and we are not without evidence that some maladies, plainly of toxic origin, are amenable to the older methods of treatment when vaccine therapy has failed to afford benefit. Amongst these may be mentioned alveolar pyorrhœa, some varieties of acne, and bacilluria. I should always prefer to begin with the older methods before resorting to vaccine treatment, and I would venture to suggest that some of us are now in danger of losing the older acquired knowledge of appropriate treatment for many common ailments.

It is, of course, a vulgar idea that medicines are employed to "cure" diseases. The homœopathic system is founded on nothing else. The charlatan treats diseases. The modern chemist prepares his proprietary compounds to cure diseases. The idea of the patient, and any of his peculiarities, receives no consideration whatever, and is supposed to be

of no importance. I think that it may safely be asserted that with the progress of what we term scientific medicine, issuing largely from researches made in the laboratory, the attention of the physician has been much diverted from his patient, and directed to microbiology and biochemical matters. To state this bluntly is in no degree to minimise the supreme importance of these essential studies, but it is necessary to have a wide outlook in this matter, and to watch the outcome of it in medical practice. Modern methods certainly lead sometimes to a rapid diagnosis arrived at by bacteriology, thus yielding important knowledge by a short cut. We find that modern surgery sometimes provides a prompt diagnosis of inoperable conditions which might have been secured by patient clinical investigation without the knife.

We know well that novelties in medicine tend to obsess weak minds for a time, but some of these obsessions may be serious for the patient. To be rendered edentulous in middle life, or earlier, because of a scare of alveolar pyorrhœa which, if it exists, has not been appropriately or adequately dealt with, is surely a grave matter. To regard the large intestine as little else than a misplaced sewer and a vast source of septic mischief, necessitating its ablation on such grounds, may surely be very serious for the patient. To neglect careful examination of all parts of the body in seemingly obscure cases, and to resort promptly to bacteriological inquiries in the absence of such investigation, is hardly a wise or profitable proceeding, especially if a review of the case by thorough clinical methods readily reveals some gross disease overlooked and unsuspected. I venture to believe that in these and other ways we are tending to lose sight of the patient, and are too exclusively concerned with his disease. We are ceasing to pay adequate attention to details and to study the landmarks and varied indications of the individual patient. Our predecessors surpassed us in these methods. We have replaced them by various abstract studies bearing on disease, largely forgetful of the intrinsic interests of the individuals we minister to. Such proceedings may, perhaps, be inevitable for the present, but both patient and disease must rightly and always be considered together.

THE HUMAN ELEMENT.

In an address delivered last year¹ I expressed the opinion that practical medicine would never become a completely exact science. The human element in the case will always traverse the exactness and precision of pure science, and this factor may never be left out of account. The conception of clinical problems, and our dealings with them, necessitate an empirical element in our work if we be prudent physicians, and a large measure of that element will, as I believe, always remain to claim our careful attention and employment for the best interest of the patient. This matter relates strictly to the *art* of medicine, and it is our art that is now so much ignored and in danger of being lost. I have often remarked that a great physician is a great *artist*, and not a *savant* in the ordinary sense of that term. I would emphasise these words here and now. I suppose that the best physicians of their day have always recognised this position. It is certain, however, that many able physicians have contributed more to pure science than to the art

of their profession. The father of medicine distinctly regarded his life-work as an art, and physicians as the servants or administrators of it.²

You may ask, What are the particular points which should be noted in patients apart from the morbid symptoms we may recognise? There are many of these. In the first place, there is a personal factor in every patient. We have therefore to discover what any particular ailment signifies to him individually. It may be well-borne or ill-borne by him. We try to ascertain his familial habit of body or specific inborn tendencies. The family history on both sides should be learned as far as possible. A history of previous ailments is important. The degree of recuperative power is found to vary much in different families. In some it is singularly slow, in others it is rapidly manifested. The measure of inherent vitality is found to vary greatly in families. That is a matter of textural or tissue resistance, and it is of singular importance to note in the maladies of aged patients.

Roughly speaking, we may readily observe the tendency to slow repair and a general vulnerability in all persons of a strumous habit of body. Such patients are bad subjects for most ailments. They heal unkindly. There is always the tendency to invasion of tuberculosis as a sequel to prolonged low health. In persons of the lymphatic diathesis we note the tendency to hyperplasia of this system, and should recognise such subjects of lymphatism as ill-fitted for anæsthesia or prolonged surgical operations. Yet in such persons we do not discover the special irritability of the lymph glands met with in strumous individuals. In patients of an arthritic habit of body we find, on the contrary, and not seldom, a large measure of resisting power with much vitality. Thus, a gouty predisposition, inherited or acquired, proves a great security against all forms of tuberculosis, and the textures are distinctly inimical to intrusion or development of tubercle bacilli in such instances. We may often note blended habits of body in individuals, as in the case of children of a gouty father and a strumous mother, the gouty element here proving a saving grace in the offspring as aiding in resisting tuberculosis, or materially checking its progress should tubercle bacilli lodge in their bodies.

It is surely obvious that our ability to frame prognoses in the illnesses of our patients is largely dependent on a careful consideration of such matters as these. To ignore them is to lead to erroneous opinions which must damage our reputation and usefulness as advisers of the public. It would reduce our powers to the level of the veterinary practitioner who is debarred largely from any consideration of such inquiries.

THE NEED FOR CLINICAL OBSERVATION.

I would now ask where such important knowledge is to be gained. Certainly not even in the clinical laboratory, for that is no place for gathering it. Neither will bacteriology, biochemistry, radiography, or cardiograms throw any light on the matter. Needless to remark, we need, and we value, all these modern revelations at the hands of experts, but we must avail ourselves of them as affording guides to treatment, and rest assured that by themselves they do not represent all the essentials for a successful practice of medicine. They yield no knowledge as to the personality, tendencies, and inherent textural qualities of our

¹ THE LANCET, Nov. 22nd, 1913, p. 1448, Some Requirements for Modern Clinical Teaching.

² "ὁ ἱητρός ὑπηρέτης τῆς τέχνης."

patients. The equipment we need in respect of knowledge of the individuals we treat is only to be gained at the bedside in daily practice. It demands great painstaking, and it occupies much time and thought. Panel practice, therefore, will accomplish little or none of it; hence our deep regret that such essential knowledge must perforce be withheld from large numbers of our worthy brethren who cannot possibly secure it in practice of that kind.

THE INDICATIONS FOR PARTICULAR TREATMENT.

I pass now to discuss some matters relating to the treatment of patients. We do well to recognise the limitation of specific remedies and to remind ourselves that they have been discovered by simple empiricism. If we mention sulphur, cinchona, ipecacuanha, mercury, and opium we almost exhaust the list. We now know a good deal as to the nature of the specificity of each of them. Empiricism has often provided problems for laboratory research, and will continue to do so. There are few specifics for the greater number of human ailments, although we have helpful remedies to encourage recovery from most of them. We are, or might be, well-nigh distracted with the numbers of alleged specific preparations, with names far more than sesquipedalian, which are daily commended to us, mostly the products of foreign ingenuity, with attestations as to their efficacy which could alone appeal to credulous minds or novelty hunters. Yet we find that many of these are now being prescribed in preference to the approved drugs of the Pharmacopœia.

Some amongst us are keenly alive to the fact that there has been for some time past amongst us a growing disregard for our national Pharmacopœia and a spreading ignorance of its formulæ. I venture to regard this as a serious matter, for it represents a lack and contempt of knowledge which is essential for success in practice and the real welfare of the patient. I fear there are few amongst us to-day who will thus openly express such an opinion, but I will place mine on record. Many of our prescriptions are now laughing-stocks for well-educated pharmacists who have to compound them, and they must wonder at our boldness and our credulity. I am very sorry for the patients of such prescribers. I need hardly remark that we duly note the progress of pharmacy in various directions, and the improvements in many of our formulæ in the Pharmacopœia. We could wish that the pharmacists were less occupied with the distracting novelties I have referred to, and could thus give their time and attention to more important matters of real pharmaceutical interest.

Opinions emanating from the chemical and other laboratories, non-clinical, are not always helpful to us as careful practitioners. Take the case of alcohol as a remedy. We are told that it is a poison and a devitalising agent, and that it has no place for use either in health or disease. The observant clinician, on the contrary, finds it to be extremely useful for the patient. We always knew that in certain doses it was poisonous, but we also knew that persons who used it in strict moderation lived their full term of life, and left no signs of any lesions in their body, which could honestly, and exclusively, be attributed to alcoholic influence. A physician is not a pure chemist, nor is he a pure physiologist. The tolerance for certain drugs is found to vary largely in different patients. Apart from pure idiosyncrasies, the beneficial effects of

mercury in the dark-skinned, bilious, and arthritic subjects, and its less satisfactory action in the fair and strumous ones are hardly recognised to-day. Saline aperients are supposed to take its place in the former class, and mercury is now inadequately employed, or with timidity, for many patients. Not many of us have been taught, or have acquired, a knowledge of the value of sarsaparilla in large doses as a restorative remedy in many cachectic conditions. The influence of musk in sometimes turning the scale favourably in perilous conditions of pneumonia is not recognised to-day. These drugs have actually been discarded from the new Pharmacopœia about to be issued. Happily that will not prevent their employment. Our observant predecessors noted these matters, but their teaching has been forgotten or displaced. It did not issue from the laboratory, but from careful observation at the bedside and in daily practice. In regard to the use of opium, I think that we have parted with a good deal of experience bearing on its appropriate use by the mouth in many morbid states, and have come to rely too much upon one of its constituents introduced by way of the hypodermic syringe. Again, with respect to the virtues of cinchona, I think that we lose some of them by selecting so rigidly only one of its constituents for constant use.

The art of prescribing is not limited to mere convenience and rapidity of dispensing. The active principles of some drugs do not always represent the full benefits of the source of them. Those of us who have been trained in our great hospital schools know well the value of many of the formulæ set down in their pharmacopœias. They are always worthy of our regard, because they represent the experience of our observant masters who introduced or adopted them solely on account of their usefulness and power to aid recovery. Generations of their pupils have had good reason to discover this for themselves. There is no fashion or novelty in them, and many of them will, as I believe, be found helpful for all time. I have long been impressed by many of the prescriptions thus employed in the Dublin schools of medicine which have passed down from some of their great clinical masters, and still secure the confidence of their successors.

THE VALUE OF SYMPATHY.

In the best interests of the patient it is necessary for the physician to learn the art of skilled nursing as practised in these days. If he does not understand the details of this service he cannot be competent to direct the nurses who work under him. These duties can be best learned in hospitals with well-disciplined nursing schools, and it should not be neglected or ignored by the clinical clerks and dressers. It was said of one of our greatest clinicians at one time that he was equally able as a physician or as a nurse. Many of us, I doubt not, could testify to the useful teaching we have had from our hospital matrons and sisters.

We may never forget that what is termed the humanity of our profession relates not merely to kindness, gentleness, and sympathy. Our duties must take note of the specially human characters and varied peculiarities of the individuals we treat. This concerns very largely the management of patients, a great clinical art and equipment. We begin our professional work by studying Nature in all her forms, and, as Charles Kingsley remarked, "if we do not know Nature we cannot know Art."

TRUE PROGRESS.

Some of my remarks may lead you to regard me as a strange survivor of the early nineteenth century physicians, and my opinions as little available for the practical duties of to-day. I will, however, venture to remind you that real progress does not consist in wiping out the past. That idea comes from Germany. A prudent veneration for the best of what has been left to us is ever a wholesome sign of the minds that are to guide the future. Well-gathered experience will always count for much in practical medicine. Knowledge that comes too quickly and too copiously has often to be recast and modified, and the elders do good service sometimes by calling a halt for meditation, for open minds and level heads. Moderation is one of the few things that last long in this world.

Scepticism, pure and simple, never won, and never will win, anything in practical medicine, but it has led in time to wider views and a more sane comprehension of its difficulties. Credulity has been well-nigh as harmful, and it leads nowhere. As has been well said, "the wide man is the great man." There can be no narrowness in our art. So we come back to John Hunter and his methods, for we need to labour on by the light which they will ever afford. We have far greater difficulties to meet in our daily duties than fall to the lot of other workers, because we are dealing with our fellow man, an immortal soul-bearing human creature, more complex and strange than any other created being. The physician may never lose sight of this great fact, and it places him on a separate platform from that occupied by any other students of science. Ours is indeed the most human of all the professions. As I have already remarked, we welcome help from all sources of accurate knowledge conducted by experts, especially from those possessing clinical opportunities, and we must receive with caution the teachings which emanate from sources where work is carried on less for absolute accuracy than for gain or mere notoriety. We know well that medicine cannot stand still, for it is essentially a progressive art. Our motto should be "*Ausculda et perpende.*"

I have now only to ask you to consider any of my opinions in the spirit in which I have ventured to present them to you. My sole object has been to set before you what I humbly conceive to be the true relations which we ought to recognise in our practice between the patient and the disease. We must never lose a full consideration for the patient in any effort we make for his welfare and recovery, and we can have no fear that careful scientific progress and observation will fail to add to the perfection of our art.

EDINBURGH MEDICAL MEN AND COMPULSORY MILITARY TRAINING.—A discussion on Compulsory Military Training as it Appears to the Medical Profession was opened by Professor W. Russell at a meeting of the Scottish Medical Guild held in Edinburgh, on Nov. 13th. A motion was proposed that in the opinion of the meeting compulsory training was highly desirable in the interests of the physical and moral welfare of young men and for our national security, and that at the present juncture the members of the medical profession as represented at that meeting should undertake to do what lay in their power towards its attainment. Dr. Graham Brown seconded this motion, and said that we were the only nation in Europe whose men hired other men to fight for them. That was an unfair and undemocratic arrangement, because no man who was physically fit for service should be able to escape service. The proposition was unanimously adopted.

OBSERVATIONS ON MYELOID SARCOMA,
WITH AN ANALYSIS OF 50 CASES.*

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THERE is perhaps no subject in the whole range of surgical practice where the coöperation of surgeon and pathologist is more necessary than in the case of myeloid sarcoma. Not only the extent of the operation but the ultimate prognosis depends finally on the histological diagnosis, although in most instances it is possible to say, from the naked-eye characters alone, whether or not one is dealing with a case of this kind. On the other hand, a perusal of the literature shows that errors in diagnosis may be made even where the growth is submitted to microscopic examination, and this is generally due to mistaking a malignant giant-celled for a myeloid sarcoma. Although it is the usual teaching nowadays that these growths (myeloids) are of very low malignancy, there still seems to be an unwillingness on the part of many surgeons to treat them by local excision, and this is undoubtedly due, as already indicated, to the fact that in the past cases of so-called myeloid sarcoma have been reported in which death with visceral dissemination occurred at a longer or shorter period after operation.

The purpose of the present communication is to emphasise the importance of distinguishing true myeloids from other giant-celled sarcomata, to advocate conservative treatment of such cases, and to indicate the histological criteria by which the microscopic diagnosis may be made. My remarks are based on an analysis of all the cases of myeloid sarcoma, 50 in number, treated at the Leeds General Infirmary during the years 1899 to 1912 inclusive. These have been investigated from both the clinical and the pathological standpoint, but special attention has been paid on the one hand to the question of prognosis, and on the other to the minute anatomy of the growths. Much of the confusion which at present exists with regard to these tumours must be attributed to different observers employing the same words to denote different things. Thus from a study of the literature it is clear that by some authors the term myeloid sarcoma is used to indicate any form of sarcoma in which giant cells occur in large numbers, while by others it is restricted to the class which I am now describing. It will be well, therefore, at this point to define precisely the terms to be employed in the present communication.

Giant-cell sarcoma is used in its widest sense as a term to include all sarcomata in which giant cells of blastomatous origin constitute an important, it may be the essential, feature of the microscopic picture. This large class is made up of two groups of cases: (1) the *myeloid sarcomata*, myelomata of some authors; and (2) the *malignant giant-cell sarcomata*. Probably the bulk of the latter could be described alternatively as polymorphous cell sarcomas containing giant cells, especially as one can usually find cells of all sizes, from the smallest to the largest; but in a certain number of cases the giant cells are so abundant and so striking that the employment of a special term, malignant giant-cell sarcoma, seems not only warranted but

* A paper read at a meeting of the Leeds and West Riding Medico-Chirurgical Society.