

tic relations he is most happy, at least in the Israelitish sense, having a large and amiable family, to which he is most affectionately and tenderly devoted. This beautiful trait of character is very winning in men of his energy and ambition, and contrasts finely with the more masculine points. As a friend, he is true and faithful, and will at any time defend those whom he respects or loves. Of course, as an enemy he is equally open, decided and manly. His is the sanguine temperament, with a large head covered with light curly hair, a broad chest, and well-built and compact frame. He is well calculated to endure the labors of his most arduous profession.

Long may he live, to show to young men without friends or fortune what can be done by a manly self-reliance, and an energy and industry which will not acknowledge that there is such a word as *fail*. CATO.

SUCCESS IN THE MEDICAL PROFESSION.

An Introductory Lecture, delivered at the Massachusetts Med. College, Nov. 6, 1850,

By JOHN WARE, M.D.,

Hersey Professor of the Theory and Practice of Physic in Harvard University.

I AM forcibly reminded, gentlemen, of the rapid passage of time, by finding it again my duty, in the order of rotation, to become the organ of the Faculty in addressing the class at the beginning of another course of lectures. The topics which suggest themselves, for such an occasion, are sufficiently obvious, but, unfortunately, are not very various. One is therefore fearful that he may become tedious and distasteful, because he is obliged to treat of subjects and utter sentiments, which are repeated many times every year to many medical classes. He has, however, only to recollect, that though the materials of such a discourse may be stale to himself and to some small part of his audience, yet to the greater part of it, and to that part for whose advantage it is intended, everything may be new, and any topic, if properly treated, may be made useful.

In a profession like ours, the avenues to which are always filled by eager and aspiring competitors, the young man naturally looks forward to the day when he shall himself take his place among them. He reflects, too, with some anxiety, upon his chance for success amidst the crowd; and he would be glad to learn what the means are by which he may secure it. The inquiry constantly forces itself upon him—What are the elements of success? How am I to attain that which is the ultimate object of my exertions, the confidence and the patronage of mankind?

Is it best that this inquiry should thus engage the mind of the student? He will be told by some that he is not to think of the future, but of the present; that he is to qualify himself now, by a sedulous attention to his studies, for the duties that will by-and-by devolve upon him; and that, if he is faithful to these, he may be certain of his reward hereafter. He is told to take care of the present, and that the future will take care of itself. This, like many other popular maxims, is specious rather than solid. The advice it conveys, taken without much qualification, is not founded in wisdom. To understand the present and act well in it, we must

know something of the future, for which it is to prepare us. There is much, as I think, in the right direction of professional study, and much in the character and habits, moral and social, which the student forms, that will have a direct influence on his success as a practitioner. This it is all important that he should be convinced of in an early part of his career. I propose, therefore, to devote the time allotted to this discourse to a consideration of the Elements of Success in the Medical Profession.

But let me, in the first place, explain what I mean by success. I do not mean merely getting rapidly into a large practice and receiving a large income. This is desirable. But it may be done without what I understand by the best success. Where this is done rapidly, it is seldom done permanently. True success in medicine is that which gives to a man—after a reasonable probation—a probation which affords time for his qualifications to be really appreciated—the entire confidence of the circle in which he lives. This confidence is always a plant of slow growth. If it springs up in a night, it may wither in a night. Those qualities which afford a substantial foundation for it, cannot be made known, cannot be duly appreciated, in a short period. The same is true of any vocation—most of all is it true of ours. A suddenly acquired reputation and practice can only be the result of qualities of a superficial kind, which attract and dazzle at first, and which usually captivate a class of patients who are themselves superficial and generally fickle. In every community there is such a class, caught by every new pretension in the medical art. Large promises and an assured air of self-reliance afford a certain passport to their favor. But their favor is transient. Him whom they thus seek and trust before they can know him, they forsake as lightly. He has not the qualities which ensure a confidence worth keeping—and they have not the character which enables them to place a confidence worth keeping in anything.

No man who embarks his lot for life in our profession—no man who intends to practise it with a view to its highest usefulness to others, as well as to his own best advantage, should aim at the cultivation of the qualities that can only gain him a patronage so worthless and evanescent as this. I believe, gentlemen, I may say with truth, that everything relating to your studies, your character, your habits, your manners, your social and professional intercourse, may have an influence more or less important on your prosperity in the profession you have chosen; and my present purpose is to offer a few suggestions to aid in preparing you to acquire that sort of confidence which I have described as the only sure foundation for permanent success.

Of course I shall be expected to say that a thorough knowledge of medicine is of the first importance, and assuredly it is so. But this general statement requires some qualification. Medicine embraces a vast field of knowledge. To go over the whole of it is impossible, even in a long life. The pupil can only begin its cultivation. All this knowledge is of value; but all is not of equal value. All has some connection, but not an equal connection, with practice. Now the main purpose of the study of medicine with most of us, is to enable us to

treat disease. This is the ultimate object, which is to be kept in view at every step. It is for this end that the science of medicine exists—for this that the profession exists. This is never for a moment to be forgotten. No doubt there are some physicians whose aim is different—to whom practice is a secondary concern. They mean to acquire a great proficiency in some particular department. They mean to devote peculiar attention to anatomy, to pathology, to organic chemistry, to the microscopic study of organic forms. These are all useful pursuits, and they all have a useful bearing upon practice. But I am not speaking to such persons. The mass of medical students are to be practitioners, and practitioners only. These are the proper subjects of general medical instruction.

This I regard as a very important point. It is too often overlooked, that the final purpose of all medical study is practice. The whole circle of sciences connected with medicine has been called into existence for this purpose, and their value depends upon their connection with it. I do not mean to say that they are not worthy to be pursued for their own sakes. They are so, richly. Nowhere are the power, the wisdom and the benevolence of the Creator more wonderfully exhibited than in the human body; and its phenomena both in health and disease are as well worthy the contemplation of an enlightened mind for their own sakes, as those of chemistry or physics. But it is not as philosophers, as lovers of science, or even as admirers of the wonderful works of God, that we are called to interest ourselves in these subjects. It is solely that we may learn to treat disease. The direction and arrangement of our studies are to be wholly governed by this as their final purpose. Fortunate it is that the attainment of this purpose is not inconsistent with much of that pleasure which arises from the pursuit of knowledge for its own sake. But we are ever to recollect that this is to hold only the second place in our regard.

What, then, is that thorough knowledge of the profession which is necessary to success? A man may know a vast deal of the profession, and yet be a very poor practitioner. He may be an excellent anatomist, pathologist, chemist—nay, he may be minutely acquainted with the history and treatment of disease, and yet be totally unfit to take charge of a single patient. The thorough knowledge of the profession to which I refer in this connection, is that which will make the physician a good practitioner. The whole course of his education—the whole course of his thoughts—is to have such a direction given them as will most certainly tend to bring about this result. This makes it a matter of nicety as well as of importance, to select and give a due proportion to the different departments of medical study. Many things which it would be desirable to teach, it is not possible to teach, lest other things, more distinctly bearing on the main purpose, be crowded out. The object is to learn so much of each subject as will best qualify a man to understand and treat diseases; and the most proper education for the practitioner is that, which selects just such a proportion of the knowledge of each department as will best accomplish this end.

Hence, though it may be an ungrateful task to check the interest of

the young man in any study which he is pursuing with zeal, yet is he often in danger of expending a disproportionate share of his time and faculties on some favorite but limited subject. He may acquire so exclusive a relish for anatomy, for chemistry, for the microscope, or for pathology, as to vitiate his character as a practitioner. Not that these are useless kinds of knowledge, but that an excessive devotion to them may impair the practical tendency of his pursuits, and give them a wrong bias.

Of course it is desirable that he should be a perfect anatomist. But if he takes the time necessary to make him a perfect anatomist, he may neglect what is necessary to make him a good practitioner. After the acquisition of a general knowledge of anatomy, accurate as far as it goes, the surgeon requires a more minute acquaintance with the structures connected with accidents, operations, and surgical diseases; and the physician, with those of the organs which are the principal seats of medical diseases. It is in vain for the ordinary practitioner to attempt more than this.

The same rule is to be observed in judging of the amount of attention to be devoted to chemistry and pathology. Not that a man can know too much of chemistry, or, especially, of pathology; but that he may give to them too much time in proportion to that which he devotes to the practical branches. He cannot know too much of these, but he may know too little of therapeutics and materia medica. The point is to maintain the due relation between the several departments, and not to become devoted to one at the expense of the others.

It is a common fault among students, as indeed it is among practitioners also, to become extremely interested in some particular department of inquiry, and to pay an almost exclusive attention to this; as, for instance, to organic chemistry—to microscopic anatomy—to pathological anatomy. Such is most likely to be the case with the more ardent and enterprising among students; and their interest is apt to be particularly engaged by some of the elementary branches. This tendency is not unfrequently carried forward into professional life, and some men are thus led to devote themselves to an exclusive object of interest. This is useful to the science by adding to the common stock of knowledge. But the profession is benefited at the expense of the individual. Hence it has happened that many distinguished men in different departments of medical knowledge have failed in practice, and that some who have been very useful in accumulating materials which have made others good practitioners, have been very indifferent ones themselves. They have been sacrificed to the good of the profession.

Suppose one to devote himself, for example, to morbid anatomy. He becomes engrossed by it. It furnishes him with subjects of interest sufficient to occupy him completely. He is likely to withdraw himself from the study of ordinary diseases, and to find his chief interest in the study of those in which morbid changes are to be expected. He overlooks, or regards but slightly, all that vast amount of cases in which structural changes are not to be looked for, or in which they are not cognizable by the senses. Now such cases make up far the largest portion of those

which actually fall under our notice in every day practice. Then, too, his mind being fixed upon structural disease, and engaged in the study of cases in which it is found, he is apt to expect its existence where a man of common observation would not, because he has not become familiar with those cases in which symptoms like those of structural change present themselves independently of any such change.

Moreover, some members of our profession, both as students and as practitioners, become interested in the history of disease for itself alone, and fail in a due regard to the final purpose for which it is to be studied. I wish to make this statement clearly and carefully, because this branch of study is, in its proper proportion, the only sure foundation of a good practice. But there is danger of failing to keep constantly in mind its relation to practice; of regarding it too much as a mere scientific pursuit. This is a fault into which men of the highest education are perhaps the most apt to fall. They acquire the habit of studying disease merely as an object of science. It may, indeed, be worth studying as an object of science merely. But he who would practise medicine, must study it with a view to the practice of medicine.

Accurate diagnosis is of course essential to the good practitioner, but the student may take a wrong direction even in the study of diagnosis. He may bestow undue pains upon certain parts of it, to the neglect of others. As a striking example of this, I may refer to the paramount interest which young men are apt to take in the diagnosis of cases characterized by a few marked and salient features—especially in the minute diagnosis of diseases of the heart and lungs by physical signs. Let me not be misunderstood. I fully appreciate the value of this species of investigation. But we often give to it a disproportioned attention, and attach to it an undue value. We take great pains in determining minute points of diagnosis for the sake of detecting them, to the neglect of many circumstances in the history of diseases, the knowledge of which is of far more consequence in determining their management.

This is a very natural as well as a very common error. It is one which has certain good results. It cultivates and disciplines the powers of observation and discrimination. This is the kind of observation to which the student should first devote himself. The danger is, that he will attach to it an undue importance; that he will rest in it, instead of advancing to other modes of investigation. The exactness, and, scientifically speaking, the beauty, of its results, are captivating. There is a certainty in them which is gratifying to our pride; but we should recollect, that this is the most superficial and the least difficult of our modes of inquiry into disease, and that it affords us but a small part of the information which is necessary in order to enable us to treat it successfully.

Take, for example, the very common case of an organic disease of the heart. The minute points of its diagnosis are of great interest; they may present many nice questions which require the most careful scrutiny to decide. But suppose them settled. Suppose we have determined which cavity and which valves are diseased; and how, and how much they are diseased. Does this establish the prognosis, or the treatment?

Not at all. These depend upon entirely different considerations. The patient's age, the origin of the disease, its length, its rate of progress, the secondary affections in other parts which it has produced, the mode in which the system is affected by it, are all to receive the practitioner's attention. I believe I am safe in saying, that, in a case of this kind, the treatment is more dependent upon the manner in which other organs are secondarily affected, than upon the condition of that in which the primary disease exists. The man who merely satisfies himself, in a general way, that the heart is the seat of disease, and then investigates assiduously all the other phenomena, will, in my opinion, give far better aid to the patient, than he whose almost exclusive attention is directed to the nice determination of the local diagnosis. The ship-master who is a careful observer of the winds and currents—of rocks and shoals—who keeps a watchful eye upon the course of his ship, and trims his sails in accordance with favoring or adverse gales, though with but a rough approximation to his latitude and longitude, will make a quicker and safer voyage than the accomplished observer who can determine his place on the ocean to the fraction of a second, but neglects the other and weightier matters of seamanship.

And here it occurs to me to mention a distinction, not always sufficiently adverted to, which yet lies at the very foundation of good practice—the distinction between a pathological and a therapeutical diagnosis—the diagnosis which determines the technical character of the disease, and that which determines the principles upon which it is to be treated. In the preceding illustration the *pathological diagnosis* is the determination of the precise organic change in the heart; the *therapeutical diagnosis* is the determination of that condition of the system or of the other organs, or of the habits, or of the exposure of the patient, upon the management of which depends the cure, the suspension, or the relief of the disease, or merely the mitigation of his suffering. This condition may be in the lungs, the liver, the digestive organs, the kidneys, or in the habits of life, or the locality or the climate, in which the patient lives. The therapeutical diagnosis is far the more important. Cases of which the pathological character is precisely the same may require a treatment diametrically opposite. Some instances of this kind are so strongly marked, as to force themselves upon the notice of the most exclusive pathologist. No physician would, for example, treat the pneumonia which occurs in the last stages of chronic disease, as he would that which seizes a person in health; nor the pleurisy of a tubercular patient, as he would that of a sound man; nor the apoplexy which comes on as the result of a granulated kidney, as he would that which strikes down a robust, short-necked, plethoric individual in the vigor of life. These cases speak for themselves. But the same essential distinction runs through all cases of disease; and it is the perception and due appreciation of this fact which makes the chief difference between one practitioner and another.

Take for a further example typhoid fever. One physician, deeply skilled in pathology, makes early a perfect diagnosis. He rests satisfied with this; the great labor in the case is accomplished, and he treats it as

his teachers or as his books direct ; that is to say, he bleeds or purges, or gives calomel or antimonials or stimulants, according to the school in which he has been brought up. But another man, less expert in diagnosis, studies less carefully the signs which distinguish the precise nature of the malady, and may perhaps remain in some doubt as to the diagnosis, or he may even come to a wrong one ; but he investigates more thoroughly, and understands better, the varying conditions of the organs of the system, on which the treatment depends. Even if he does not know what the disease is, he knows what course of management will best enable the patient to contend with it successfully, whatever it may be ; and he reduces, evacuates, quiets, stimulates, supports or feeds the sick man according to the particular indications afforded by the individual case. You will find such a man sometimes using remedies in this disease, or at some period of it, which would make the former shudder ; giving wine or opium, for example, where the former would vomit or bleed—or, perhaps, letting the patient alone, and leaving him entirely to the resources of nature, in a state of things which to the former would seem to require all the resources of art.

We might multiply indefinitely examples of this essential distinction. In one case of apoplexy, to open a vein may be to raise the subject from death to life ; in another, pathologically just the same, it is to sign his death warrant with his own blood. In one case of delirium, an opiate wraps the sufferer in a delicious slumber, from which he awakes refreshed, his scattered senses restored to their propriety ; in another, it only serves to fill his mind with images more horrid than before, or to procure an uncertain and treacherous repose from which he never awakes, or, at best, awakes in a state of aggravated excitement. In short, scarcely a case presents itself in which we do not find occasion for the application of this distinction. To neglect it, to overlook it, is to fail in arming ourselves with a species of knowledge which is essential to successful practice.

It should farther be stated with regard to this distinction, that, whilst the pathological distinctions of disease are very many, the therapeutical are comparatively few. Of this we have a very clear illustration in diseases of the skin. The variations in their form, extent, and aspect, in the texture affected and the mode of affection, are very many. They are capable of a minute and accurate classification and description, and you may make of them an almost indefinite number of genera and species, all sufficiently distinct from one another as objects of pathological observation. But their successful treatment does not depend on an accurate discrimination of this sort alone, though such a discrimination may aid in it ; it depends more upon the discovery of certain morbid states of the digestive organs, of the secretions of the liver, the kidneys or the skin, or of a diseased state of the blood itself, of which the cutaneous eruption is merely one of the results. These conditions are few, and the same one of them may exhibit itself in different individuals in the production of very different appearances upon the surface. Hence the same kind of eruption may at different times require very different treatment ; while eruptions varying essentially in their pathological character may yield to precisely the same remedies.

As one of the results of this distinction, it often must have occurred to most practitioners to observe, that they can treat many cases perfectly well although they may not have been able to make out their scientific distinction; and, on the other hand, that they are quite at a loss sometimes where this distinction is perfectly clear. Hence, too, we find, that a very excellent pathologist sometimes, nay, I am afraid, quite often, may make but an indifferent practitioner; whilst some men, with a very moderate amount of pathological learning, but a large fund of sound common sense and a natural talent for nice observation, will make very excellent ones. They seize, with an intuitive quickness of perception, upon those conditions of disease on which its management depends; they learn, by an experience guided by their original sagacity, how far diseases are controllable by art, what conditions of them are so, and the agencies by which it can be done—and they apply this knowledge with a wisdom which is sometimes altogether beyond that which merely high attainments in science can confer. I am disposed, in connection with this topic, to introduce the words of one of the most eminent practitioners of our own or any time, which have a certain bearing upon the subject of which I am speaking. “I am convinced,” says Dr. Baillie, “that the most successful treatment of patients will depend upon the exertion of sagacity or good common sense, guided by a competent professional knowledge, and not by following strictly the rules laid down in books, even by men of the greatest talent and experience.” “A physician who should be guided by the rules laid down in books would be a very bad practitioner.”

It is a result of the same course of remark that an *exclusive* Hospital Education is not favorable to the formation of the best practitioners. In the first place it leads the student to attach an undue importance to the nicer pathological distinctions of disease as compared with its therapeutical relations; and in the next place it leads him to take an especial interest in cases of a strong and decided character, which present prominent features for observation and analysis, to the neglect of those that are vague as subjects of diagnosis, but yet call more than the others for the interference of art. Thus we see students crowd around the hopeless bedside of the subject of an internal aneurism, or of organic disease of the heart, or of pulmonary consumption, where some nice stethoscopic distinction is in controversy; whilst they pass carelessly by patients laboring under complicated disturbances of the functions, quite amenable to treatment, but presenting no distinct and tangible features to repay scientific investigation. Yet, in actual practice, it is in the management of these latter cases that we can do the most good—and it is these that we are most frequently called upon to treat.

A man's character as a practitioner is often injured by a special interest in diseases of a particular class, or in modes of treatment of a particular class. He may have a hobby both in pathology and therapeutics, which he rides very much at his patient's expense. Thus one man is disposed to find everywhere disease of the stomach; another man disease of the liver; another, of the heart; and so on. Some trace all diseases to congestion; some, to irritation; some, to spasm; some, to inflammation;

and some, to the state of the blood. Having their pet diseases, they are very likely to have also their favorite remedies; and all their patients, with little regard to differences of condition, are put under very much the same course of treatment.

[To be concluded next week.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 22, 1851.

Royal Edinburgh Asylum.—We are under obligations to Dr. Charles A. Lee, of New York, for a copy of the annual report of the Royal Edinburgh Asylum for the Insane, for the year 1849. This report contains much valuable and interesting matter. As it differs materially from the reports which are annually issued from our own institutions, we have thought it not inappropriate to mention some of its peculiarities. It is under the patronage of the *Queen*, as its name indicates; it has its governor and deputies, extraordinary and ordinary managers, a medical board, consulting and resident physicians, medical assistants, and chaplain, besides a host of other attendants—in all, with the government, numbering nearly as many as the unfortunate inmates themselves. The manner of conducting the immense establishment, both as regards the medical and domestic management, certainly reflects the highest credit upon those to whom the charge is entrusted. The average number of patients during the year was 473; and the number of those discharged *cured*, was equal to 45 per cent. An abstract table, in which are given the various articles of diet, with the quantity consumed during the year, certainly affords *food* for reflection, and is not without its interest. Among the quantities used, we quote the following, viz.: Roasting meat, 9237 lbs.; boiling do. 23,014; houghs, 23,028; ox heads, 46,189; oat meal, 51,333; flour, 2,899; raw sugar, 10,217; salt, 8,512; barley, 19,443; coffee, 2,501; 17,335 loaves of bread, 4 lbs. each; 364,600 do. 6 oz. each; skimmed milk, 16,386 gallons; sweet do., 5,996 gallons; beer, 5920 do.; porter, 1,040 do. That all this, besides vast quantities of other articles, not here mentioned, could be consumed by the inmates, would almost seem incredible; yet it is said to be the fact. The Asylum has connected with it a large tract of land, on which, and in the various workshops, 365 of the patients were employed, and that, too, with a *profit* to the asylum, besides the great benefit conferred on themselves by the occupation. We should judge it most emphatically a *royal* asylum, and, under its present management and discipline, a *model* one.

Zoo-Adynamia.—An inaugural essay, presented for the degree of doctor of medicine in the University of Pennsylvania, by Geo. J. Zeigler, M.D., is a very well written production, evincing much research in medical lore. As its publication was recommended by Prof. Samuel Jackson, of Philadelphia, it must be considered as above mediocrity, and its theories and speculations worthy of attention. The nitrous oxide gas, recommended by Dr. Zeigler in the various adynamic conditions, is entitled to the highest consideration. We have heard of its benefits, in intermittent fevers, in

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