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Treatment

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A FALLACY OF THE REST-CURE TREATMENT*

BY GEORGE M. GOULD, M.D.

Even in this day of enlightenment as regards etiology and pathology, there are thousands, very many thousands, of patients being systematically treated for functional diseases of the body that are due to diseases of the eyes. There are other thousands being treated for organic diseases of the body which originally were caused by ocular diseases. In both cases neither the patient nor the doctor has the remotest suspicion of the ocular origins of the functional and organic abnormalities. Sneering and top-lofty contempt of the specialist "hobby-rider" will not change the facts, nor lessen the hobby-riding. Moreover, the assertion that the patient has been in the hands of an ophthalmologist of good reputation does not in the least lessen the truth for which I contend.

Out of perhaps a hundred classes I wish to-day to choose one small class of cases illustrative of the general thesis. This group is composed of "nervous" hysterical patients, usually women, neurasthenics, whom, when we do not know what is the matter with them, and when we can relieve them by no other means, we call "nervous breakdowns," and order the rest-cure. Modern medical practice is made up in too large degree of this sort of work in the dark—I mean with patients whose diseases we may name but can not thoroughly diagnose, and the treatment of which we order with a sickening feeling in our own hearts that we are blind and ignorant of any clear reason for our doing. In no class of cases is there such great reason to look after the eyes as in this class of hysterics and neurasthenics, which, by a morbid philology we allow to be called "nervous." I am told that

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Dr. Spivak of Denver has advanced the theory that hyperchlorhydria and other functional gastric troubles are the principal affections relieved by the rest-cure. To this I would add that nothing is more certain in my mind than that such functional gastric derangements are frequently the direct result of eye-strain.

Out of a large number of such cases I have seen permit me to epitomize in simple language, I mean without the cacophonous jargon of the oculist, three typical ones:

CASE 1.—Six years ago a woman came to me with a long history of sick-headaches, functional digestional trouble, anemia, and the hundred ill-defined symptoms of nervousness, hysteria, etc., so often conjoined in our pathetic, characterless, useless, childless, muscleless, hothouse flowers of modern womanhood. I found a complex unsymmetric astigmatism—the fruitful mother of such daughters. The woman at once took fright and with horror asked me, “But Doctor, I will not have to wear glasses, will I?” I said, “If you come to me you will not only wear glasses, but spectacles, and you will wear them every hour of your waking life. If not, I can not be your adviser.” She would not listen to this. The devil of pride ruled her heart and was stronger than her belief in me, and she at once consulted an oculist who allows his patients to do as they please in regard to treatment. In the years that have flown since then this woman has taken several rest-cures. She thereby gets fat; of course, the doctor is praised and the fame of the mythical metaphysical treatment gains ground. But somehow the nervous breakdowns recur, institutions of various styles of euphuistic titles—one certainly a family inheritance and hence inalienable—are visited for long or short terms, the husband’s business and mind grow weedy, and the slow journey down the tragical road, a literal *descensus averni*, continues with increasing speed and certain ending.

CASE 2.—Five years ago a school-girl of 16 years was sent me because of poor vision, headaches, and sundry nervous phenomena. She had an enormous astigmatism and with the best glasses I could give her there was only

two-fifths vision in each eye. My spectacles were worn and the vision in a month had regained normal acuity, the headaches entirely disappeared and perfect health was enjoyed for two or more years. Then as the young men gathered about the lovely flower, the glasses were left off, the health ran down, malnutrition, headaches, the Lord knows what not, returned, and, of course, the great nerve-specialist had to be consulted. He never asked or said a word about eyes, but put her to bed for three months, and she got as "fat as butter," and "Great was Diana of the Ephesians." Then after the neurologist's victory she was brought to the poor little oculist again, "just to show him, etc.," and "to get new glasses should they be needed now," and lo, again the vision reduced to one-half or two-thirds of the normal! I hope she has her husband by this time—but I pity him!

CASE 3.—The patient was a young man—and when you find a young man needing the rest-cure, I would advise looking into the matter with all the 'scopes at command, and for a hundred or two years at least! He had for ten years suffered everything that a strong, fine organism could suffer and not die. The reflexes from a pair of eyes with high compound unsymmetric astigmatism had expended themselves on mysterious functional digestional disease. Every kind of dieting, every treatment suggested by the finest physicians had been tried; he was wearing glasses from an ophthalmologist of national reputation; his natural intellectual mind was getting "fuzzy" with ten years of torment, loss of business, failure in ambition, etc. Reading for ten minutes "tied his stomach into a knot," and because he had no loss of visual acuity, and no pain or trouble whatever with the eyes—these are just the cases that wreck lives—and because he had glasses from a great oculist, even his quick perception had been unable to see that the eyes were the cause of the trouble. For a diabolical refraction-error he was wearing simply and only a pair of weak prisms in his spectacles. It would have done him more good to have buried a lock of his hair at midnight at the crossing of the country roads, with a black cat held

by the tail over the grave. Well, the neurologist put him to bed with forced feeding, stopped his reading, and gave him back his lost forty pounds of flesh. When he got about again, his stomach began tying knots when he read, and the old woes began their old round. The heretofore unused mydriatic, when he came to me, gave instant relief of all symptoms and so long as the ciliary muscle was paralyzed there was no stomach-tie or misery of any kind. A few days' gymnastic exercise of the weak muscles of the eyeballs made disappear the exophoria for which he was wearing prismatic spectacles. Glasses correcting his far-sightedness and his unsymmetric astigmatism were ordered, switching of the axes watched, and the almost-ruined neural and digestional functions will, it is hoped, right themselves in time. Perhaps, however, cure will not be effected, because it is a simple truism that in disease, stopping the cause does not always stop the effect. Secondary diseases may have been induced, and such injuries that health can not be perfectly restored. Functional disease leads to organic disease.

I should be sorry to be misunderstood. I by no means say or believe that in every case, or that in the majority of cases requiring the rest-cure, the origin or chief factor of the disease is eye-strain. I do not say or believe that the rest-cure is unnecessary even in cases of reflex ocular neuroses. What I do believe and wish to emphasize is:

1. It is positively criminal negligence to ignore eye-strain in any case requiring the rest-cure treatment.

2. It is not enough to know that the oculist has examined the eyes, especially if it has been done without a mydriatic.

3. To mydriaticize a pair of eyes for a month or two would often do more good, would certainly be more logical, would be an infinitely better means of differential diagnosis in obscure nerve-trouble and functional nutritional diseases than to put the patient's body to bed for the same time.



