

PART III.

MEDICAL MISCELLANY.

Reports, Transactions, and Scientific Intelligence.

*The Achievement of the Mens Medica.** By JOHN WILLIAM MOORE, M.D., Dubl., P.R.C.P.I.; Physician to the Meath Hospital and County Dublin Infirmary.

INTRODUCTORY.

THE whirling years assign to me once more the honourable task of opening the Clinical Session at the Meath Hospital and County Dublin Infirmary.

Exactly twenty-four years have passed since it was my privilege, then a neophyte of six months' standing on the Medical Staff, to trace the medical history of the Meath Hospital from its opening on March 2, 1753, to the resignation on April 1, 1875, of William Stokes, a man

"Of very reverend reputation, sir,
Of credit infinite, highly beloved,
Second to none that lives here in the city."

—*Comedy of Errors*, v. 1.

HOSPITAL IMPROVEMENTS.

Were that great and good physician now to revisit this scene of his earthly labours for forty-nine years, he would much rejoice to find that the lessons he taught as to the prevention, not less than the cure, of disease, have borne ripe fruit in the hospital he served so faithfully and loved so well.

We can point with pride to the isolation hospital which has been erected on our grounds within the last few years for the treatment of infectious fevers; to the modern operation theatre, which has already proved an invaluable boon; to the admirable drainage system of the hospital buildings; and to the remodelled and enlarged laundry, with its splendid machinery, now utilised to heat the theatre and to supply hot water to all parts of the hospital.

Although any statement relative to the Operation Theatre would

* An Address introductory to the Session of 1899-1900, delivered at the Meath Hospital and County Dublin Infirmary on Monday, October 9, 1899.

come more appropriately from the lips of one of my surgical colleagues, I cannot but allude to the work done in it since its opening on October 1, 1898. The Report of the Hospital for the year ended March 31, 1899, states that the new theatre has been built on a higher level than the old one, and is in direct communication with the surgical landing, so that patients are now simply wheeled from the wards into the theatre, and back again to the wards on the completion of the operation. In the theatre itself the aim has been to combine simplicity with perfection of detail in carrying out as thoroughly as possible all the requirements of modern aseptic surgery. Arrangements have been perfected for a constant supply of boiling and cold sterilised water; and heating is effected by means of steam radiators, so that the severest abdominal operations can be performed at a temperature of 70° F., even in mid-winter. The floor consists of marble mosaic, and the walls are built of specially prepared cement, so that the whole area can be thoroughly washed and disinfected both before and after use. No porous or dirt-retaining fittings have been used, and the dust from the students' boots, clothes, &c., is prevented from reaching the field of operation by glass screens running round the galleries. Since its opening, now twelve months ago, operations have been performed in the theatre day after day, without a single mishap or a single instance of septic infection. This fact alone shows the perfection of detail with which the arrangements were planned, and the conscientious care with which they have been carried out by the Surgical and Nursing Staffs.

In connection with the Surgical Department of the hospital also, a new male accident ward, containing twelve beds, has been erected on the site of the old operating theatre. This spacious and cheerful ward has been fitted with separate bath-room, lavatory and closets. It is lofty and admirably ventilated and lighted; it has been supplied with every requisite for the benefit and comfort of the patients. Provision has been made in the old ward for the isolation of patients affected by septic conditions, or offensive cases likely to contaminate a ward.

Of the accommodation for infectious cases, I need say but little. The "West Wing" is doing noble work during the present season in the matter of the treatment of the epidemics which have visited Dublin this autumn—measles and typhoid fever. In our Epidemic Wing we are able to accommodate some 40 patients with safety to themselves and to the public health. From what has been stated, it is clear that no expense or pains have been spared to make the

Meath Hospital a fully-equipped School of Clinical Medicine and Surgery in the modern sense.

THE LOCAL GOVERNMENT ACT, 1898.

The past year has, in another direction, been a noteworthy one in the history of the hospital. Founded in 1753, the Meath Hospital was, in 1774, constituted the County Dublin Infirmary by Act of Parliament, and received from the Grand Jury accordingly a presentment of £100 per annum. This brought the hospital under the operation of the Local Government Act, 1898. Section 15 of this measure provides that "every County Infirmary shall be managed by a Joint Committee, appointed triennially, consisting of such number of Members of the Corporation of the Governors and Governesses of the Infirmary appointed by the corporation, and of such number of members of the County Council, as the Local Government Board from time to time fix in the case of each infirmary." Letters have been received from the Secretary of the Local Government Board, stating that that Board had fixed the number of members of the Joint Committee for the management of this Infirmary for the next three years at twenty-three—viz., one representative of the Corporation of the City of Dublin, three representatives to be appointed by the County Council of Dublin, and nineteen representatives to be appointed by the Governors and Governesses of the Infirmary.

The new Joint Committee will doubtless work with a single eye to the best interests of the institution which has thus been entrusted to its care. Its representative character should entitle it to public confidence. But, if it is objected that the Corporation and the County Council are not sufficiently represented, the remedy is simple—let those bodies double their contributions, and at the next triennial election their representation will be proportionately increased.

PROPOSED NEW LUNG FOR THE HOSPITAL.

There are still, in my opinion, two directions in which generous donors might benefit the hospital. One is in the matter of the purchase of a waste piece of ground to the westward of the hospital extending from Williams's-place to the rear of Lower Clanbrassil-street. If it were once the property of the "Governors and Governesses," together with the intervening row of cottages in Williams's-place, we should have secured as fine an open space or "lung" on the west, as that which already exists on the east, side of the hospital.

A NURSING HOME.

Perhaps a still more pressing need is the erection of a Nursing Home in the vicinity of the hospital, and the establishment of a Training School for Nurses under the immediate control and management of our own Committee. A properly managed and efficient Nursing School and Home would in a comparatively short time prove a source of profit, and be a benefit to the institution. Far be it from me to underrate or decry the invaluable services rendered to the sick and suffering treated in our wards by the Red Cross Sisters and Probationers, with Sister Ellinor Lyons at their head. But the existing system leaves much to be desired in regard to finance, control, and repute as a School of Sick Nursing. I trust that the closing year of the Nineteenth Century—the year of our Lord, 1900—will witness the realisation of the two schemes of improvement I have ventured to suggest. In the proposed Nursing Home provision should be made for a Lecture Theatre, of which the hospital is sorely in want. A suitable site would be the plot of ground west of the hospital, to which reference has just been made.

THE NOBLENES OF MEDICINE.

Gentlemen, members of the Medical and Surgical Class of the Meath Hospital, to you especially shall my brief words on this occasion be addressed.

Many of you are to-day standing upon the threshold of your life-work—and a very solemn life-work it is. "Medicine," said the late Sir Andrew Clark in one of his many addresses to students, is "the metropolis of the Kingdom of Knowledge." "You have chosen," said he, "one of the noblest, the most important, and the most interesting of professions, but also the most arduous and the most self-denying, involving the largest sacrifices and the fewest rewards. He who is not prepared to find in its cultivation and exercise his chief recompense, has mistaken his calling, and should retrace his steps."

The issues at stake in the practice of the Medical Profession are indeed momentous. To the physician are for the time being, in a measure, committed the balances of life and death; the joys and sorrows of humanity pass daily in a pageant before his eyes; to him are entrusted secrets, the revealing of which might blast a reputation or snap the thread of life. He is the confidant of manhood, the trusted champion of womanhood, the friend of little children. His part it is to tell of approaching death when his skill has failed to save life—oh! let him act this tragic part with tender-

ness and loving sympathy, lest his words should wound like barbed arrows, rather than soothe like the "balm of Gilead." When the prophet of old sought to describe the desperate state of his nation, he uttered the plaintive words—"Is there no balm in Gilead? Is there no physician there? Why then is not the health of the daughter of my people recovered?"

THE "MENS MEDICA."

Such being the dignity and the responsibility of our profession, surely we should approach its portals with bated breath and reverent mien. I do not urge that the physician should be an ascetic. The very solemnity of our work forbids this, and counsels recreation as a foil to the stern realities of our daily life. The best physician is the man who, daily witnessing the havoc wrought around him by the hand of Death, from his experience forms the habit of acting with a constant view to death, and develops the earnest desire to shield from its stroke the sick entrusted to his care. "Perception of distress in others," writes Bishop Butler in *The Analogy of Religion*, "is a natural excitement passively to pity, and actively to relieve it; but let a man set himself to attend, inquire out, and relieve distressed persons, and he cannot but grow less and less sensibly affected with the various miseries of life, with which he must become acquainted; when yet, at the same time, benevolence, considered not as a passion, but as a practical principle of action, will strengthen, and whilst he passively compassionates the distressed less, he will acquire a greater aptitude actively to assist and befriend them."

This is the "Mens Medica," which endows the true physician with the God-like power of healing. His compassion, observation, experience, reason, and learning are all enlisted in a self-denying and supreme effort to combat disease and to ward off death.

Fellow-students of the Hospital Class, it needs no words of mine to show you that the "Mens Medica," of which I speak, is a possession not to be lightly won, but to be highly prized. It is, as it were, the Golden Fleece which you, the Argonauts, must win through many trials and temptations, through many perils by land and sea. My task, in the few moments allotted to me on this Red Letter Day of a new Session, is to point how best this prize may be achieved.

CLINICAL CASE-TAKING.

With much concern the physicians of the hospital have observed that for some years back—especially since the institution of a fifth

year of medical study—students have been inclined to pay less attention to their clinical work than was hitherto their custom. They still “walk” the hospitals, but their attitude has become less actively attentive than of old. When it was not compulsory to “take cases,” cases were taken as they should be taken—that is, the patients were visited twice a day, and every symptom and turn of their illness were noted. Now, I do not for one moment wish to belittle the teaching in our Schools of Medicine. A liberal general education and a sound knowledge of the ancillary sciences are essential elements in the evolution of the physician or the surgeon. But the paramount use of these aids to a professional training is to enable the medical student rightly to observe and study disease—and this crowning work of medical education can be pursued only at the bedside of the sick—there alone can “the ways of the sick” be learned. In my first Address, delivered in 1875, I quoted Robert James Graves on this point. With your permission, I shall quote him again. In his first introductory lecture after his appointment as Physician to this hospital in 1821, he wrote:—“From the very commencement the student ought to witness the progress and the effects of sickness, and ought to persevere in the daily observation of disease during the whole period of his studies.” He continues:—“A great number of students seem little, if at all, impressed with the difficulty of becoming good practitioners; and not a few appear to be wholly destitute of any prospective anticipation of the heavy, the awful responsibility they must incur when, embarking in practice, the lives of their fellow-creatures are committed to their charge. It is by persons of this description that the earnest attention and permanent decorum which ought to pervade a class employed in visiting the sick are so frequently interrupted. Young men of the character to which I allude attend, or, as it is quaintly enough termed, *walk* the hospitals very regularly, but they make their appearance among us rather as critics than as learners—they come, not to listen, but to speak—they consider the hospital a place of amusement rather than of instruction. Students should aim not at seeing many diseases every day; no, their object should be constantly to study a few cases with diligence and attention; they should anxiously cultivate the habit of making accurate observations. This cannot be done at once; this habit can be only gradually acquired. It is never the result of ability alone; it never fails to reward the labours of patient industry. You should also endeavour to render your observations not only accurate, but complete; you

should follow, when it is possible, every case from its commencement to its termination, for the latter often affords the best explanation of previous symptoms, and the best commentary on the treatment."

In some degree, the languid case-taking of the present day is due to the active training of nurses and probationers which goes on in our wards. Our neat Clinical Charts are filled in by the probationers who are trained to take observations on the temperature, the pulse rate, and the rate of breathing. But this should not interfere with the case-taker's records—quite the reverse, for a second series of observations would control the first. Speaking with more than thirty years' experience as both student and practitioner, I assert with all the emphasis at my command that the student who neglects his clinical work, or carries it out in a half-hearted and perfunctory manner, will bitterly regret his lost opportunities in after-life. Sooner or later, with much searching of heart and with many a misgiving, weighed down by a full sense of undivided responsibility, he will have to strive after that ripe experience which was within his grasp while yet a student, when he could share all responsibility with his teachers, and was sheltered beneath the ægis of their position.

The apologist of the medical student will urge that so many new subjects have been added to the curriculum and examinations that he has no time for hospital practice. To this apology there is a threefold answer—(1) A fifth year has also been added to the curriculum; (2) the additional subjects are necessary if he is to be an "up-to date" physician and surgeon; (3) their study renders hospital work at once easy and fascinating.

THE ADVANCE OF MEDICINE.

Medicine and Surgery have advanced within the past quarter of a century by leaps and bounds. Almost precisely twenty years ago, on November 3, 1879, it was my lot to deliver the Address introductory to the session in this hospital, and I chose as my subject "The Microcosm of Disease." The term "Bacteriology" was not then in use, but it was what I meant. Look how rapid and how conducive to the welfare of mankind has been the march of knowledge in regard to the bacterial origin of disease. Think of the triumphs of modern aseptic Surgery, more glorious because more beneficent than any triumphs the world ever saw before.

Nor has Medicine lagged behind. Day by day we are learning more of the intimate nature of contagion in relation to the infective

diseases; our diagnostic powers have been reinforced by microscopic investigation of stained bacteria, by observation of the altered behaviour of certain pathogenic micro-organisms in the presence of infected blood—witness the Widal test for typhoid or enteric fever; and one fell disease at least has been robbed of its terrors by the serum or antitoxin treatment—namely, diphtheria.

THE FEVER PROCESS.

The nature of the fever process is now far better understood than it was even a few years ago, and we have learned that “fever,” or elevation of bodily temperature above the standard of health, or “normal,” serves a useful purpose, provided that it is properly controlled. There is, in fact, what the Germans aptly call “*das Heil-Fieber*”—“the fever which brings back health.” At the close of an able Address on “Antipyresis” before the Tenth International Medical Congress at Berlin, in 1890, Professor Arnaldo Cantani, of Naples, used the memorable words—“*Das Fieber, das in so vielen Krankheiten der beste Verbündete des Arztes ist*”—“the fever, which in so many diseases is the best ally of the physician.” Fever, in a word, purges the system. In an excellent article on Typhoid Fever, written in the present year, Drs. Affleck and Ker, of Edinburgh, say—“The ordinary fever of a typhoid case runs such a fixed and definite course that it is hard to believe that the pyrexia is not Nature’s cure for the disease.”

In this mixed assembly of laymen and members—actual or presumptive—of the medical profession, I would raise a warning voice against the pernicious doctrine that in fevers the temperature must be reduced as quickly as possible to what is popularly called “normal.” It cannot be too often or too emphatically and authoritatively declared that such a procedure is very likely to destroy life. The so-called antipyretic medicines, or heat-reducers, should never be used by unskilled hands. The employment of such remedies, even by the skilled physician, calls for the utmost caution and the most anxious consideration. The danger lies in an interference with the production of body-heat, while the escape of heat from the system is increased. In this way collapse is likely to be induced. For many years I have taught that the only safe antipyretic, or assuager of fever-heat, is water, and especially cold water. It helps the escape of heat from the body in many ways, while it does not interfere with heat production—rather, indeed, does the use of cold water internally and externally encourage the evolution of heat in the body.

ALCOHOLIC STIMULANTS IN DISEASE.

Another popular error, rife among medical students also, is that alcoholic stimulants are a sheet-anchor in serious disease. Such a notion may be fraught with grave consequences—immediate and remote. A patient, already suffering from the effects of a specific poison, may be doubly poisoned by alcohol, itself an intoxicant, or poison. And—a still greater disaster—a habit of alcoholism may be engendered through the careless administration of alcoholic stimulants. Children and women, as a rule, bear stimulants badly, and in their case especially their use should be but temporary. In so-called “nervousness,” nervous depression and sleeplessness, stimulants are much more likely to do harm than to do good. If they are given at all, it should be under the watchful supervision of the physician, the effect of each dose being carefully noted and weighed.

The question of the administration in fever of these powerful drugs—for such they are—is an anxious one. The chief indications for their use are derived from the state of the pulse, the heart, the tongue, and the brain; and from the presence of complications, particularly of the “typhoid state,” or that state which betokens profound depression of the nervous and muscular systems. Stimulants are most urgently required during the night and in the early morning, when the life-tide is at the ebb and the vital powers are wont to flag. In the forenoon they are much less needed. A comparatively safe way of exhibiting stimulants is in combination with food, in the form of eggflip, wine-whey, sillabub, and so on.

DIET OF THE SICK.

This leads me to remark that, if you wish to be a good physician, it is necessary that you should also be a good cook. At all events you should be a good theoretical cook, effect being given to your theory by a good practical cook. There is scarcely a disease in which diet does not play a more important part than mere medicines. Again, there are no two patients whom precisely the same dietary will suit. We might say: *Quot homines, tot epulæ*. The skill of the physician will at times be severely tested in the attempt to draw up a suitable bill of fare for a fastidious patient. We should always remember that “what is one man’s food is another man’s poison.” Dr. T. King Chambers, in his excellent “Manual of Diet in Health and Disease” (published in 1875), reminds us that when the tailor in Laputa sternly refused to take the usual measurements, and insisted on constructing Captain Gulliver’s coat, waistcoat, and breeches on abstract principles, the customer vowed it was the

worst suit of clothes he ever had in his life. Dr. Chambers adds : "We should certainly fail in the same way if we did not take the measure of numberless contingencies in the daily life, and numberless peculiarities in the persons of those who consult us about their diet and regimen."

PULMONARY TUBERCULOSIS.

The hospital treatment of consumption—by which is commonly understood pulmonary tuberculosis—is an anxious question, and one that is difficult of solution. Year by year the conviction grows stronger that in treating this fell disease in the wards of a general hospital we are committing a grave hygienic error.

In an Address on the "Prevention and Cure of Tuberculosis," delivered before the Section of Medicine at the Carlisle meeting of the British Medical Association in 1896, I pointed out that, theoretically, the air of an hospital ward, however clean and well-ventilated that ward may be, is unsuited for a consumptive. In it his surroundings are calculated to depress. The dietary may not coax his appetite. And then to look at the question from the point of view of the other patients, the presence of the consumptive may be no more than tolerated. He keeps them awake at night with his hacking and racking cough ; he resents open windows, yet may pollute the air in the ward to an extreme degree. If his expectoration is not destroyed or disinfected, he may even infect his fellow-sufferers with his own disease.^a He occupies month after month a bed which otherwise would accommodate many generations of patients labouring under less chronic and more curable maladies. Lastly, the hospital treatment of tuberculosis breaks down because of its utter inadequacy to cope with so universal and so tedious a disease. In a week every bed in every hospital in the United Kingdom might be filled with consumptives, and even then thousands upon thousands of cases would be left without hospital accommodation, so widespread is the plague of phthisis.

The Hospital Treatment of Tuberculosis should resolve itself into providing of—

1. *Consumption Hospitals, or Sanatoria*, in which the disease could be treated in its earlier and more hopeful stages.
2. *Special Consumption Wards* in General Hospitals, into which tuberculosis, and that disease alone, should be received.

^a Geo. Allan Heron. The Relation of Dust in Hospitals to Tuberculous Infection. *Lancet*, Jan. 6, 1894.

3. *Refuges* for those far advanced in, or dying of, consumption. The German name for such an institution is very expressive—"Friedensheim," or "Home of Peace."

The providing of special wards in, or adjacent to, our general hospitals would meet to a certain extent some of the objections I have advanced to the treatment of consumption in hospitals. In such wards consumptives in a more advanced stage of the disease could be treated, the separate principle being carried out wherever possible, a ward in any case being planned to contain never more than 3 or 4 patients, and provision being made for inhalations of ozonised oxygen, as suggested and carried out by Dr. Ransome.

In Dublin there are two large institutions of a sadly pathetic nature—one is the Royal Hospital for Incurables; the other, Our Lady's Hospice for the Dying. The former stands on its own grounds, which are very extensive, in the Pembroke Township, a healthy suburb of Dublin. It was founded in 1740, but has been greatly enlarged within recent years. It contains 212 beds, many of which are occupied by cancer cases, and patients suffering under incurable visceral diseases (of the heart, liver, kidneys, &c.). There are also numerous cases of advanced or incurable tuberculosis.

Our Lady's Hospice for the Dying stands on extensive grounds at Harold's Cross, in the Rathmines Township, another large outlet of Dublin. This institution affords accommodation for 112 patients, and is designed only for those whose illness is likely to terminate fatally within a limited period. The bulk of the cases received into the wards are the victims of tuberculosis, and especially of consumption.

MEDICAL ETIQUETTE.

I do not wish to weary you with a long Address, but there is one fact which, if once pressed home, may save you and others from many a heart-burning in your professional life. A physician or a surgeon has no vested right or property in a patient. To put it in another way, the public have the most absolute right to choose their own medical attendants, and to change them as often as they please. Therefore, do not pick a quarrel with a professional brother on the ground that he has superseded you, and do not judge him harshly, or at all, until you have heard both sides of the question.

Do not misunderstand me. While the public must be left free-handed in this matter, a serious responsibility rests upon every

member of our profession who does not act towards his professional brethren with consummate tact, consideration, and forbearance. Never take advantage of a brother. If you are called in to visit a patient hitherto under his care, acquaint him of the fact with the least possible delay. Come to an honourable understanding with him. Do unto him as you would he should do unto you. If he then takes umbrage, the fault lies at his door, not at yours. Such is "Medical Etiquette." William Stokes concluded one of his eloquent Addresses on our conduct towards other men with the words of Hamlet—"Use them after your own honour and dignity; the less they deserve the more merit is in your bounty."

CONCLUSION.

It only remains for me to bid those of you who are now for the first time entering our wards for clinical study, *cento mille pátite—a hundred thousand welcomes*—and to grasp once more in hearty friendship the hands of those who have in past sessions worked side by side with us in the harvest-field of this hospital.

In the *Song of the Old Woman of Beare*, Digdi, the aged woman of Bearhaven—who for a hundred years had worn the veil which Cummine blessed upon her head—contrasts, in language of indescribable pathos and beauty, the privations and sufferings of her old age with the pleasures of her youth, when she had been the delight of kings. She draws her imagery from the flood-tide and ebb-tide of the wide Atlantic, on whose shore she had lived and loved and suffered—

"The wave of the great sea talks aloud,
Winter has arisen."

Be it yours rather, after a youth spent in noble toil and loving service to the sick and suffering, to enjoy in your old age the pleasures born of a well-spent life, and on the flood-tide of the Master's love to be wafted into the quiet haven, where—

"Beyond these voices there is Peace."

LITERARY INTELLIGENCE.

DR. JELLETT, the author of a "Short Practice of Midwifery," which has already reached a second edition, is, we learn, at work upon a companion volume on Gynæcology. The work, which will be of an eminently practical character, will be illustrated freely. The publishers are to be Messrs. J. & A. Churchill, of 7 Great Marlborough-street.