

lower half of left front, with muco-purulent expectoration. An abscess formed in right forearm at the seat of the subcutaneous injection of ergotine. At the time of her discharge the uterus was still large, with a depth of five inches and a right lateral laceration of the cervix. Measurement of the pelvis gave between anterior superior spines,  $8\frac{3}{4}$  in.; between crests,  $9\frac{1}{2}$  in.; external conjugate,  $6\frac{3}{4}$  in.; diagonal, 4 in.

### THERAPEUTIC NIHILISM.<sup>1</sup>

BY MAURICE D. CLARKE, M.D., OF HAVERHILL.

It has been said, and perhaps not altogether without reason, that what Matthew Arnold would call the stream of tendency of modern medical thought was toward a therapeutic nihilism, — at least in Boston. Now, if by nihilism in therapeutics were meant anything like the chaos the word implies, the charge would carry with it its own refutation. But, if the men that are fond of the phrase therapeutic nihilism, mean by it that our creed is that of *laissez faire*, that our attitude by the bedside is one of folded hands, that, in short, we are willing waiters and not workers, we may well plead to the indictment.

Doubtless there is something captivating in the phrase itself, since it stands out in evident contrast to the general instinct of humanity, testified to no less by the domestic thoroughwort and saffron than by the munificent hospitals and dispensaries of a larger charity, to do something for the sick. Whether to do something is necessary or not, whether it is wise or not, whether it may not be even harmful, we all understand that it is expected of the physician, by common consent, to do something. How often, too, after having inquired as to the patient's bodily functions, regulated the diet, made suggestions as to bed and bedding, urged the importance of fresh air, and carefully attended to all the minute details for the patient's comfort, how often has it fallen to the lot of all of us to be confronted by the anxious friends with the inquiry, "But aren't you going to do something for him, doctor?" It is equally a matter of common knowledge that this widespread sentiment of the laity finds its echo among physicians, and that a large majority of them share the opinion that he fails of his duty and his privilege who neglects to do something. The alleged nihilist in therapeutics antagonizes, therefore, a rooted prejudice, not alone in the world at large, of whom nothing else need be expected, but among his own class, who might be presumed to exercise an intelligent judgment.

I remember very well that the somewhat jejune proceedings of the Section of General Medicine of the International Congress at Washington last fall were refreshed one afternoon by a discussion on therapeutics, in which varying views were presented with an approach to animation. No speaker, however, met with a heartier reception or provoked louder applause than a gentleman from Ohio, who announced himself as an enthusiastic believer in active medication and in the new drugs, and who pointed his remarks by the terse statement that, whereas rheumatic fever used to mean Dover's powder and six weeks, it now meant salicylic acid and six days. The man and the approval are typical. There can be no doubt that the popular current sets this way. It is the positive dogmatist that

catches the public ear, and negations fail of attractiveness as they are difficult of proof.

I suppose there are few pursuits whose study and practice are characterized by so much zeal as that of the physician. The zealous medical student has become a proverb. And it is excess of zeal that has obscured and continues to obscure the exercise of a reasonable therapeutics. Each new drug that the botanist finds in the fields, the chemist in the retort, becomes to the ardent experimentalist an immediate specific for not one disease but many. It was so in the days of our fathers, it is so now, it is very likely to be so for some time to come. There is just dying from our midst the last of a generation that revered the lancet, and many of whom used to find their own *materia medica* in their neighboring woods and fields. The place their valued remedies held was usurped yesterday by antipyrin, the day before by cocaine, and will be to-morrow by I know not what. It is stated in the current medical literature, with every appearance of truth, that cocaine, for example, is "good in," to use the every-day phrase, gastralgia, childbirth, seasickness, nasal hæmorrhage, hay fever, rhinitis, hæmoptysis, etc.; while antipyrin is very fortunately useful in spermatorrhœa, pertussis, enuresis, locomotor ataxia, rheumatism, migraine, neuralgia, seasickness, epilepsy, phthisis, hay fever, hysteria, lumbago, sciatica, diabetes, chorea and herpes zoster. But, alas, last week or last year the virtues of other drugs were lauded with equal assurance of their power. It is gravely stated in a dispensatory of the last century that "examples are related of very dangerous phthisis cured by the continued use" of a conserve of red roses; and the tincture of amber is extolled as "having incredible efficacy in all those distempers which proceed from weakness and relaxation, and in hypochondriacal, hysterical, and cold languid cases."

But there are other causes operative to favor indiscriminate therapeutics besides the popular clamor for dosage and the professional tendency to energetic medication. Not the least of these is the vast number of physicians annually sent out by the schools, which, in the nature of things, must include many excellent blacksmiths and tradesmen. "In this country," says the president of the American Medical Association in a recent address, "the multitude of medical schools, offering to the educated and uneducated, by low fees and short terms of study, inducements to become doctors, together with the almost universal desire among laborers to become doctors, has worked incalculable mischief. We have waited almost half a century for the desired reform to be effected, but our expectations have not been realized. Many excuses have been brought forward, but there is no excuse which will free the medical schools of this country from the responsibility of the odious defects of our system of medical education. The ratio of professional men in the United States to the population exceeds that of any other country in the civilized world. The ratio of practitioners of medicine to the population of the United States at present is about one to every five hundred and eighty, and there is very little danger that this ratio will be lessened. The supply will always equal the demand in spite of all difficulties." It is inevitable that the greater the rush to enter the profession the greater must be the proportion of those who, having but a smattering of general knowledge before matriculation and looking after graduation upon the practice of

<sup>1</sup> Read before the Massachusetts Medical Society, June 12, 1888, and recommended for publication by the Society.

medicine as a mere trade or means of livelihood, apply to it the same instincts and rules that govern the grocer's clerk and the carpenter's apprentice. It is inevitable that quinine and calomel should represent to them to-day the saw and scales they dropped yesterday, and that they should bring to the treatment of that complex variation from the normal we call disease the same confident energy they once employed in the building of fences and the weighing of sugar.

So far, indeed, as the representative school of New England, in which some of us have a personal interest and pride, is concerned, it is well understood that it is not open to criticism of this sort. I am not disposed to affirm, nor would it affirm, that its curriculum is complete or its methods incapable of improvement. I have heard the complaint in years past that its graduates had learned much about medicine, but had failed to learn how to practise it; that they had been taught the science and not the art of therapeutics; and that, when they were brought face to face with the every-day exigencies of private practice they found themselves at a loss. Now it may easily be that the student of the earlier days, riding his rounds with the country doctor, found something in the personal acquaintance with his instructor and his instructor's methods, in the daily elbow-touch with his parishioners, in the actual sharing of the interchanging hardships and rewards of a physician's life, — found something that the modern medical school, even with the aid of hospital and dispensary, fails in the nature of things to furnish him. And it may well be that the modern medical school would do wisely in adding to its scheme a few lectures upon the practical side of medicine before turning its graduates loose upon the community. But this is not saying that the modern medical school holds a wrong attitude toward therapeutics, if, inclining neither to the rhapsodies and vagaries of the enthusiast on the one hand nor to the idle fatalisms of the sceptic on the other, it aims to teach only such things as are believed to be truths in medicine, and leaves its students to deduce from them right conclusions.

The fact is that the treatment of the sick is very largely a matter of temperament. Some men are naturally disposed to look at disease from the standpoint of preventive medicine, some from that of hygiene, some with a reverence for the *vis medicatrix naturæ*, some with a belief in active medication. And the latter position is certainly the most attractive to the average medical man, and, in the presence of any serious illness, it is the most acceptable to the laity, in spite of the popularity of that therapeutic opera bouffe, homœopathy. Again, some men incline to run after new fashions, treating all diseases impartially and indefatigably with the newest discoverable drugs, and endeavoring to keep up with the "samples" of the manufacturing chemists; this is experimental therapeutics. Others, tor inert, perhaps, to shift for themselves, leave to these the practice of experiment, but borrow from them the suggestions their results afford; this may be called vicarious therapeutics. Others, again, settle back into the comfortable habit of always giving the same thing for the same disease, and thus, having once been in travail and delivered of a diagnosis, have nothing left to do but consult their books or their memories for the indicated remedy; this method of practice, I suppose by far the most common and

certainly the most degrading of all, is routine therapeutics. There are a few physicians, however, who look upon each case as to a certain extent *sui generis*, and who bring to its relief not only the results of the experience of the past and the experiments of the present, but also a personal opinion of the needs of the particular case, and who, so far as they are let, endeavor to do what a sound training, an impartial judgment, and an active conscience command; and this seems to me rational therapeutics.

I am aware that what I have said has been said before, and much better than I can say it. In fact, something like it was said fifty years ago before this Society by Dr. Jacob Bigelow, whose later writings repeat and emphasize the same idea. "It is the part of rational medicine," said he, "to require evidence for what it admits and believes. The cumbrous fabric now called therapeutic science is, in a great measure, built up on the imperfect testimony of credulous, hasty, prejudiced, or incompetent witnesses. . . . The enormous polypharmacy of modern times is an excrescence on science, unsupported by any evidence of necessity or fitness; and of which the more complicated formulas are so arbitrary and useless, that if by any chance they should be forgotten, not one in a hundred of them would ever be re-invented. And as to the chronicles of cure of diseases that are not yet known to be curable, they are written, not in the pages of philosophical observers, but in the tomes of compilers, the crudities of journalists, and the columns of advertisers. . . . The exaggerated impressions now prevalent in the world, in regard to the powers of medicine, serve only to keep the profession and the public in a false position, to encourage imposture, to augment the number of candidates struggling for employment, to burden and disappoint the community already overtaxed, to lower the standard of professional character, and raise empirics to the level of honest and enlightened physicians."

There existed, indeed, in that day something that has fallen into disrepute in ours, and that is a belief in "heroic" medication. Active drugging does, to be sure, exist in plenty, but "heroism," in the sense of the exhibition of large quantities of nauseous medicine, no longer fetters the profession or frets the patient. Neither form of error, however, was spared by Dr. Bigelow's incisive pen. But this paper will not have altogether failed to be of service if it does no more than call attention, in these days of polypharmacy and superpharmacy, to truths which may have gained theoretical acceptance but failed of practical realization. The lesson cannot be said too often. No less an enthusiastic therapist than Roberts Bartholow has stated within three months, that "the science of therapeutics should be made more certain. This is a branch of medical study which is not cultivated as it should be, and a true knowledge of drug action is not widely enough diffused. The acquisition of this knowledge is greatly hindered by the mass of old prejudices which still cling to this science and impede its progress, like the barnacles on the hull of a ship. All this complexity and superfluity of olden times must be wiped away; at least two-thirds of the pharmacopœial preparations could be dispensed with, and scientific therapeutics would thereby be the gainer."

There appeared last fall a series of delightful reminiscences, personal and professional, from the pen of an honored member of this Society, whose ripe years

included a half-century of practice, from Laennec and Louis to Koch and Pasteur, who had seen the swift-handed surgery he was taught revolutionized by the discovery of ether, and who might have heard the then novel doctrine of the self-limitation of disease from the lips of its learned propounder. In his earlier days, to use his own words, "a doctor's call meant something. An emeto-cathartic inevitably followed the first visit, no matter what the disease might be." The doctor "was called to do something at once, and he generally did it." His "course was simple and easy. He had to be 'heroic' only with the lancet and heavy doses, and his responsibility was cancelled. If successful he had been lucky in hitting upon the right medicine; if unsuccessful, it was the patient's misfortune. . . . But, alas for the cautious or unheroic practitioner. His failures were accounted no better than homicides, if not indictable." When a man of this training and experience, at the close of fifty years of practice, publicly suggests as a fitting and self-desired inscription for his tombstone, "He cured the sick without drugs," it has occurred to me that we might be justified in occasionally neglecting to do something.

Yes, I repeat, if by therapeutic nihilism is meant that we are mere lookers-on in Vienna, none of us will admit that such is an attitude we keep or desire. But if it is charged, that in the presence of disease we maintain at once a reasonable faith and an honest scepticism; that we decline to fire at random and with all sorts of shot, in the childlike hope that Providence will kindly let us hit something; that, in short, we intend, as St. Paul advised the Thessalonians, to prove all things and hold fast that which is good,—then there are those among us, let us trust, who stand just there, unmoved by the ebb and flow of the tides of ignorance and prejudice. And why not? For, as Van Swieten said, a century and a half ago, in his Commentaries on the Aphorisms of Boërhaave, the learned professor of Leyden: "What will be the idea of the best Physician in future times we know not; but he is to be reckoned a good Physician now, who makes use of all the assistances by which, through the happiness of the present age, the art of Physick has been improved."

### Clinical Memorandum.

#### UNUSUAL SUSCEPTIBILITY TO SEDATIVE REMEDIES.

BY ALBERT N. BLODGETT, M.D.

THE following case, which recently came under my observation, presented some features of peculiar interest, and I venture to record it:

The patient, a lady of twenty-four, in good health and free from any unusual tendencies, consulted me in relation to an acute neuralgia affecting the distribution of the facial nerve on the left side. Quinine in considerable doses, averaging ten grains a day for a few days, was sufficient to entirely relieve the distress, and the patient was for a time free from all disturbance.

The lady was in the fifth month of pregnancy, and again consulted me on account of a burning and smarting sensation following urination, which was very frequent, and occasioned much suffering from a constant

pain in the back, hips, and at the orifice of the urethra. The patient stated that she had been for a time a guest at a well-known watering-place, and that many of the ladies there were affected in a similar manner, and that the general opinion had been formed that this was in some way due to the waters, although many of the guests had been formerly at the same place, and had never had occasion to complain of the action of the waters. The pain and distress were so severe that my patient left the place, and after some delay, in the hope that the trouble would spontaneously subside, consulted me, as above stated.

I made no local examination, but prescribed a solution of bicarbonate of soda, containing to each teaspoonful two grains of potass. brom. sodii. brom. and chloral hydrate, with the addition of one-twentieth-gram of morphia. This solution was prepared at six o'clock in the evening, and the patient took one teaspoonful at half-past six, one at half-past eight, one at 2 A. M., and one at 8 A. M. She slept in the intervals, but awoke at the times stated, and, as she was alone, there is no other probable way in which the medicine could have been administered, except by her own hand. At eleven of the day, she rose and dressed and walked about her apartment, but feeling very drowsy and becoming rather frightened, she telegraphed for her husband, who came to her at four o'clock. She was at that time sleeping soundly, could with difficulty be awakened, and had no idea of the time, of her surroundings, or of the circumstances attending her condition. I was quickly summoned, and on reaching the patient found her dressed, seated in an arm-chair, and sleeping, with her head resting upon the back of a chair. Her color was good, there was no lividity of the skin, the breathing was easy, free, and natural, the pulse 72 and free, the skin a little cool, pupils dilated and sensitive, and the patient's condition was in no way otherwise changed from the appearances of ordinary healthy sleep. On trying to arouse her, there was no response to gentle measures, but by more vigorous methods she was sufficiently roused to open her eyes, to answer questions, and to give an account of her experiences. Two drops of the ordinary tincture of nux vomica were prepared in a little water, and the patient made to swallow it. She was then forced to walk, and after a little time could stand, and was able to move by herself. On being left alone, she at once sank down without regard to her situation, and was immediately asleep, and had to be violently roused. About five minutes after taking the nux vomica there was a distinct tetanic convulsion of a moderate degree of intensity, which was not, however, repeated. She now began to show increased animation, and was soon able to go about unassisted, and at my advice was taken to walk in the open air. She had eaten nothing during the entire day, and after a half-hour was able to take a good dinner, and from this time was entirely free from any soporific influence.

The patient said afterward that she had once before been similarly affected by a small amount of medicine given by a physician which contained bromides. She did not know the composition of the present medicine, and had no idea that it contained these articles. There was no appearance of hysteria, and the case seems to be one of unusual susceptibility to the action of a class of drugs which are usually supposed to be comparatively mild in character, and to be safe in large doses.