Lecture.

INTRODUCTORY LECTURE AT UNIVERSITY BELLEVUE HOSPITAL MEDICAL COLLEGE.

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THERE are few greater pleasures, I believe, than to speak to a thoroughly sympathetic audience when one knows something and wishes to tell it. Such is my attitude towards you, young men, who are working in a great career, if properly understood by yourselves and by the public.

I come before you as Clinical Professor of Medicine. I have, therefore, to do with a big subject, well worthy of the highest ambition of the best medical man to excel in. To teach it well, one should have very many great and good qualities; to teach it as it has been taught, and is still being taught by a very limited few, one should be *facile princeps* amongst his fellows.

What are, or rather should be, the relations of clinical medicine to the different specialties and even to general surgery itself? In my judgment, it should, so to speak, embrace or include them all. Not that I mean to say that any one man can familiarize himself theoretically or practically with all that is known of these divers branches. That is simply out of the question and Utopian.

But on the other hand, the honored professor of clinical medicine should be sufficiently familiar with the different special branches to be able to give a final and wise judgment as to what to do or not to do in nearly every case, and in the event of particular interference to say at what point or time an arrest of treatment may properly be advised. This has long been my position and it remains so; only with firmer conviction as to its great usefulness to the public and to the profession.

Later, I am convinced, when real knowledge of medicine and its higher aims is more generally disseminated and recognized, individuals and families will select their practitioner as the sensible ones to-day do their business advisers. First of all on account of high personal character and absolute rectitude above and over all; then education and opportunity will be considered; then brains; then that quality of heart and hand which obliges a man to do right, and in a kindly, sympathetic way, as well as merely to think straight.

The study of clinical medicine is continuous; it never ends. New knowledge comes every day, and this has to be valued and tested, the good wheat to remain and be cultivated, the chaff to be thrown away, gotten rid of, disregarded. Therefore your motto should be with one of my old French masters, "*Le travail, le travail — toujours le travail.*" Besides, from the clinical standpoint, cases always differ. No two patients are ever precisely alike. In a sense there is no such thing as a *disease*; there is invariably a

person affected with a disease. Thus we see that while the textbook, or the clinic may provide a description of one or many forms of a given complaint, there are other forms not touched upon; at least the program is incomplete during many long years.

Admitting, in general, we may ere very long find all the types, and familiarize ourselves with them, of various phases of a known disease, we would still have differences depending upon the personal equation, *i. e.*, habit, occupation, temperament, environment, etc., which are as variable as the features, the manners, the sympathies, the qualities of mind. Hence we see that supposing our mere diagnosis is correctly made, in so far as the recognition of a particular disease is concerned, yet the differential diagnoses may still be far from complete, and the prognosis and treatment in reality a more important and difficult subject, although often too much ignored, may rarely be exhaustively treated in individual instances.

With each successive year, I come before my class with a keener appreciation of my own limitations of knowledge, and of how little informed I am practically in certain directions; notably in the more advanced work of the microscopist, the chemist and the bacteriologist. In these lines I must turn, and do so gladly and cheerfully, to the younger generation of physicians for help and guidance. I feel fortunately that I am still appreciative and perhaps possessor of anterior knowledge of these subjects sufficient to enable me in many instances to weigh their value and determine their direct importance when applied to the estimate of a particular patient under observation and treatment.

These clinics before the entire class, and in the college building particularly, have their necessary deficiencies and limitations. In the first place, as you know, our cases are ambulant cases. They come to the dispensary, are seen one or more times by my assistant, and if they present points apparently of interest, they are later brought before the class. Frequently I am unable, in the nature of things, except for a short time or at all, to see the patient in advance; consequently, personally know them only imperfectly. I am of course speaking wholly from the medical side. The salient features of the cases, partly by reason of the information given me by my assistant, partly through my own observation before the class, are considered as carefully before you as circumstances and time permit.

On the other hand, there are numerous modifying, ambient conditions affecting each case, to which I can only refer in a few words, or am obliged to pass over in silence because of lack of accurate available knowledge.

Again, I do not believe mere physical examinations in their entirety and minutiae can be profitably taught to a large class, by the clinical professor. This is work now assigned to section teaching in a great measure, and very properly so. In the sections with a relatively small num-

ber of students, each student has the opportunity to palpate, percuss, and auscultate, in the various disorders of the heart, lungs, or abdominal viscera, which may be seen outside of hospital wards.

Again, in a limited way, affections of eye and ear, throat and nose, genito-urinary organs and nervous system, may be observed, commented upon and treated. Don't delude yourselves and don't remain under false impressions! There is a very great deal that can be learned only in hospital wards, and in following up cases from day to day, noting changes which occur, the onward progress or arrest of disease and the treatment with alterations and modifications, which new conditions and symptoms render constantly imperative.

A word in regard to the teacher himself. Each professor has his personality; each man will teach according to his own methods and appreciations, provided, of course, he is worthy to fill the place to which he is appointed. Of course he will follow more or less closely certain fixed lines of instruction which may remain unchanged for periods of time, but while this is true, his manner of questioning or examining a patient, his mode of thought, his emphasis of special features of the disease, the importance and bearings thereof, and the conclusions theoretical or practical to be deduced therefrom, are all more or less his own. What you may and can profitably learn from one man lecturing on a given subject, you will not learn in quite the same way from another. But that does not mean to say that the instruction is not equally valuable from both.

Again, the attention is riveted in a different way upon different men. Some professors are precise, cold, deliberate; but their profound knowledge of a subject, their accuracy, their poise, their truth, make amends for coldness and it may be almost stolidity. Other men less profound, perhaps, less prone to see and dwell upon minutiae, less well balanced at all times in forms, expressions and presentation of facts, have a great attraction in their personal teaching. They are warm and enthusiastic, filled with certain aspects of their subject, which they insist upon and illustrate in ways most taking and suggestive. Such men's teaching must be supplemented usually, to be well rounded and perfect, by the knowledge acquired from books and extensive reading at home. But they have their great value. Their enthusiasm, their honest convictions expressed in no uncertain terms, hold the class almost spell-bound for the while, and the lecture room becomes a delight and a longing. The words, the instruction of such men remain; they are rarely or never forgotten, even in after years when the college benches have been long left behind and the whilom listener has grown gray in the service of his fellow men. I take it that just here remains, and ever will, the inestimable something, the intrinsic power and worth of the spoken word over the written statement. Things written and studied in books are soon forgotten and must be studied again and again,

to keep the mind awakened and refreshed. Things spoken, despite the old Latin dictum, "*littera scripta manet*," stand out clearly before the mind's eye, and in times of stress and emergency come forth like beacon lights to help, guide or direct. But in order that this may be so the teacher must always teach the truth as he understands it, unwaveringly, unflinchingly, with trust and hopefulness, in the spirit, like to that of the immortal Harvey. Ultimately, such doctrine from such a source will surely prevail; and why? because it rings true to all men all the way along the line.

A word for the general practitioner and the modern, superabundant specialist. All honor to both. But let us look for a moment at their dividing lines. The one perfecting himself in a single limited branch, the other devoted to all; the one working hard, no doubt, but with many spare hours for self, for home, for relaxation: the other the constant servant of the public in time of trouble and sorrow, of fear and panic, the guiding hand to all, when doubts and anxieties and carking care are present. He it is who carries his own and all others' burdens, and does it willingly, cheerfully, bravely, until tired out with age or disease, and even at such times is rarely known to halt or stop completely, in his Christ-like service to men on earth. He ushers them in upon it, when woeful accents of motherhood about to be make most urgent appeals and cries; he folds the hands, gives the last solace and hope, and says the last prayers with the departing spirit and the heart bereaved mourners, around the flickering lamp of life ere it goes out, many, many times, when no other mortal can, no other mortal does, the thrice holy work.

Is this man now appreciated as of old? Does Ian Maclaren's good physician of "The Bonnie Briar Bush" hold his birthright in isolated communities, or large centers of population? I fear, I believe not, except it be in rarest instances. But I also believe firmly his day will return, and none too soon. It will come back when men, true men, become less ambitious and self seeking, when accurate knowledge of medicine and its lofty aims is more widely disseminated; when worth and service have honors awarded them, when mere wealth is not a passport to high position, when greed and ill-gotten gains are no longer tolerated, and finally, when the clergy generally, high and low, preach more by real life and example, and not so much by doctrine and precept.

Here again, don't let me be misunderstood. The general practitioner, the family adviser, may be true and kind, generous, sympathetic, active, considerate of all men even more than of himself; but to be trusted and relied upon, he must have brains, tact, good judgment. And his brains must be instructed brains, brains that have seen a great deal and observed intelligently, carefully, accurately. He must, of course, be enthusiastic in well-doing, but likewise he must have a fund of common sense (that most uncommon thing of all, perhaps), to fill his thoughts and direct his

actions. He must sift and weigh things before he counsels and advises. He must not be backward in endorsing what is proven to be good and valuable; but he must be lukewarm and partially blind to fads, conceits, ill-reasoned measures to promote health, whether they come from the polypharmacy doctor, or the too daring operator, with other men's health, comfort or lives at stake.

The usefulness then of oral lectures from the veteran in medicine proceeds from the fact that he has seen many moons come and go, many ideas and practices vaunted and heralded with loud hosannas, which very soon were little thought of any more, and consequently comes to possess a prudential reserve of capital, which makes him cry a halt when others rush ahead and do, and find out later how silly and misguided they are, not to say something worse of them. While the newer demonstrations belong to the younger generation, as a rule, in microscopy, chemistry, bacteriology, skiagraphy, the older man should insist upon general conditions which govern, should bring many cases, apparently new or distinct, until properly winnowed and garnered, they re-appear under important laws over-ruling all. He it is who should point out special symptoms or the absence thereof in different cases; he it is who should estimate and assign their due importance and value in all that pertains to diagnosis, prognosis and treatment. The rational explanation of many obscure things should come to him to settle and unravel as far as may be, but not see in every defect or change of organ a local trouble to be attended to with prescription or knife, but only an indication. It is not for him to believe that the body of man is a bit of mosaic work from which here and there a piece may be left out or taken away, without injuring the entire aspect and value of the structure. Rather it is for him to show it is feeling, working, active, dynamic substance and force, which must be most carefully considered from every standpoint before the purposes of nature are counteracted, interfered with, or needlessly and harmfully controlled.

Original Articles.

RESECTION OF THE NASAL SEPTUM WITH REPORT OF FIFTEEN CASES.

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HAVING tried practically all methods for correcting nasal obstruction due to deflection of the septum and finding that recovery was slow, the pain and discomfort great, and the results not commensurate with the difficulties undergone by the patient, I commenced, two years ago, to work on a line which is now developed into what is known as "Resection of the Septum."

This operation has been extensively described

by Otto T. Freer, M.D., of Chicago in two excellent articles in the *Journal of the American Medical Association*. In addition to the aforesaid writer we are indebted, among others, to Drs. Krieg, Boenninghaus and Ingals for the work they have done to bring it before the medical profession.

As this operation has not yet received the recognition it merits I wish to enumerate some of its many advantages, to refute the objections, and, as my methods differ from those I have seen described, to give a brief outline of my way of procedure, a description of the special instruments devised and a summary of my fifteen cases.

THE ADVANTAGES.

First: There is accuracy, the work being done under the eye of the operator. As every part of the deflected portion can be seen, and then removed, the position of the septum will be uniformly good. In no other operation is there such a certainty as to the result.

Second: Splints do not have to be worn. These at the best are a great nuisance to both operator and patient.

Third: Rapidity of recovery; three or four weeks as against six or eight by other methods.

Fourth: Lack of pain due largely to the absence of traumatism.

Fifth: Short after-treatment.

Sixth: Freedom from sepsis.

Seventh: Free respiration forty-eight hours after the operation.

Eighth: It is available for either bony or cartilaginous deflections.

Ninth: It creates the utmost possible space by not only straightening the septum but by reducing its thickness to that of the two layers of the mucosa.

Tenth: The lumen of the concave side is never lessened.

THE OBJECTIONS.

First: That it is only adapted to a limited number of cases. As I have obtained perfect results in cases where there was practically total stenosis with an involvement of both bony and cartilaginous portions of the septum it would seem as if the objection were groundless. Dr. Freer while inclined to believe, at the time he wrote his first article, which was published in March, 1902, that there might be cases not suitable for this method, says in his article of December, 1903: "Fuller experience with the resection operation for septal deflections has given me confidence that there is no variety of deviation of the septum it cannot remove in a neat and surgical manner without injury to the patient. Even anteroposterior sigmoid deflections, blocking both nares, may be dissected out from the same nostril in one operation, including both bends."

Second: Length and tediousness of the operation for the patient. The one and one-half hours required is possibly a little longer than is used by other methods but as the patient is in