Address.

THE DIGNITY OF MEDICINE.*

BY IRA J. PROUTY, M.D., KEENE, N. H.

ANOTHER year has rolled around and been added to the life history of this society. Every passing year brings its changes which are noticeable at our annual gatherings. The familiar faces of those long in the ranks are missed one by one, while new countenances are seen, and new voices are heard in discussion and around our banquet board.

I am not unmindful of the honor you have conferred in asking me to preside over this venerable society, for it certainly is an honor to occupy the executive chair which has been so ably filled in the past by men who have achieved national and even international reputation. As I have looked back over the years of more than a century that mark the life of the New Hampshire Medical Society, and have considered the work accomplished by the thoughtful, earnest men who have spent their lives in riding through summer's heat and winter's blasts, over the hills and across the valleys of our rough yet productive state, on their mission to relieve suffering humanity, a feeling of regret has come to me that no more records of their lives and works have been left by them to help and encourage those of younger years.

Our society was the third state medical society to be incorporated. It has on its long list of members nearly all the names that have been prominent in our medical annals. It never has been in such a prosperous condition as at the present time; all of the ten component societies are doing good work in furthering the cause of scientific medicine. I have visited during the past year several of these local societies and have been impressed by the seemingly good fellowship that prevails and the interest taken in the work, as evidenced by the papers and discussions.

There is still missionary work for us to do, for there are two hundred or more physicians in the state who should be added to our already long list of over four hundred. The north county society is the banner one of the state, having the largest percentage of members in proportion to the whole number of physicians in Coos County.

In the early days of the New Hampshire Medical Society and before, the doctor and the minister were looked up to by every one in the community as standing on a higher plane in the possession of knowledge. The parson, with his long straight coat, high cut vest, and sanctimonious bearing, and the doctor, calm, dignified, and always carrying his mysterious leather bag, made the people of the New England village stand in awe of them. Hawthorne has given us in "The Scarlet Letter" a singularly truthful picture of the old-time doctor: "Made up of earnest, studious, thoughtful, quiet years, bestowed faithfully for the increase of knowledge, faithfully, too, for others, caring little for themselves, kind, just, true, and of constant, if not warm, affections."

* President's address before the New Hampshire State Medical Society, Concord, N. H., May 16, 1907.

To-day all this is changed. The people have become better educated, especially in matters pertaining to their own health (although there is still a chance for vast improvement in this direction), so that there is not the difference between the professional man and the community at large that there was at one time. The times have changed; conditions of practice have altered and are altering rapidly. When we look back into the days of old, we find that the ideals which inspired medical men then are our ideals to-day — ideals which are never old, yet always fresh and new.

The custom of opening our meetings with a general address is an appropriate one, for it affords an opportunity to discuss some topics which, although not strictly scientific, are of deep concern to each and every one of us. It is well at times to take a somewhat general survey of our profession, to study its tendencies, and get if possible a clearer vision of what should be its aims and ideals.

I ask your attention for a few moments to the subject of "The Dignity of Medicine."

I suppose no one in this audience will for a moment maintain that our profession holds the position to-day that it did when this society was young. The doctor is not looked upon as he was in the days when he entered the door with his saddlebags or when his sulky turned in at the gate. I desire to speak of the dignity of medicine as shown by its beneficent work, as a great social power in any community, and as spreading everywhere a wholesome influence. This is the particular dignity which appears to me to have declined in recent years and largely ceased to inspire the respect which is due to it. It rests with you and me to help to recover and reconstitute this dignity which in a measure has been lost. Whatever the explanation of the fact, for fact I believe it to be, there can be no doubt that any loss of appreciation of it or prestige is not due to decadence or inefficiency in the service of medicine itself, for the progress has been greater and more beneficial to humanity within the last few decades than during the previous two centuries. We notice on the part of the public either a spirit of indifference or a disposition to be over-critical. The proofs of this are lamentably notorious. The inadequate provisions made for measures of public health, for the prosecution of research, and for the sanitary services generally, all bear witness to a mistrust of the high aims of medicine and an indifference to the unselfish and ill-rewarded labors of our profession. The humane efforts fail to impress people of enlightenment any more than those of ordinary intelligence. Often our most prudent advice is treated with suspicion, and the advisers, although experts in their subjects, receive little serious attention. It might have been expected that with the progress of education there would be a corresponding interest in, and a growing appreciation of, the value of medical science in all communities. The discussion of medical subjects in the public press, instead of enlisting intelligent sympathy with the efforts

of our thinkers and workers, rather tends to place our patients in a wrong attitude towards their medical advisers, and induces a mood which sometimes seriously hampers the treatment of their ailments.

The relations between intelligent patients and physicians are not as satisfactory now as they used to be, and there is apt to be less confidence, if not at times an actual mistrust, on the part of patients which assuredly does not work out for their benefit. The fault must either lie at our own door and concern us individually or it must be a sign of the spirit of the age in which we are living. Thus even modern medicine with all its advantages, improvements, and enlarged resources stands before the public shorn apparently of much of its dignity and the appreciation it formerly enjoyed. A measure of dignity has been accorded to the Church, to the Law, and to Physic, and, as I have said, the latter, in more recent years, has not kept its place. I am almost sure that the former do not continue to hold their places as they once did; we are not, however, concerned with them; they can look out for themselves. It may be that there is a common cause for a decline in the public estimation of all these professions.

There are problems facing us to-day, the solution of which will raise or lower the dignity of our profession in the eyes of the general public.

In his individual capacity the doctor has not been found wanting. Wherever you may go in civilized lands, the physician will be found self-sacrificing, patient and charitable, upholding the honor and dignity of his noble calling. Collectively medical men do not have that influence which we might expect and without which great movements for the welfare of humanity cannot be carried on. A lack of unity has prevented a realization of our hopes, and if we gain and maintain the pre-eminent position to which we are entitled, we must unite for the common good. The present organization of the New Hampshire Medical Society and of the American Medical Association is but a beginning; we must further the interests of these bodies unselfishly, not for ourselves alone, but that we may better fulfill our sacred obligations to mankind.

The people must be educated to a point where they can understand the broad humanitarianism of modern medicine. Society fails to appreciate the priceless gifts to mankind made by preventive medicine and sanitary science. We have failed to secure the support of the mass of the people to much needed sanitary reforms because we have appealed to them as one individual to another without the weight of an authoritative organization.

This great association of medical men is a pregnant fact, and ought to be a powerful active factor in moulding public as well as professional opinion into such lines as should be conducive to public and professional interests. For while with us professional interests must naturally take the first place, it should never be forgotten that the main purpose of our existence as a profession is

for the public advantage, and from such a point of view all our actions will be estimated by the world at large. The time has come for the public to be taken into our confidence; if we wish better results we must enlighten the people, for with them lies the final word.

The dignity of the profession, its social and political position, will be materially enhanced when the bonds of fellowship are drawn more closely than they have been in times gone by. When the bulk of the members of the profession take the view that in union there is strength, the means of achieving more complete and practical fusion of the various elements which are now too far sundered will be readily found. Our state society is a representative of the great idea of the unity of medical science. Here we meet on common ground and each member learns from the others and takes home with him to ponder over and use again what he has received from the common stock. Each one of us in our living should seek as far as possible not to forget that as the arteries permeate the whole body and are in uninterrupted communication with each other, so we can only maintain the integrity of medical science by keeping in view the intimate relations and mutual bearings of all the various departments which go to make up the unity of the sciences. The benefits accruing from a large society are many, not only to its members, but to the community at large. When there is the largest attendance and interest there is the greatest degree of unity and good fellowship which is essential to the dignity and usefulness of the profession.

The influence of this society, if judiciously used in establishing and maintaining relations of confidence between the public and our profession, is certain to increase, and when important subjects are under discussion it will be for you, remembering that you are citizens first and doctors afterwards, to formulate your views on the essential points at issue, and then to give a long push, a strong push, a push all together. If we would have our profession respected, we must respect it ourselves by never speaking of it lightly, slightly, or in a depreciatory manner.

If the medical profession were composed of men of less charity and forbearance, an unappreciative public would be left to their own impotent endeavor to solve the problems of sanitation and protective medicine. Is it any wonder that there is a tendency on the part of some to abandon a thankless undertaking, for it really seems sometimes that in spite of our most loyal efforts it will always be "truth forever on the scaffold, wrong forever on the throne." Why the populace as a rule are less responsive to concerted action on our part than to individual effort can, in my mind, be explained only on the ground that when physicians band together for any accomplishment, even if for the health and sole welfare of the people, they are regarded as a trust, and the public generally is antagonistic to organization.

Compare this prejudice to medical organization with the general approval with which our

commercial bodies are regarded, and the result of such comparisons is almost disheartening. If a board of trade indorses certain legislative enactments for the protection of the financial interests of the community, the masses of the people have sufficient confidence in the integrity of such a board as wisely to rely on and be governed by its indorsement. The press will at once come to its aid and if need be a fund is created for the enterprise.

Let a medical organization, on the other hand, originate or indorse measures which have a vital bearing on the health of the same community and to whom will it look for support? The press is often subsidized by advertising charlatans, and the people, instead of according us their real support, are either indifferent to our efforts in their behalf, or are ready to rise in denunciation of our most honest purposes. The same confidence that is given us as individuals is denied us as an organization. It is our duty to create a healthy public sentiment, to educate the people to realize that we are striving to help them. Throughout our entire country I do not believe there is a law on a statute book passed at the instigation of the medical profession that is not productive of more benefit to the masses of the people than to the physicians themselves.

The unity which has long been desired by many for the profession at large is a unity without uniformity, a bond which allows of the freest individual development, while it serves only as a check to any outgrowths calculated to harm the commonwealth or to injure the neighbor. Such harm or injury may result from sins of omission as well as commission. It is important that in all we do or attempt to do, either as individuals or in combination, we should be studious to avoid, even in appearance, everything which might seem to the non-professional mind to savor of professional advantage, and we should never forget that we are professional men and not tradesmen. Not being wage-earners, we may guard ourselves against being misled into following the methods of those who at times are working for ends which appear selfish and from motives which sometimes seem unworthy.

The quarrels of doctors make a long chapter in the history of medicine. The larger quarrels are becoming less and less intense, and during the last century no new one of moment sprang up, while we can safely predict that in the present century, when science has thoroughly leavened the dough of homeopathy, the great breach of our day will be healed. In too many communities, both large and small, miserable factions prevail, while bickerings and jealousies mar the usefulness and dignity of the profession. Most of the quarrels among doctors are about the non-essentials, small trifles and annoyances — the pin pricks of practice — which perhaps would have tried the patience of Job himself.

The county society or local doctor's club is as professional cement. The meetings in a friendly, social way lead to a free and open discussion in a spirit that refuses to recognize differences of

opinion. There is no room for envy, hatred, malice, or uncharitableness. By such gatherings there is brought about an attitude of mind which becomes habitually friendly, and a little of that old time courtesy and dignity which makes a man shrink from wounding another, especially a professional brother.

Much time has been spent uselessly in years gone by in formulating codes of ethics to govern physicians in their attitude towards each other. We should act as one gentleman naturally would to another. Rules and codes of ethics are only necessary for those who have not the instincts of gentlemen. To lay down rules for conduct in their relations with one another is puerile. It is sometimes required to tell bores how to imitate. Their effort at imitation is laudable but always transparent. As Herbert Spencer has well said, "Righteousness expresses of actions what straightness does of lines: and there can no more be two kinds of right action than there can be two kinds of straight lines." The rules for our guidance can all be summed up in that one great and golden rule laid down centuries ago, — "Whatsoever ye would that men should do to you, do ye even so to them."

We must not be surprised if we provoke misgivings on the part of the intelligent public as regards our level headedness and our honesty when we express dogmatically opinions regarding matters and life which are in plain contradiction to all experience and common sense. As in other professions we have in our ranks so-called "fad-dists" and it must be that they bring reproach upon many others besides themselves. It is not always easy to refute in public such opinions and conduct as I refer to, and most of us have sometimes to fall back on the wise dictum of Bishop Andrews, that "he who tolerates does not necessarily approve." We may be sure that anything approaching extortion or greed must seriously injure the respect which is due our profession.

The dignity of our profession is lowered when a physician's services can be bought at wholesale and peddled out at retail to further commercial ends, thus enabling canvassers and looters to catch members who are overpleased at being led to believe that they will be able to obtain good medical attendance upon the payment of a few dimes per month. It can only be regretted that there are among us such men who will be so misled as to sell themselves to such task-masters and to undertake professional work which they must know is not likely to be of much service to the public upon terms which they must feel cannot be remunerative to themselves. Some of you may say, "This is business." Weir Mitchell well says, "We are not business men; we belong to a profession and sell that which no man can weigh or measure." He further expresses the same thought: "How difficult it is for us to comprehend these men who are born and bred in a commercial atmosphere. They have set ideas and utter absence of tastes or pursuits outside of mere money making. They seem to have in life no other game."

Although, as has been said, we should not make our profession a trade, yet we certainly can, in a dignified way, stop being imposed upon by insurance companies, corporations, including hospitals and individuals, and under the so-called mantle of charity be defrauded out of our just dues. It is not the poor man with the family that asks the doctor to discount his bill, but very often the corporation or man with a good salary tries to impose upon us. We should willingly and at all times give our services to the truly worthy poor, but it must be left to us to decide who are worthy.

The greatest impediment to the dignity and progress of our art is now and ever has been the astonishing credulity of mankind in everything to which mysticism lends its false illumination. The glare of mysticism is too often mistaken for the light of science. In the words of a former president of this society, "Whatever is mysterious, or in the least partakes of the supernatural, forms no part of scientific medicine." "Knowledge comes, but wisdom lingers," and in matters medical the ordinary citizen of to-day has not one bit more sense than the old Romans, whom Lucian scourged for a credulity which made them fall easy victims to the quacks of the time, like the notorious Alexander.

Matthew Arnold defines charlatanism as the "confusing or obliterating the distinctions between excellent and inferior, sound and unsound or only half sound, true and untrue, or only half true." Napoleon one day, when somebody was spoken of in his presence as a charlatan, said: "Charlatan as much as you please, but where is there not charlatanism?" There certainly are charlatans and quacks outside of the profession, and must I say inside as well? If we of the household are not free from charlatanism and quackery, what of the people among whom we work? From the days of the sage of Endor, even the rulers have loved to dabble in it, while the public of all ages has ever revelled in its methods, — to-day as in the time of the Father of Medicine. Plato thus sketches the world-old trait: "And what a delightful life they lead! They are always doctoring and increasing and complicating their disorders and always fancying they will be cured by any nostrum which anybody advises them to try."

All departures from the accepted methods of healing, the breaking away from the conservatism and practices of the past, are not easy. We were schooled with the view that drugs were all-powerful, and consequently have allowed the dignity of our profession to become lowered by not investigating, until within the past few years, the use of remedies that are not drugs. The use of non-medical curative measures has been made prominent by such noisy pretense of skill in their use that reputable physicians have hesitated to take interest or to have confidence. The use of the various forms of electricity, hydrotherapy, massage and diet were practically under the ban, yet to-day we are beginning to see that they are among the most valuable remedies we possess.

We should always bear in mind Sydenham's rule, "Whatever is useful is good."

A great feature of modern medicine is the return to psychical methods of treatment, the success of which depends upon the faith of the patient. There is a place in medicine for the practice of systematic mental therapeutics; and by the study of the subject and the employment of it in a dignified way, will result in its being taken out of the hands of "mental healers" and the like, just as the profession took surgery out of the hands of barbers and pretenders.

Faith is the great lever of life; without it, man can do nothing. Faith in us, faith in our drugs and methods, is the great stock in trade of the profession. Galen said: "Confidence and hope do more than physic,—he cures most in whom most are confident." That strange compound of charlatan and philosopher, Paracelsus, encourages his patients "to have good faith, a strong imagination, and they shall find the effects."

We often overlook or else are ignorant of our own faith cures, and are very sensitive about those performed outside the ranks. We must not expect to have a monopoly of this panacea, which is as free as the sun, and which may make every one in certain cases, as was the Lacedemonian of Homer's day, "a good physician out of Nature's grace." Faith in the gods or in the saints cures one, faith in little pills another, hypnotic suggestion a third, faith in a plain common doctor a fourth. The cures in the temples of Æsculapius, the miracles of the saints, the remarkable cures of those noble men, the Jesuit missionaries, the modern miracles at Lourdes and at St. Anne de Beaupré in Quebec, and the workings of the so-called Christian Scientists (no science and very little Christianity) are often genuine and must be taken into account in discussing the foundations of therapeutics. In the words of Osler, "The faith in which we work, the faith, indeed, which is available to-day in everyday life, has its limitations. It will not raise the dead, it will not cure cancer or pneumonia, or knit a bone; but in spite of these restrictions faith is a most precious commodity, without which we should find ourselves very badly off." The faith healing in these days, which goes under the euphonious name of Christian Science, is nothing more than mental suggestion. "The patient is told to be calm and is assured that all will be well; that he must try to aid the healer by believing that what is told him is true; the healer then quietly but firmly asserts and reiterates that there is no pain, no suffering, that it is disappearing, that relief will come, that he is getting well." A recent writer has pointed out that the growth of so-called Christian Science is that which underlies every popular fallacy. Oliver Wendell Holmes outlined very clearly the factors concerned, showing how easily abundant facts can be collected to prove anything whatsoever; how insufficient exalted wisdom, immaculate honesty, and vast general acquirements are to prevent an individual from having the most primitive ideas upon sub-

jects out of his line of thought; and finally demonstrating the boundless credulity and excitability of mankind upon subjects connected with medicine.

There is no profession whose members are less trammelled by precedent, tradition, or prejudice than ours. Every one of us is free to choose his own methods and remedies. No rulings or creeds limit the application of our logic; no councils instruct us where to go for facts. We can go contrary to all usages and introduce revolutionary methods, and the profession welcomes our work if only it is justified by results. In using remedies that are not drugs, and I may say those that are, we must not think one is a cure-all, using it for all the ills that flesh is heir to, for if we do we are resorting to the same quackish methods of those from whose hands we have wrested these remedies.

The practice of medicine is an art, based on a science, working with science, in science, for science; it has not reached, perhaps never will, the dignity of a complex science with exact laws, like astronomy or engineering; but with the records made in the laboratories it is becoming more exact year by year. We must not rely entirely on the men behind the 'scope. An oft quoted saying of Bismarck's is, "Politics cannot be made in the laboratory: they have everywhere to do with human doings." In an analogous manner we may well say "that medical science cannot be exclusively made in the laboratory; it has always and everywhere to do with human beings." Dr. L. Emmet Holt has recently well said, "The men of the laboratory to-day dominate medical thought. They form sort of an oligarchy, to whose decrees those who study medicine at the bedside only must needs submit, often with a subconscious feeling of their own inferiority. I cannot myself resist the opinion that the man of the microscope and culture tube just now occupies a place of too great importance, at least in the minds of the medical student and younger practitioner."

Nothing has given a greater uplift to medical thought and practice, and especially to diagnosis, than the laboratory. Its aid is indispensable, but it has its own proper place. The work done at the bedside has, I am sure, been undervalued, and as a natural result the pendulum has begun its backward swing, and from both sides of the Atlantic come voices cautioning against the undue magnification of the laboratory at the expense of other aids to diagnosis. Cabot has well said, "After the student has learned to open his eyes and see, he must learn to shut them and think." The object of all medical science is to help and to heal, and the object of all medical, artistic and scientific thinking is therapeutic thinking. The peculiar problem that confronts us as physicians is not so much the disease as it is the diseased patient, and the significance of medicine is to be sought in this object, — to protect the highest possessions of human beings, life and health.

We must ever study at the bedside and not rely wholly on the findings in the laboratory.

The knowledge acquired by both is the only practical knowledge. One is almost useless without the other. The alpha and omega of practical medicine is well expressed by Froude: "The knowledge which a man can use is the only real knowledge, the only knowledge which has life and growth in it, and converts itself into practical power. The rest hangs like dust about the brain or dries like rain drops off the stones."

Those of you who have recently entered the profession will find as those longer in the service have found that Bunyan expressed it only too truthfully when he said, "It happens to us, as it happeneth to wayfaring men: sometimes our way is clean, sometimes foul: sometimes up hill, sometimes down hill: we are seldom at a certainty. The wind is not always at our backs, nor is every one a friend that we meet on the way."

Let us strive as individuals and as a society for the honor and dignity of our profession, impressed by the importance of the problems which we as its ministers have to solve. In this we but follow out the aims and ideals of those who have gone before and blazed the way.

Original Articles.

THE THREE LONG-CONTINUED FEVERS OF NEW ENGLAND.*

BY RICHARD C. CABOT, M.D., BOSTON.

Members of the New Hampshire Medical Society:

MR. PRESIDENT: I wish first to express my gratitude to you for asking me to be present here, and to say that I am very sensible of that honor. I wish also to congratulate you upon the address to which you have just listened, to which I have listened with great pleasure and with most cordial agreement. I should like to refer particularly to the concluding portions in which your president has referred to the limitations of certain methods commonly classed as laboratory methods. I fully agree with him as to the limitations of those methods and as to the necessity of their being controlled always by bedside knowledge of the case.

I have chosen the subject which I am to put before you to-day because it has impressed itself upon me considerably in private work and in hospital practice, that there are in New England but three long, common, continued fevers, and also that there are some of the profession who do not realize this fact. I have spoken of my proposed address to a number of my colleagues in Boston, and most of them wondered what those three fevers would turn out to be. As long as that is so, and as long as the facts show that considerably over 90% of all long-continued fevers are due to one of three diseases it seems to be worth while to emphasize the point, to insist upon those three fevers and to speak of their diagnosis.

I must first define my terms. By "long fever" I mean a fever which lasts two weeks or more.

That usage is arbitrary, but for the purposes

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