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INFLUENCE OF THE MEDICAL PRACTITIONER ON MEDICAL PROGRESS.

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It may seem strange, in an atmosphere as dense as is this of ours with medical phrase, that I choose to address you on any topic of medical education. But surely there can be no sentiment so dominant here as this one, except, let us hope, that of love for those for whose happiness we are responsible, and for Him to whom we owe the privilege of existence.

Medical education is commonly understood to mean the education gained from attendance at medical schools, rather than that born of the conscientious thought and labor of medical practice. Possibly it would be better if no mention were made at this time of medical schools as factors in medical attainment, as then the attention would be directed more definitely to the main object in view—the practice of medicine and of manly attributes as the means of the establishment of medical advance. A marked distinction should be made between these two means of medical attainment, the same, in fact, as is made between the engineering integrity of an underlying support in architecture and the symmetry and gravity of the burden that it sustains. The importance which this and kindred societies hold in the field of labor and advance is hardly realized unless it be made the subject of special thought.

The real significance of the labors of organized bodies of medical men rests in the outcome for the benefit of others, derived from wisely conducted interchange of ideas, based on an intelligent experience, and supplemented, but not submerged, by the goodfellowship begotten of a mutual participation in unceasing war waged against an insidious, tireless and finally successful foe—disease—and its dread sequel—death. The beginning of medical knowledge was coincident with the outcome of the first effort for the relief of suffering presumptively of the human kind. The first effort was the beacon of experience, and with the ending of the effort experience began. The germ of medical education had its birth at this time, and Experience attended at the delivery, and the importance of the harvest was determined by the degree of appreciation of the result by all concerned, but more especially on the part of the quasi-medical attendant.

Thus we find that the initial units of medical endeavor and that of medical experience and of medical education were born almost simultaneously, and thereby was founded a new world of labor and experience, and established, I think we may say, the world's trinity of physical well-being, a trinity charged with the material wel-

fare of human beings, and next in significance to the Great Trinity controlling their spiritual comfort and security. These primal results were the products of the efforts, perhaps of but a single individual, or, at all events, of individuals acting with spontaneous desires for the accomplishment of a similar purpose, the securing of the physical comfort and welfare of human animation. However this may have been, the result was the same, as no established advance in methods of relief could have taken place except as the outcome of a conference of the participants, in which the experiences of each were combined for the betterment of the methods of all.

Medical endeavor, and therefore medical knowledge, are the direct products of the sympathetic efforts bestowed by our kind for the relief of the injuries arising because of the contentious nature of our earlier ancestry. Sympathizing friends and fellow-soldiers attended to each other's hurts at that time, employing simple waters and common herbs for their purpose. No thought of vulgar recompense or of venal plan entered into the proposition nor followed successful efforts of relief. The act was not entirely foreign to that of the brute of to-day, who patiently licks the wounds of his kind. There can be no record of the first case thus treated, since its antiquity is coincident almost with creation itself and with the endowment of God's creatures, from birds to man, with the emotion of sympathy, a sentiment the handmaid of need, and wisely bestowed on all forms of animated creation possessed of the emotions of jealousy and anger.

Although sympathetic friends and comrades planted the first seeds of medical attainment, the germination and growth thereof were hastened by the further efforts of those who, stimulated by primary success or prompted by generous impulse, regarded themselves as specially fitted for the art of healing their kind. And if, perchance, any one of them was possessed of special knowledge—empirical, of course—of the effects of remedies, then indeed was he the most bountifully equipped for the labor, and correspondingly respected in his sphere.

In this manner the treatment of tangible afflictions, usually the result of injuries, was carried on. However, the unaccountable presence of internal disease, and especially the bewildering characteristics of epidemics, clothed their appearance with the garb of the supernatural, when the wisest men of the times, the priests, then accredited with a special knowledge of strange, supernatural and subtle agencies, were consulted. It is recorded that the priests by their prayers and exorcisms instilled hope into the afflicted, and in many instances effected apparently marvelous cures. How strange the fact that in this day of boasted intelligence similar methods of treatment should clasp hands and greet familiarly those heading the chapters of the earliest history of human events. The so-called Christian therapeutics of to-day are more anomalous than were those of the earliest periods of our race. However, during that time, the invocations of the priests in behalf of their

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patients were not always followed by relief, and finally, fearing the effects of the loss of reputation, the uses of diet and drugs were called to their aid. Hence, we owe to the priests of that time our first knowledge of the beneficent effect of diet and of the internal administration of drugs. To them also belongs the credit of much of the systematized beginning of the study and treatment of disease.

The healing art, as fostered and practiced by the priests of India, achieved noted triumphs thousands of years ago. The Vedas, the oldest literature of the Indians, a part of Sanscrit lore, give information concerning the training of doctors. At this time Charaka gave not only advice to the young regarding their proper fitting for the practice of medicine, but added that which concerns us the more to-day, the best means of imparting medical knowledge. He stated that the study of medical writings, the personal teaching of medical instructors and association with other physicians, were the best means of acquiring a knowledge of medicine. He expressed himself also wisely when he added the following advice: "The man who has nothing but a theoretical training and is unskilled in the details of treatment, knows not what to do when he comes to a patient and behaves himself as pitifully as a coward on the battlefield. On the other hand, a doctor who is only practical does not win the esteem of the best men." These words, written more than two thousand five hundred years ago, are of greater relevancy at this day of advance and opportunity than at the time of their utterance. They speak not only of the wise forethought of their author, but also of the unchangeable interdependency in all fields of attempt between preparation and action, and in this of ours between theory and practice.

If the attention be now directed but briefly to the records of Egypt, we find in this storehouse of ancient civilization evidences of much earlier and greater attainments in medicine and surgery than in India. In fact, in Egypt one finds evidences of prehistoric surgery, therefore, as yet of unmeasured antiquity so far as time record is concerned. However, the fact of their existence denotes the presence in their time of the fellow sympathy that prompted the efforts of relief. The papyrus Ebers, written 1552 years B. C., is a compilation of remedies and of the methods of treatment of disease, some of which are described as being ancient even at that period. It appears, too, that the Egyptians had given to anatomy a systematic consideration—of its kind—so long ago as 5241 years B. C.

Accounts of the established existence of medicine and surgery and of their application to the suffering, are noted in the pages of the Holy Writ. It is recorded of King Asa, who, "in his disease sought not to the Lord but to the physicians. And Asa slept with his fathers." Whether or not this ancient utterance was then intended to express the sarcasm that often prompts its modern recital, I will not attempt to indicate.

Another instance may be properly quoted. "And if men strive together and one smites another with a stone or with his fist and he dies not . . . then shall he that smote him pay for the loss of his time and shall cause him to be thoroughly healed." In other and in modern practical expression, he shall forfeit damages and pay the doctor's bill! Surely this is an illustration of altruistic character, and better fitted to our sense of appreciation than is the preceding one.

The familiar and oft-quoted experience of the good Samaritan and the beneficent effects of his applications to the sufferer by the wayside speak like of the benefits

of materialistic and of sympathetic therapeutics. The dual associations of medicine and surgery, of suffering and pity, and of physical distress and human compassion, are of an antiquity co-equal with that of the application of human reason to the woes of physical and mental misfortune.

Thus it is apparent that human sympathy first prompted medical effort; that human sympathy and special fitness established the beginning of medical practice; that religion headed the outcome, adopted and fostered the practice, and because of the erudition of its exponents recorded the results, thus laying a foundation for medical scientific effort. With the records of experience well kept and of ever increasing importance, the steps to organized medical instruction, singly imparted by mentor to pupil, or through the combined efforts of the adherents of the peculiar school of the time, were promptly taken.

Medicine was soon divorced from religion, and then practiced as an independent profession with great repute, especially in Egypt, where it took rank equal to that of the priestly one. The schools of medicine of the earliest times were not constituted as at the present. They were of an hereditary organization, sustained by the wisdom of the accumulated records of the experience of the forefathers, falling to the sons, who likewise added their experience and passed them along for the information of and amplification by their offspring, the next generation of physicians. The famous so-called schools of Cnidos and Cos were thus established and perpetuated. Hippocrates received his early education at the latter school. Surely, this plan of education constituted proprietary instruction in the strictest sense of the term. Soon physicians could gain their professional education in the temples along with those engaged in the attainment of the other learned professions, such as religion, law, mathematics and astronomy. Here we note the beginning of the university system of education of the present time.

But enough has been said already, it seems to me, to show conclusively the fact that medical education, at least up to the time of the development of physiology, chemistry, pathology and the still later co-ordinate branches of medical science, owed not only its birth but also its upbringing and final firm establishment to the value and perpetuation of the personal experiences of the crude medical endeavor of the first half of the recorded centuries of human existence.

The thirst for medical knowledge has extended from its points of inception in divers directions and in ever expanding circles, along the lines of intelligent appreciation and human sympathy, interrupted now and then for a time by the exigencies of national conflict or decay, and by individual complacency or contention, to the present time, bearing an ever increasing resemblance to that familiar picture painted on the placid surface of the lake by a falling pebble, as expressed by Pope:

The small pebble stirs the peaceful lake,
The circle round, a circle straight succeeds,
Another still, and still another spreads.

The advent of newer methods of observation, based on the application to medical research of the advances in collateral things, and the greater acumen, the product of increased opportunity and appreciation, rapidly supplanted the assumption of empiricism with the rational conclusions of unerring scientific investigation. The hidden mysteries of the heretofore subtle agencies of disease are now being rapidly solved by the application to their presence of Nature's similar agencies.

The previous conflicts waged by man against disease in self-defense, are now changed to the substantial victories of aggressive action. Terror, woe and sadness, the heritages of earlier disease devastations, are supplanted by confidence, joy and gladness—confidence in the power of man to prevent, joy in the realization of the outcome, and gladness in the knowledge that misery and death are being pushed apace to the rear. Man's relation to the earthly order of things forbids that this conflict shall cease or that he shall be victorious. Nor need we hope for any change in this regard until, perhaps, the discovery and isolation of the bacillus of old age shall establish a rivalry between human longevity and infinite time.

The facts of substantial merit that have thus far been attained in the field of medical endeavor are the accumulated product of the efforts of those who have engaged in the practice or the study of medicine. The practice of medicine has achieved the more because it has demonstrated not only the trustworthiness of its own dogmas, but also the soundness of the faith of the student. In view of these facts, it requires no emphasis of statement to remind you of the importance of your own individual efforts in these matters, nor of the fruit thus far borne by those of our antecedents, who were prompted in their striving rather more to do good, than to gain riches or favor.

As already stated regarding the significance of an organized body of medical men, it relates not only to the scientific combat of disease, but to the cultivation of that sentiment of goodfellowship which gains firmest root in the breasts of companions in arms. A numerous, able and well-trained membership, possessed of proper *esprit*, is as essential to the successful conduct of a medical, as of a military organization. The success and standing attending the efforts of organized professional or business action depends entirely on the measure and character of the labor performed. The relation of these characteristics to each other should be mutual and interdependent, thus producing the maximum amount of high attainment. Those who have had special experience in a given line of action or of thought, and are known to be careful and conscientious observers, and equally careful and conscientious in the statement of facts, should be encouraged when needful, and secured when feasible, to express their well considered knowledge through the channels of established organization. On all such occasions as these the luster of personal attainment is shed through and upon the channels of its utterance.

The sacrifice of time in pointless discussion is pernicious, as it constitutes not only an abuse of opportunity and intelligence, but fosters romance and ostentation. No one is wise enough to speak profitably, without preparation, on a topic thoroughly presented, unless it be one of special interest to himself. Therefore, the reputation of all and the station and dignity of professions, demand that the participants in discussion shall be fitted by experience and preparation to consider the subjects on trial. Any other course than this dilutes facts with fancy, and unmanly emphasis with puerility. Discussion conducted solely along the lines of friendly acquiescence or of gracious complacency, is the better suited to the graces of a feminine tea than to stern duty of combating disease, or of surmounting the difficulties of human opposition or those of Nature's bequests.

Scientific papers should emanate from sources which can add something to the store of knowledge, something that refutes or verifies an old, or that proposes or sustains a new, proposition. The presentation of a disser-

tation only because invited to do so, or for any other reason or excuse, in the absence of the possession of facts of importance, is making a convenience of other people's desires and perpetuating the display of personal vanity. In other words, the successful outcome of the discussion on an important topic requires that the participants be afforded the time and opportunity to enable them to express concise, intelligent and up-to-date facts and opinions regarding it.

The adoption of measures of this kind in connection with the consideration of living topics of common or of special interest, produces vitalized definite products. Any other course is one likely to refresh the memories with moribund facts at the expense of greater opportunities. Mann said: "Every addition to true knowledge is an addition to human power." It may be said with equal force, misguided efforts rob human possibility of important opportunities. The proper *esprit* is essential to success in every undertaking. Neither individual nor organized effort can attain the eminence of true merit without persistent labor for the common purpose. The domination of the church in general affairs and in medicine during much of its past history demonstrates forcibly the power of *esprit de corps* in the attainment of successful determinations.

The principles of action which lead to the success of individual effort apply with equal force to that of organized numbers in their efforts. And, by the same token, the creations of those animated only by effeminate complacency, are as unstable and unabiding as are images of sand. It is well in all instances of individual construction for common purposes to recall the wise saying: "No chain is stronger than its weakest link." The being enrolled in the support of a cause, or the maintenance of a purpose, medical or otherwise, constitutes a visible asset of the endeavor, but the fact alone that assets are present, even in ponderous dimensions, does not establish the success nor maintain the worth of the outcome of effort. The question is, are the assets available, are they productive, are their products of high comparative value, and how are they esteemed in the open markets of exchange of the professional and business worlds?

In the event of failure of high appreciation of the products of one's labor, it is then both becoming and wise to pause and ascertain the reasons of the failure, and in doing so it should not be forgotten that the admission of defeat or of the liability of it, constitutes the strongest incentive to the accomplishment of a purpose. A nature possessed of a kind of courage that impels one frankly to admit a fault; to acknowledge a failure or to confess ignorance will not submit to abasement. The same courageous manhood that commanded the acknowledgement will quickly lead to victory. It is not in the natural order of things that the worth of the contributions to human welfare and advancement of a person or an aggregation of persons, shall eclipse the good that follows in the same realm of endeavor, of all other of mankind. These contributions at the best can but point the way, and in so doing the beacon of experience serves as a guide of light to the greater and broader attainment of those who follow. A profession having in charge the physical welfare and comfort of human beings contributes very much indeed to the happiness and prosperity of the people. No adequate means of estimating the worth of these services has yet been determined, nor will it ever be known. Although the influences of environment, of custom and of demand regulate the standard of vulgar remuneration, there can be no true measure placed on the

sentimental, social and scientific outcome of medical care. How important then it is that those who devote their lives sincerely to the fulfilment of so sacred a trust, shall shun the pitfalls of venal practices, and of all contentions in which the public has no sympathy and which are antagonistic to the sacred precept: "As ye would that men should do to you, do ye also to them."

It seems to have been ordained as a duty that each shall labor faithfully for the welfare of others, and as an earnest of which we are commanded, "Thou shalt love thy neighbor as thyself." If the product of any human effort whatsoever be available to meet the wise needs of comfort or thrift, then surely has their author, dutifully or not, added something to the beneficent contents of the storehouse of well-being. Impotent indeed is he who has neither the opportunity, the ability, nor the inclination to contribute anything for the betterment of those around him, nor to the advancement of a cause of which he is a part. Fortunately nothing in this world is made in vain; nothing is lost. And although the good that one does may live after him, his ashes and those of the worthless serve alike to fit the soil for, we hope, a fruit of higher development.

Let us briefly measure our time, as members of this Association, with that of those who made it possible for each of us to regard himself as a reputable member of an honorable profession. The sympathy that stimulated the first efforts of relief is far more potent to-day than during the midnight era of unrecorded time. The means of the attainment of knowledge are now prolific and ever increasing. The ignorance, the contention and the bigotry which dwarfed and suppressed advance in earlier time are now supplanted by established learning, by honest debate and by thoughtful appreciation. Are we fully cognizant of the bountiful age in which we are living; and are we doing our parts as individuals and as an organization in a manner best intended to meet the approbation of those whom we now serve and those who are to follow?

It may not be amiss if each of us pause occasionally in our life's labor and indulge in introspection, inquiring: Can I not add yet more than I am now doing to the medical armamentarium for promoting human comfort and longevity? Are the intellectual products of my opportunities amply dedicated to the services of general human relief, or are they too often perverted to the advantages of individual gain? In other words, am I practising medicine as a consistent member of an honorable profession, or as a thrifty agent exploiting a business proposition? Is the sympathy which gave birth to my profession as keen and unselfish in my enlightened breast as in the breast of the pagan of the earlier time? Meditations of this character are healthy, mental exercises, and will beget promptings which, if heeded, will increase self-respect and exalt the profession of our choice. Those of us who for any reason are unable to contribute to the store of knowledge should be earnest in the determination to meet the demands of duty along other channels of human requirements, cheering ourselves with the thought that,

Knowledge is the hill that few may hope to climb.
Duty is the path that all may tread.

Aloes in Varicose Ulcers.

After the ulcer has been freed from pus by sublimate, horizontal position and elastic compression, it has been Coffin's experience (*Journ. des Mal. Cut.*, August, 1899) that lightly moistening the surface with tincture of aloes will heal it up rapidly.

Original Articles.

SURGICAL TREATMENT OF PERFORATION OF THE BOWEL IN TYPHOID FEVER.*

WITH A TABLE OF 158 CASES.

BY W. W. KEEN, M.D., LL.D.

PHILADELPHIA.

In the brief limits allowed to this paper, among so many others, it is impossible to discuss more than the treatment of perforation of the bowel in typhoid fever. The diagnosis of this serious complication, which is equally, if not more, important, must, unfortunately, be omitted. What I have to say may, perhaps, be best stated in answer to four questions.

1. *Shall we operate at all?* This question can now be answered absolutely in the affirmative. Thirteen years ago, when Prof. James C. Wilson and I first discussed the advisability of operation in a case of apparent typhoid perforation, not a single case had been operated on in America, and only one in Europe, by Mikulicz, and of this we were ignorant. Then, the question was debatable; now, experience has given us a positive solution.

In my book on the "Surgical Complications and Sequels of Typhoid Fever," published early in 1898, I published a table by Dr. Thompson S. Westcott, in which he collected for me 83 cases of operation, of which 67 died and 16 recovered, a recovery rate of 19.3 per cent. Appended to this paper is a continuation of that table up to the present time, compiled by Dr. Martin B. Tinker, containing 75 additional cases, of which 54 died and 21 recovered¹, a recovery rate of 28 per cent., a gain over the rate of the first 83 cases of over 40 per cent. The recovery rate of the entire 158 cases is 23.41 per cent. The list includes cases operated on many hours and often many days after perforation presumably took place. If all physicians were alive to the fact that the healing process after operation during typhoid progresses just as well as if there were no typhoid and were alive to the good results of operation, and especially if they called the surgeon promptly, I do not doubt in the least that the recovery rate would be 30 per cent., or possibly even one in three. Twenty-eight per cent. is within hailing distance. In somber contrast to this is the estimate of Murchison, that the recovery rate in unoperated cases is only 5 per cent., and Fitz states that 83.4 per cent. die within the first week, 37.3 per cent. even within the first day.

The papers of Cushing and Finney and my book in America, and the papers of Platt, of Monod and Vanters, and of Gesselewitsch and Wanach in Great Britain, France and Russia, respectively, have, evidently, borne good fruit.² From 1884, when the first operation was done, to January, 1898, 14 years, only 83 cases were reported. Two years have added 75—158 in all. Of the whole number, 97 are reported by American surgeons—including Canada—21 by British and 15 by Russian surgeons.

2. *In what cases shall we operate?* To this I would

*Read in the discussion on Typhoid Fever, at the meeting of the N. Y. State Medical Association, held in New York City, Oct. 25-26, 1899. A number of cases have been added since the paper was read.

¹ I count Case 95 as an operative recovery. Possibly Case 154, which survived nine days, might be so classed, but to be on the safe side I classed it as a death.

² References to these papers will be found in the table of cases. I must express my obligations to Dr. Finney for advance sheets of a paper on the same subject, soon to appear in the Johns Hopkins Hospital Reports, vol. viii.