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ADDRESS.

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Read in the Section on Neurology and Medical Jurisprudence, at the Forty-seventh Annual Meeting of the American Medical Association, held at Atlanta, Ga., May 5-8, 1896.

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This Section of Neurology and Medical Jurisprudence has reached a position in the department of medicine of intense practical interest.

Every practitioner is confronted with questions of neurology, and the legal relations and possibilities which are constantly springing out of the present conditions. Nerve strains and drains, and vast complex states of neurosis are increasing yearly. Half a dozen text-books and a score or more of pamphlets, and monographs have been published in English during the past year, exclusively on nerve diseases.

This is only a small part of the literature which is appearing in journals devoted to this specialty, and in society reports and general journals of medicine.

The topic of medical jurisprudence has been enriched with at least four encyclopedic volumes, and over a dozen separate works and almost innumerable papers, lectures, essays, reports of cases, and the renewed activity in the many societies devoted to this special study. Literally a new field of medicine is coming into prominence.

To the average practitioner there is something appalling in the significance of these topics. That is their magnitude and intricate relations to the every day practice, create a feeling of despair in being able to understand and apply the facts which are becoming so numerous.

In neurology the impression has been fostered, that only specialists with laboratory experience and facilities for accurate measurement and tests of the nervous system are able to judge wisely of these cases. This is wrong. Neurology is a general topic, to be studied by both the specialist and general practitioner.

The specialist with his means and appliances for exact scrutiny of the phenomena of nerve disorders, approaches it from one side; the practitioner with his observation of symptoms, and comparative study and grouping, from the other. Both may reach conclusions in harmony or differing widely, or both be in error.

Not unfrequently the specialists will make a diagnosis based on the readings of instruments of precision, and mechanical studies of phenomena of nerve action, that is not confirmed by the subsequent history. The general practitioner, will study the symptoms of the same case, and make a correct diagnosis from a comparison and study of appearances. This indicates that laboratory training and researches are not the absolute essentials for skill in diagnosis of nerve diseases.

I think the great demand in medical training to-day

is to teach how to observe accurately, and how to estimate and compare the results of observation. In nervous diseases more than in other branches the symptoms point to some local or general lesion and it is the meaning of these "distress signals" that will enable us to understand the disorder present. The mapping of certain symptoms and the reasoning of their meaning is simple enough, but their verification from repeated studies and confirmation by time and events is the final test. I think neurology and jurisprudence require more accurate observation of symptoms, and a higher degree of analytic skill and judgment than in any other problems of disease. Instruments of precision and laboratory researches are limited, but the approach from the clinical side, tracing back objective and subjective symptoms to their first causes, requires the highest type of pure reasoning and judgment. Neurology carries us beyond the boundaries of gross material life.

The defects of nerve and nerve fibers and their relation to each other, are practically a very small part of the subject. The realm of the psychical is still an unknown continent, and yet its laws and forces appear in every case that calls for treatment. Preventive medicine, the germ theories, the mysteries of chemic physiology, and all the vast range of "new lands" which are opening up before the student, are insignificant compared with the unknown power of mind, brain force and what is called nerve energy. No one can plead incapacity to work in this field. Its facts are everywhere open to observation.

Every person carries in his individual mental life mysteries, the solution of which is of the highest importance to the race. The mental and nervous element in disease, in injury, in surgical operations, the changes of mind and its influence over the body, the meaning of the phenomena of hysteria, and the terms *neurasthenia* and the constantly increasing names of symptoms of brain failures, are all "polar regions of mystery." We are confronted with the fact, that the present treatment of crime, insanity and drug manias by legal methods has not kept pace with the march of science. That the densest superstition prevails in the practice of the courts, and medical men are called on to harmonize the errors of the past with the teachings of the present. Who will wonder that expert testimony of this character will fail, and fall into disrepute. The jurisprudence of to-day can not be a modern edition of past medical theories and teachings of science. It must be founded on new facts of mind and matter, new discoveries of the relations to environment and human life, and the new physiology and psychology of the brain. Every year our relations become more and more complex. The demands for new adjustments of life and living call for new energies and create new sources of exhaustion. The brain and nervous system falters and retrogrades and the legal relations change. Out of harmony with the environment

clashing with existing conditions requires a new jurisprudence and new conceptions of responsibility and duty. Neurology is no longer the field of the specialist; it belongs to general medicine, to the country and village physician, to the city practitioner, and comes into the realm of every student of medicine.

Jurisprudence is equally broad in its requirements and application to every day life. If you will study the program of the several Sections you will notice how intimately neurology has become associated with the ever varying topics of medicine. If you will turn to your individual experiences and present conditions, and inquire of the mental phenomena, which is ever pressing for solution, some conception of the subject will dawn upon you. The study of the mental phenomena of neurology promises more startling discoveries than in any other field. The time has come for every student of medicine to assist in clearing up this realm of mystery and superstition. The quackery, humbug and delusions which infest these unknown phenomena of mind and matter will pass away. When neurology comes into general science, when jurisprudence become an exact study founded on certain definite facts, then the injustice and odium of the present will pass away. Our individual duty is to note and examine the phenomena of mentality and the various states of brain and nerve action and seek to discover laws which control them, and the causes and conditions which govern their origin and progress. The one central fact should never be forgotten, viz.: All nerve phenomena, and brain activities are the operation and manifestation of fixed and definite laws, whose movements are as exact and uniform as the stars above us.

In this confusing whirl of brain and nerve force, there is no accident or chance. All normal and abnormal manifestations spring from definite causes which may be known and anticipated. It would be reckless to deny the possibility of stamping out nerve and brain diseases in the future with the same certainty that the germ diseases are prevented. It is simply a question of knowledge of the facts which is the highest province of science to point out.

ORIGINAL ARTICLES.

THE BEST METHOD OF TEACHING GYNECOLOGY.

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At the last meeting of the AMERICAN MEDICAL ASSOCIATION there was some discussion relative to the best method of teaching the different branches of medical science. If this subject received attention, as far as gynecology is concerned, I have yet to see a report of what was said. I believe, however, that the usual method of teaching this comparatively new and certainly very important department of medicine fails of its purpose in many instances.

The primary object of a medical education is to train the faculties of observation and then to teach the application of peculiar knowledge for the alleviation of distressing symptoms and the relief of the responsible pathologic conditions. The task is most complicated, and it is not surprising that in many instances the student, who, perhaps, has passed a bril-

liant examination, fails ignominiously when confronted with the exigencies of actual practice.

Perhaps the fault is not exclusively his. Perhaps the medical education he has received, while teaching him many facts, has not taught him how to apply them. Perhaps, in the attempt to teach all that is known, too little effort has been taken to teach how to make use of knowledge. Too often it is forgotten that the science of medicine finds expression only in the application of the art.

Gynecology has been defined by Sænger as the surgery of the female genitalia. It is, however, much more than this. It includes a knowledge of venereal diseases; it must take into consideration diseases of the bladder, ureter, kidneys and rectum; as a matter of fact it often comprises all operations within the pelvic and abdominal cavities, and for its proper understanding the principles of obstetrics must have been mastered.

Before commencing the study of this extensive and important department of medical science it is obvious much preliminary work must be done. Anatomy, physiology, bacteriology, pathology, uranalysis, venereal diseases, obstetrics and general surgery must first be studied in detail. To minds thus fortified by a definite knowledge of medical facts, trained to processes of analysis and capable of logical reasoning so that sensible deductions may be made from true premises, the teacher of gynecology must endeavor to appeal so that the student having eyes may see, having knowledge may understand, and having common sense may appreciate at its true value what he sees and understands. He should not only be taught what to do but why he does it. The teacher, being necessarily a man of experience (otherwise he should not presume to teach) will have favorite methods which he will advocate. He should not, however, fail to remember that his individual methods are only of value if the reasons which induce him to resort to them are sufficiently apparent to demonstrate their superiority. His duty to the student is to explain *all* well recognized methods of procedure and to compare their value not alone in connection with the case under consideration, but in reference to other similar cases as well.

Text-books at best can give but a general idea of gynecology. I do not condemn their use. On the contrary I believe the systematic study of some manual to be advantageous. It teaches what to expect and, in the hands of an expert quiz-master, such a book unquestionably aids in the acquisition of indispensable facts. The peculiar tasks of the teacher of clinical gynecology can not be supplanted by any book or by any system of recitation. The Fröbel method of instruction is particularly necessary in imparting a knowledge of gynecology. Manual training is here indispensable. During his student days the medical man must be taught to see what there is to be seen and to perfect his sense of touch. Otherwise his teaching is superficial, his knowledge imperfect, and as a rule the result of his practice most deplorable.

To explain what I consider to be the best method of teaching gynecology it is perhaps preferable to refer to hypothetical cases. The women who serve me as subjects for clinical instruction are either ambulatory patients, able to be up and about, often able to work, or bed-ridden patients, incapacitated in consequence of some acute or chronic indisposition, often of a serious character.