Presidential Address

DELIVERED AT THE

CLINICAL SOCIETY OF LONDON,

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GENTLEMEN,—Another epoch in the history of the Clinical Society has come to an end, and a new epoch begins to-night with us. Standing thus between the past and the future—between the work which has been done, and the work which lies before us to do—the opportunity naturally offers, and we may profitably avail ourselves of it, to inquire somewhat concerning both. On former occasions of this kind you have been treated to dissertations on subjects occupying at the time the attention of the profession, to discourses on what may be called the “philosophy of clinical medicine,” to delineations of the sorts of knowledge necessary to continued advancement in our art; and to eloquent exhortations to active, purposive, honest, clinical work. To-night for the short time that I shall presume to stand between you and the business which we are assembled to consider, I shall take humbler ground, and contenting myself with a short survey of the completed labours of the Society, I shall endeavour to elicit therefrom such fresh helps for future guidance as may enable us to make our printed Transactions still more worthy of the work wherewith we are occupied, and of the workers therein.

It seems to me after a careful examination of the contributions made to the Transactions of the Society during the reign of my illustrious predecessor, that both in matter and in manner, in abiding interest and in clinical importance, in fertility of practical suggestions and in successful boldness of the operative procedures recorded therein, the volumes embodying those contributions will bear favourable comparison with any like number of volumes which have been issued before them. I have discovered in this later work no decay of earnestness or of strength, none of faith or of knowledge, none of foresight or of judgment; and in some ways, as in the recognition of clinical affections unconnected with sensible anatomical changes, it has taken, as I at least am convinced, higher and truer ground.

Examining the whole series of our Transactions, and calling to mind the character of the discussions elicited by many of the papers, one cannot fail to become impressed with a vivid sense of the great and growing importance of the work which the Society is silently but surely doing. The general good results of the Society’s work are now so obvious and have been so often mentioned that they need for remembrance only the barest notice. We see how, through diversity of inquiry, community of work, unity of purpose, and severity of procedure, we have improved our methods, added to our knowledge, established new connexions, multiplied our resources, settled a surgical revolution, and widened, deepened, and in some quarters transfigured our views. All this is plain, and the statement of it may be open to the accusation of commonplace. But what is not so plain, and what is not commonplace, is the influence which the Society has exerted and is exerting upon the scientific character of individual workers; and this, although less obvious, is not less important. The Society has improved the scientific characters of good workers; it has implicitly exposed and repressed bad workers; and it has framed for the guidance of all alike a standard of work which is sensibly elevating the profession and benefiting our art.

In the work of the younger members of our profession I see, or at least I think that I see, greater care, patience, and accuracy in observation, a more rigorous fidelity in the record of therapeutical experiments, wiser caution in speculation, graver deliberation in judgment, a growing frankness in the confession of oversights and errors, increasing severity in the siftings and testings of their own conclusions, a readier effacement of the personality in the work, less unseemly eagerness for mere priority of publication, a deepened sense of the responsibilities of premature speech and writing,

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a rapidly abating bitterness in the conflicts of opposing views, a more robust and manlier spirit of scientific life, and less reluctance in making admission that there is no unconditional truth in the results of our inquiries—no finality in our finished work, no creed in medicine. But the Society has done more than train good workers; it has repressed bad workers. For one competent and conscientious worker there are ten who are incompetent and unconscientious, and who in divers ways hinder our progress and spoil our present possessions. Intolerant of the patient and painful toil of the true worker, acute in power of superficial observation, gifted with a certain showy versatility, quick at catching hold of new ideas, ingenious in guessing, crude in experiment, loose in therapeutic trials, hasty in speculation, strong in dogmatic assertions, accomplished in the transfiguration and use of other men’s work, finding what they want wherever they seek it, unhindered by difficulties, facile in speech, ready in writing, thirsting for notice, such men, now, alas, not uncommon in medicine, begot papers so quickly that they can have no necessary relation to time, observation, or thought, and flood our literature with their unworthy if not unveracious lucubrations. The favourite hunting-ground of such men is therapeutics, and their favourite sport is the catching of remedies, the putting of them to new uses, and the setting forth of their successful results. These men discern no difficulties and have no failures; they can illustrate their successes by scores of cases, and explain them by the most ingenious theories. There is scarcely any limit to the extent or the variety of their achievements; and as they flaunt along in the fulness of self-satisfaction, they look down with pitying condescension upon those in the straight and narrow way who conscientiously toil with small success in seeking after truth, but who, nevertheless, missing the praise of men, find strength and solace in their sacred search.

Another great work of our Society has been, and continues to be, the gradual unfolding of the exact relations which morbid anatomy and, incidentally, experimental pathology should hold to clinical medicine. These two chief servants of our art, excited and carried away by their marvellous successes, and assuming a joint sovereignty over our art, look down with condescending superiority upon clinical medicine, ridicule her claims to supremacy, scoff at her empirical distinctions, reproach her with being unscientific, and strive to torture her into a slavish subjection to their theories. But the true relation is not this; it is, indeed, the converse of it. For the structural change is not disease, it is not co-extensive with disease; and even in those cases where the alliance appears the closest, the statical or anatomical alteration is but of one of other effects of physiological forces, which, acting under unphysiological conditions, constitute by this new departure the essential and true disease. For disease in its primary condition and intimate nature is in strict language dynamic; it precedes, underlies, evolves, determines, embraces, transcends, and rules the anatomical state. It may consist of mere changes in the relations of parts, of rearrangements of atomic groupings, of recurring cycles of vicious chemical substitutions and exchanges, of new conditions in the evolution and distribution of nerve force, and any or all of them may be invisible to the eye, inseparable from life, and undiscernible in death. Undoubtedly the appearance of a structural alteration in the course of disease introduces a new order of events, sets in action new combinations of forces, and creates disturbances which must be reckoned with, even as mechanical accidents of the pathological processes. But always behind the statical lies the dynamic condition; underneath the structural forms are the active changes which give them birth, and stretching far beyond the limits of pathological anatomy, and pervaded by the actions and interactions of multitudinous forces, there is a region teeming with manifold forms of disease unconnected with structural change and demanding the investigation which it would abundantly reward. It is in this mysterious and fertile region of dynamic pathogenesis that we come face to face with the primitive manifestations of disease, and learn how much knowledge from various sources is needed to understand it aright; it is here that we see how, without help from physics, chemistry, and biology, collecting, converging, and meeting in a common light, no single problem in disease can be completely solved; it is here that we are made to comprehend how the nature of a pathological product cannot be determined by its structural characters, but by the life history of the processes of which it is only a partial

expression; it is here that we observe how, in therapeutic experiments, the laws of the race are conditioned and even traversed by the law of the individual; and it is here that we discover how clinical medicine is to become a science, and how she is already, beyond question, at once the mother and the mistress of all the medical arts.

And here in this relationship of processes to products, although only incidentally and inferentially touched by them, I must advert for a moment to the results of pathological experiments. As to their necessity and value in the progress of medicine there cannot be any justifiable doubt. But for whatever purpose they may be employed, however carefully they may be designed and executed, however successful may be the precaution taken to exclude error, experiments have their subtle difficulties and dangers which are perilous to truth and cannot be wholly averted. By the prestige of precision, which often undeservedly they possess, undue weight is attached to their results, and by the assumption that in like conditions the results would be the same in man as in the lower animals, flagrant errors are committed and currency is given to false or inadequate generalisations. The experimenter interprets the results of his experiments by the light of their structural results; he forgets, or he ignores, the life-history of the processes by which they have been evolved, and he takes no account of the fact beyond controversy, that different clinical states find occasionally the same structural expression. In such circumstances doubt is inevitable, and it is only to clinical medicine that any just appeal for its solution can be made. To her at last all such experiments must be brought for trial; she must be their examiner, critic, interpreter, user, and judge. And no results of experiments can be made of any avail to medicine, or be used with safety in her service, until they have been filtered through the checks and counter-checks of clinical experience, and have responded to the test and counter-tests of clinical trial. And had these principles exerted their just influence in the recent debates concerning questions of this kind, we should not have had a seton in the neck of a man taken as the parallel of a seton in the neck of a guinea-pig; we should not have had the artificial tuberculosis of the rodent declared to be identical with the natural tuberculosis of the child; we should not have had grey tubercles and caseous pneumonias pronounced, on the grounds of mere likeness of structure, to be of one and the same nature; and we should have been spared the sight of science drunken with success and drivelling with prophecies, soliciting the public on the common highway.

Of such examples of good work done by the Society there are many more known to myself that I could give if time permitted, and doubtless there are many more known to others that I could not give because they have escaped my notice. But I have given enough to justify, and even to require, a little reckoning of our shortcomings. Happily, the Society has still its imperfections; and as they are unlikely to be easily remedied we shall not lack motives to endeavour, nor miss the reward which comes from rightly endeavouring.

One of the defects which I notice in the Transactions of the Society is an incompleteness, outside the immediate objects of interest, in the history of many of the cases recorded therein. If we are to make real use of a case, and if the case is to help us with other cases to make great and true advancement in our art, it must be given to us as a complete whole. We must have not only the family and personal history, but we must have also the nature, assemblage, and progression of symptoms elucidated by all the assistance that can be had from physics and chemistry, from the spectroscope and microscope, from physiology and experiments. I do not presume to say that incomplete cases are either valueless or unwelcome, for doubtless they have often an interest and value peculiarly their own; but I do say that for all the higher and truer objects of medicine our earnest and unflinching endeavour should be to make every case as complete as the collateral knowledge of the time will enable us to make it. Hence the necessity and value of purposive, concurrent, and co-operative work. Hence arose the great medical renaissance of Germany, when Virchow and Brücke, Ludwig and Traube, Meyer and Lieberkühn, Lehmann, and Helmholtz, bringing together the results of their critical and experimental studies in various departments of knowledge, resolved, as if by magic, some of the obscurest problems in physiology and medicine. But of all the defects in the work of the Society, the one which I consider to be at once the most important and the most inexplicable is the seemingly studied disregard,

in the treatment of a patient's malady, of those minute conditions of his daily life which practically make or unmake health. So that special management being almost nothing, and special medication almost everything, it would seem as if physiological principles were of no account in therapeutics. But a more critical study of disease will soon convince us that this inference is unsound and its application incorrect. Putting aside for the moment inherited affections and parasitic maladies of whatsoever sort, I shall assume that chronic disease, a state of parts, and not a thing interposed between them, is the eventual outcome of continued violation, conscious or unconscious, of physiological laws as they exist for the race, or as they are conditioned by the peculiarities of the individual organism. I shall further assume that those violations are not exceptional and gross, but daily and minute, and that their effects, infinitesimal from day to day, become visible only after longer periods of time, and so escape recognition, except by those who are trained to discern the causal connexions of subtle things. And I shall furthermore assume that the organism, in virtue of the inherent forces maintaining its solidarity, tends to repair existing, and to repulse threatening disorders, and that when placed in favourable, and liberated from unfavourable physiological conditions, this tendency issues and ends in successful action.

And now let us take for illustration a case of primitive uncomplicated gastric catarrh. Assuredly it does not come without a cause, and it is not introduced from without, but begotten within. It is in fact engendered out of a more or less prolonged and perhaps petty violation of the laws of stomach digestion, and it is maintained by conditions which, although apparently too trivial to be worthy of notice, are yet sufficient to hinder the formation of healthy peptones, and to traverse the reparative powers of the organism. What is ordinarily done in such a case? The patient is told in a vague sort of way to have a light and nourishing diet, to take daily exercise, to avoid anxiety and overwork, and to try bismuth and alkalies with an occasional alterative aperient. Now, speaking, if I may be permitted to do so, from my own experience, it is certain that in such a case management is of more moment than medicine, and that without a rigid and even minute obedience to the physiological conditions of healthy digestion, the chances are small of a speedy and permanent recovery from the gastric catarrh. But the instruction of a "light and nourishing diet" admits of the widest diversity of interpretation, and with the most loyal desire for literal obedience, the patient, according to his age, habits, and station in life, may be unwittingly guilty of doings the most conflicting and injurious. He may eat too often or too seldom, too hot or too cold, effervescent or still. And without a conscious but yet real and great departure from the intention of his instructors, he may frequently refresh himself with cups of tea and coffee and make glad his heart by incidental glasses of wine or of beer.

Now there is a right way and a wrong way in the management of every such case; and although they lie so near each other, and are so much alike that the distinction between them is not easy of discernment, it is necessary that the distinction shall be made. For it is upon giving or not giving a correct and minute attention to the physiological conditions affecting the quantity, quality, and character of the solid and liquid food, the times and the circumstances of eating and drinking, the amount of exercise, work, and sleep, and the adequate discharges of excrementitious functions, that our work will succeed or fail, that our case will turn for evil or for good, and that the patient will either recover his health or drift into permanent valetudinarianism.

(To be concluded.)

DR. BYERS, in reading the medical report at the tenth annual meeting in connexion with the Belfast Hospital for Sick Children on the 26th ult., said that although the Royal University required students coming up for their degrees to present a certificate of having attended hospitals for the treatment of diseases of women and children, and a large number of students had attended the Children's Hospital, it had not seen its way to recognise that hospital as one which could give certificates. Notwithstanding this, the medical staff had gone on with the class as usual, and, instead of having a diminution in the number of students, they had a larger class at the present time than ever they had before.