The Journal of the American Medical Association

Published under the Auspices of the Board of Trustees.

VOL. XXXVII.

CHICAGO, ILLINOIS, JULY 13, 1901.

No 2.

Address.

SECTION ON PRACTICE OF MEDICINE.

ADDRESS OF CHAIRMAN DELIVERED AT THE FIFTY-SECOND ANNUAL
MEETING OF THE A. M. A., HELD AT ST. PAUL,
MINN., JUNE 4-7, 1901.

J. M. ANDERS, M.D., LL.D.
PHILADELPHIA.

Upon those selected to guide and direct the executive work of this large and important section of the AMERICAN MEDICAL ASSOCIATION, devolves a difficult task and a weighty responsibility. The high character and comprehensive scope of the work actually accomplished by the Section, more especially during the last two decades, is a forcible reminder that lack of concentrated effort in the future will result in stagnation, if not a backward step, instead of progress. You may be assured that with these thoughts ever in mind, those charged with the office work and the preparation of the present program spared no effort to make it attractive, interesting and meritorious. I desire here to make public acknowledgment of the efficient services so cheerfully and faithfully rendered by the Secretary of the Section.

It might seem befitting a chairman's address, at first sight, to take a retrospective view and consider the progress of internal medicine during the last 100 years, at this, the first meeting after the dawn of a new century in its nascent glory, but I join my predecessor, Dock, who says: "These things have been told and retold in more eloquent tongues."

The past is only useful as it furnishes inspiration for the present, hence, contrary to custom, generally speaking, my brief utterances shall not be reminiscent in character. To come down to the past year, it would indeed be hard to describe fully the fruits of that brief period. Moreover, this would be a work of supererogation, since you have already been made acquainted through the medical press with its most important advances and discoveries. Again, neither the number nor the relative importance of the published medical discoveries and fresh views can be arrived at by a process of induction while we are yet so close to the scene of action. Time is needful to encompass, confirm and properly appreciate the true worth of new scientific truths, as well as to determine precisely their range of practical application.

New truths are the raw material, which must be refined by a process, first of confirmatory investigation, then of practical application, before they become the finished fabric and constitute a part of the sum of, or mark an advance in, scientific knowledge. All this is necessary in order that nothing that is good shall be lost to mankind and nothing that is false shall fail to be rejected. Specific points connected with subjects in the developmental stage are likely to be considered by the

essayists at these meetings and to be subsequently discussed by the members. Hence the folly of attempting to estimate or to delineate accurately the real or noteworthy and numerous minor improvements at the close of each year. This, however, can be accomplished with ease and certainty from the point of vantage of the future. On the other hand, I am not protesting against the propriety of allusion to revolutionizing and startling discoveries that are of universal interest and promise much for the future, in scientific addresses.

I am not rash enough to attempt a prophecy for the future of internal medicine—a tempting task—but cheered and encouraged by the unparalleled leaps and bounds of the last two decades, we turn with hope and confidence to the new, with its boundless opportunities and possibilities.

It has been questioned by some whether we may hope to make a "proportionate advance in the future," as compared with the course of events in the recent past, but the marvellous expansion of laboratory research, and the greater precision in methods of clinical observation, leave little room for doubt that the increase in actual knowledge will be at an increased ratio—there will probably be witnessed a new era of scientific achievement. At all events, we may anticipate greater progress in the coming years, unless, perchance, the profession falls short in the matter of training the senses and of cultivating critical judgment. Here may be thrown out a word of caution, lest the predominant tendency of the day to rest confidently upon the results of the refined, scientific methods of investigating disease lead to the unconscious neglect of careful bedside observation. The most fruitful results have been and ever will be attained when personal observation and the more exact laboratory methods are happily combined. The medical horoscope, however, reveals nothing that is calculated to inspire universal uneasiness and I have little patience with pessimistic views as we face a period that doubtless holds in store products and triumphs in original research and in practical experience and observation that we will not have dreamed of.

At present this body enjoys the cordial support and sympathy of the majority of the leading medical men throughout the country. It has met the necessities of the past and it will well meet the requirements of the future. The rapid growth and ever-increasing importance of the Section emphasizes the conspicuous ability of those who conducted its scientific business during the recent past. On searching the records of by-gone days, one may discover counsels of their wisdom for future guidance and action; and yet not to be overlooked is the fact that what was best or even good then may not be so now, so radically do conditions change within brief periods, in consequence of the rapid progress of medical science.

The medical section of the AMERICAN MEDICAL ASSOCIATION can point without ostentation and with becoming modesty to its record; it has accomplished highly credit-

able pieces of scientific work, but its rise and growth can not continue indefinitely unless those most deeply interested in its success and intrusted from time to time with the unenviable responsibility of formulating and executing plans for larger usefulness, give even more laborious and careful attention to the arrangement of subjects, the selection of essayists of wide reputation, the office work and other details in the future than in the past. This is necessary if the utility of the work accomplished by our Section is to be commensurate with, or to keep pace with, the development of our science. It is to be recollected that as it assumes a more and more conspicuous or commanding position among professional organizations, the greater will be the danger from deterioration or disintegration. Indeed, "the safety of any organized body is in inverse ratio to its size" (Rothrock), or, in other words, so soon as it commands attention and stirs the thought of the general public, it invites honest criticism. This is no new idea, but a well-established physical law. Hence, although there are no "vague shapes of gloom" in the horizon, it behooves the conductors of the offices of this organization to keep in remembrance the principles it embodies and to adopt a policy that will at all times reflect, what after the closest scrutiny, observation, experience, investigation and honest conviction is believed to be the highest wisdom and calculated to promote the highest interests of the Section. This policy should, it seems to me, determine also what subjects shall be discussed and whether certain questions are of sufficient importance to be discussed at all. The effect and the object aimed at would be probably to lessen the number of topics considered at each session, but it would give impetus to the merits of the papers presented and would also allow more time for their discussion. Nothing is gained by presenting an overfilled program that can neither be carried out satisfactorily nor enjoyed by the members. The amount, as well as the character, of the material supplied should be prearranged with greater care than is practicable under the present system, so that the proceedings could be grasped within the time allotted to our sessions. Symposia meet the difficulty to a certain extent, particularly if previously arranged and planned in such a manner as to avoid repetition, as well as to present the most interesting aspects only of the subjects brought forward. It is my firm conviction that the growth of the medical section and its influence upon the medical profession of the United States could be greatly enhanced by extending the work of the Executive Committee. Better still, perhaps, would be the appointment of a special committee on scientific business. This committee should hold office for from three to five years, thus insuring a membership conversant with the working arrangements and needs of the Section. The Secretary of the Section should be a member of this committee and the chairman a member *ex-officio*. All papers intended for presentation at the annual meeting of the Section should be in the hands of and scrutinized by the committee at least one month prior to the date of the meeting.* A part of the function of the special committee previously suggested should be to report plans, and broadly sketch new features with a view to effecting improvements in the work, thus insuring the greater prosperity of the Section for the future and removing certain deficiencies that may tend to limit its utility.

* These suggestions are met in part by the new rule compelling the retiring chairman and two members of the Executive Committee to approve all papers presented before the Section before they can be published in THE JOURNAL, but does not prevent the reading of unworthy articles.

I care naught whether the suggestions I have ventured be adopted, but I do affirm that the times are ever ripe for readjustments looking to the improvement and betterment of the character of section work. I desire to invite especial attention to the timeliness of a self-examination, a close scrutiny of the internal condition of things.

I am pleading for a policy that will tend to exalt the professional importance of the Section, which should at all times be specially representative of the best medical research as well as the ripest experience and observation of this fair land; and for a policy that shall insist upon a maximum of creative, constructive, original work to the exclusion of wearisome individual details and cumbersome bibliography. These meetings should be the occasion of the most important contributions to *practical* medicine.

Assuming this position to be incontrovertible, are we thoroughly alive to our responsibilities and opportunities? My apology for raising this query, if any is needed, is that one meets with comments like the following¹: "The meeting itself appears to have been one of interest. The papers read were not of very striking originality. Perhaps we should except two of them from this remark." When it is recollected that these statements apply to the meeting of the AMERICAN MEDICAL ASSOCIATION in general, and that the total number of papers read before this body annually is several hundred, the words quoted above can not be regarded as a gratifying expression of approbation.

The accomplishment of high praise instead of comments like the above is the goal for this organization. If it be thought from these remarks that my attitude is too pessimistic, I must demur; on the other hand, I affirm that the times and the occasion are alike pregnant with promise and encouragement. Conditions are most favorable when viewed in the light of the situation as it existed in the recent past. My sole desire is to emphasize the importance of carefully watching and guarding the Section in its upward movement. Surely the auspicious opening of a new century should furnish a hopeful prospect and mark another mile-stone in its march toward an era of increased prosperity and greater practical utility.

Specialism in the science and art of medicine is an absolute necessity, but I venture to suggest that certain reforms are desirable in the line of rearrangement of the work that has been embraced under the Section on Practice of Medicine, as well as in those most closely allied to it. I am, and have been, in thorough accord with the establishment of the Section on Pathology. This is a special department of medical science for those who take a really scientific interest in the subject, and those who have had careful training in the methods of investigating the more obscure and finer questions in morbid anatomy and pathology. The technical knowledge that results from these laboratory studies, and the expert opinions based upon them, however, are of no small value in the study and recognition of many diseases. We welcome the fruits of these labors and utilize them, but the majority of the members of the medical section have neither the training nor the time needful to devote to the detailed work of the new Section. On the other hand, the general practitioner must constantly keep before the mind's eye a picture of the gross lesions of disease, and must appreciate the processes involved in their pathogenesis in

1. Editorial in The Lancet, London, vol. ii, 1893.

order that the clinical manifestations may be properly appreciated. The lines between the sections on medicine and pathology, however, should never be too closely drawn. There is a narrow border field in which clinical observation, laboratory investigation and post-mortem findings are inseparably associated.

In the case of the Section on *Materia Medica*, Pharmacy and Therapeutics, we have an instance in which cleavage has been overdone; and it is recognized by many who have been closely identified with that section that, so far as applied therapeutics is concerned, it is of practical interest and importance exclusively to the clinician. The greatest progress in internal medicine has been, during the last century, in the sphere of diagnosis, while the advance in applied therapeutics has been comparatively slight. It is true that we are experiencing a wave of over-activity relative to the number of novel remedies brought to the attention of the medical profession, but trustworthy records or positive statements concerning the majority of these are sadly wanting. Indeed, a note of warning against the injudicious employment of novel remedial agencies is timely at present. Their action, or supposed action, upon the human economy does not in many cases rest upon the results of experimental pharmacology, but, as a rule, simply upon the briefly summarized personal experience of a single practitioner, whose promulgated statements serve as the basis of a catching and alluring advertisement for some enterprising firm with, let us charitably hope, the most laudable intentions.

Much to be deplored are the hidden purposes of our professional brethren who vaunt novel agents without even presuming to afford clear and convincing evidence of their therapeutic value. It is, however, to be looked upon as a favorable indication that an awakening on the part of the profession at large to the importance of greater interest and attention to the all-important subject of the restoration of health to the sick, and even to the symptomatic treatment of disease, is taking place. The prime object of our art is to cure disease. What manner of physician is he who fails to exert strenuously the resources of that art? Surely none of us would be willing, after making a precise and careful diagnosis in a given case, to step aside and allow the therapist to conduct the treatment. Nor should we, as clinicians, feel gratified to continue in attendance upon a case in which the treatment was dictated by a specially-trained therapist. This granted, obvious harm has arisen and will doubtless continue to arise from injudicious specialism. It is true that the study of the physiologic action of drugs is the basis of scientific therapeutics; it is equally true that the progressive clinician must avail himself of such knowledge—the finished laboratory product—resting as it does on the immutable basis of physical truth. As practitioners, however, we know that while there is a therapeutics founded upon pharmacology, thanks to the genius and labors of Magendie and Bichat, there is also an empiric therapeutics and a yet wider sphere of curative action in hygienic means, including dietetics. Whatever forces are of practical use must be embraced in the armamentarium of the medical practitioner; he must know the proper basis for their application, and the fundamental laws or rules that serve as guides to the attainment of scientific accuracy in his efforts to overcome disease.

Among the important questions pertaining to the treatment of disease that are awaiting a clearer solution and should be considered by this Section may be men-

tioned; serumtherapy, organotherapy, the higher precision of results from alkaloids as compared with crude drugs, the true sphere of hydrotherapy, of climate, rest, exercise, massage, diet, venesection, and electricity. Would not a more careful, thorough and comprehensive consideration and a fuller informal discussion of these subjects by the Section lead to increased knowledge pertaining to most valuable aids for the relief of suffering and the cure of human ills? Is not the oft demonstrated fact that medicines are the least important part of the treatment of disease too commonly lost sight of by essayists? For example, success in the treatment of disease is often possible only by the use of appropriate dietetic measures. "The father of medicine," Hippocrates, was fully alive to the importance of a wise selection of pabulum for the sick. Knowledge of the fundamental principles of dietetics is essential for the conducting of the cure of disease (Clarke). Too little interest is manifested by the general practitioner in the diet treatment of disease; he is in great need of practical information relating to this theme and of enlightened discussion of the subject. Now, there could be no more opportune time than the present and no more appropriate place than in this section to consider and discuss this subject in its practical phases, and the same remark would apply to the other physical methods of treatment to which I have made passing reference.

The development of proper and efficient systems of treatment must be the achievement of the physician; he must master their "spirit and form," for he alone is acquainted with the complexity of the indications calling for their utilization. I have been surprised that an upheaval of sentiment in favor of a return to first principles, or a throwing of therapeutics where it properly belongs, into the Section on Practice of Medicine, has been so long delayed. I am not protesting against a special section, properly organized for the prosecution of certain definite lines of investigation, more particularly the physiologic action of drugs, their constitution, and *materia medica* proper—a section of "Pharmacology, Pharmacy and *Materia Medica*," if you will pardon a suggestion. As in the case of morbid anatomy and pathology, the clinician is interested in the results of such scientific work; the accurate knowledge thus gained by the laboratory experimentalist is of marked value to the successful treatment of disease and satisfactory observation at the bedside.

I am not an advocate of the unlimited multiplication of sections, and I have a fixed belief that the best method of making the AMERICAN MEDICAL ASSOCIATION the aggressive, energetic and world-famed organization that all of its members must wish it to be, is by a co-operation of the more or less closely allied sections in the bringing forward and the discussion of certain subjects or selected aspects of appropriate themes that possess leading interest, in joint sessions.

I am led in consequence of these reflections to make another step in the same direction, and refer briefly to the brilliant dawn of a new morning on which the obscuring mists of ignorance, prejudice and misconception have been lifted by the light of advancing truth, and the gifts of surgery to medicine are appreciated and cordially welcomed. The increasingly large number of human ills in which surgical aid is invoked suggests the thought that a closer affiliation of the surgical and medical workers would be of importance to the welfare of mankind.

Speaking of specialism, says Shattuck,² "The heart

2. Address in Medicine, Phila. Med. Jour., Sept. 22, 1900.

is practically the only viscus which remains the exclusive property of the physician, and I am not so sure that even this organ will soon be attacked and we may hear of suturing mitral valves." Of a truth, this organ has been invaded by the surgeon. Neither the physician nor the surgeon can afford to confine himself alone to his specialistic studies; there should be held more frequent meetings on a common platform for the discussion of certain subjects or phases of topics of mutual interest; and consultations in the operating theater and at the bedside, as well as combined medical and surgical clinics in the arena for the benefit and instruction of students are urgently demanded. Truth and fairness compel the admission that the zealous surgeon is sometimes more to be honored, possibly even rewarded, for what he attempts than for what he actually achieves. Without wishing to detract from the merits of our surgical confrères, the medical practitioner is compelled to witness or learn of surgical operations having been performed which would most probably not have been executed had the operator first consulted with a progressive clinician. Conversely, the physician would grow less conservative as the result of more frequent consultations between himself and surgeons—a consummation to be desired. The thyroid gland has been extirpated *in toto* for exophthalmic goiter with resulting myxedema; cholecystotomy has been performed too commonly for supposed cholelithiasis where gall-stones were not in evidence after opening the abdominal cavity. These conditions, and numerous others that could be cited, should be carefully and thoroughly studied by both physician and surgeon, prior to operating, in order to determine precisely the nature of the affection in the case and the indications for treatment, medical and surgical. If this suggestion be not more generally adopted in the future than in the recent past, there remains but a single course open to the medical man, namely, to enter the domain of surgery.

In short, somehow or other, the medical man and the surgeon should be brought into closer, truer and more intimate relations with one another along certain definite lines, in the growing border lands, so to speak, between internal medicine and surgery. This is essential to the attainment of the true dignity, the comprehensive scope and beneficent intent of the medical profession. The morbid processes that we term medical diseases are not entities, and this is equally true of surgical conditions and affections; and success in the matter of their treatment demands, in many case, the combined efforts of the physician and the surgeon. Analogously, while each section of the AMERICAN MEDICAL ASSOCIATION has, for the most part, a distinct function (and while the best work may be done by the special local and national societies), yet the judicious affiliation of those sections having interests in common is indispensable to the realization of the full measure of our strength and our influence as a national organization. No greater stride toward the attainment and maintenance of our true position, toward promoting professional achievement and welfare or strengthening the pillars of the ASSOCIATION could be taken than by a closer, truer union wherever the strands of mutual interest of the different sections are inseparably interwoven.

Finally, if the AMERICAN MEDICAL ASSOCIATION hopes to be one of the great powers of the country, it is of grave importance that the proposed reorganization scheme be promptly effected and that due effort be made to establish and maintain proper respect and forbear-

ance between the various sections, to the end that they may work in perfect harmony with one another.

I have attempted to point out a few lines on which our organizational and professional progress must be conducted. If I have seemed to lay too much emphasis upon the interdependence of certain sections of the ASSOCIATION and insufficient stress upon scientific investigation and data as the one sure means to a desired end, I would say in extenuation that the apparent omission is to be ascribed to the restrictive custom as to the time for a chairman's address. On the contrary, in the special work of this section, or any of the others, contributions based on original observation and research must, in the future as in the past, constitute the choicest fruitage. Looking to the attainment of these higher results, permit me to suggest, in concluding, that an earnest effort should be made to enroll on the escutcheon of our Section all the master spirits in America, all who are bound together by the common tie of special research and observation in the broad field of internal medicine.

Original Articles.

APPENDICITIS.*

JOHN B. DEEVER, M.D.

PHILADELPHIA.

In addressing the medical section at this meeting, I acknowledge to a feeling of great satisfaction, for though my subject is a surgical one, I can come before you without hesitation, since no one has such power to increase the application of surgery as the general practitioner—not by diagnosis alone, but even more by a proper comprehension of these morbid conditions most commonly seen by the surgeon.

I shall make a few remarks on appendicitis, and though to some of you this may seem a topic sufficiently discussed, yet many false ideas still cling to it, and each day convinces me of the necessity of threshing out the matter until the priceless grains of truth remain.

The appendix is probably the most vulnerable of the abdominal organs, and this from several causes: 1. It is a structure in the process of retrograde metamorphosis; it is deficient in blood, nerve and lymphatic supply; it is long and its caliber is small, hence its drainage is easily interfered with; and lastly it is subjected to traumatism by the movements of the psoas muscle, on which it usually lies. From this, then, it is apparent that the appendix may easily become a very target for the destructive micro-organisms—normally present in its lumen—where from any cause these are incited into activity; and it is especially noteworthy that a hollow, glandular organ remains intact only so long as the production and evacuation of its secretion continues normally. When this function is deranged there are serious results: 1, retention, stagnation and decomposition of the appendix contents; 2, pressure, leading to impairment of the appendix wall; 3, and most important, the bacteria, especially the colon bacilli, are so increased in number and virulence that they are able to penetrate the coats of the appendix and set up their irritant processes in varying degrees. Such is, in brief, the pathogenesis of appendicitis—a complex process, essentially progressive in character.

In conformity with clinic observation two varieties

* Read in the Section on Practice of Medicine, at the Fifty-second Annual Meeting of the American Medical Association, held at St. Paul, Minn., June 4-7, 1901.