One patient's experience with two general physicians, one neurologist, one leading physician, one gastrologist, two ophthalmic surgeons, one diagnostician, and one refractionist / by George M. Gould.

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ONE PATIENT'S EXPERIENCE WITH TWO GENERAL PHYSICIANS, ONE NEUROLOGIST, ONE LEADING PHYSICIAN, ONE GASTROLOGIST, TWO OPHTHALMIC SURGEONS, ONE DIAGNOSTICIAN, AND ONE REFRACTIONIST.

BY

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of Philadelphia.

On May 2, 1905, a patient consulted me, complaining that for about 18 months his health, physical and mental, had been deteriorating. His symptoms were so peculiar and varied that, as he is a clear-headed, intelligent man, I asked him to write out a description of them in detail. This, he has done, and I quote it in full:

I was something of an athlete in my college days, have not been a drinker, have not had any infectious diseases, and up to October, 1903, I enjoyed almost perfect health. I then began having "spells." A cramp or pain of great intensity would attack me, seemingly in the bowels, the precise point being just below the umbilicus. There was at first a feeling of numbness, followed by this pain or ache of consuming and terrific character. My hands and feet grew cold; I would perspire freely, and the insufferable agony quickly reduced me to a state of great weakness. The pain would increase in intensity until I lost consciousness, collapsed and sank to the floor. I remained unconscious for a few minutes, perhaps five or ten. Sometimes the attacks were not so severe, I did not lose consciousness, and they were then attended by ravenous hunger. The first attack came on in October, 1903, and was set down to indigestion. Within a week another followed, and thereafter the attacks occurred sometimes as often as

once a day. After the second or third attack, I carried a card in my pocket:

IF FOUND UNCONSCIOUS, TO BE SENT TO . . . . . [*Home address.*]

From a severe attack I recovered slowly, even with the aid of such stimulants as aromatic spirits of ammonia and brandy. During the remainder of the day a feeling of weakness would always be present.

Soon other symptoms began to manifest themselves —a deeply furred tongue, bad breath, presence of a great amount of gas, acid and burning eructations, discharge of bitter saliva in the morning on rising, occasional and severe attacks of diarrhea, a general feeling of depression and apprehension, the latter almost amounting to terror. I had spells of acute hearing when certain sounds seemed to penetrate and cut through the brain. I also became extremely irritable, impatient, and unreasonable. I seemingly could not bear up under a long interview, and I suffered from strange impressions. I was possessed of a continual desire to get away from whatever I was doing. I had to hold myself in restraint all the time. I continued at my business, however, but for some six months I had to take some one with me on my trips to different American cities, because of my great fear of these attacks. At length I became very accurate and methodical in my habits, pursuing narrowly a prescribed course of action, and when compelled to change these confined ways, I became excited and worried. I had the most vivid feeling of impending danger, and almost a terror of coming things.

When I felt at my best the numbness in the abdomen was often accompanied by a feeling as if a hard lump existed there.

For the past year I have endured this trouble almost daily. No medicine gave permanent relief; no treatment seemed to avail. Vacations and a sea voyage served to brace me up a little, but the trouble in no sense diminished.

Physicians consulted were of different opinions as to the cause of the trouble, but all agreed that I was suffering from no organic difficulty. Most of them thought it a nervous affection that should be treated by prolonged rest, and powerful tonics. In the meantime one phase of the trouble increased—that of terror or fear of impending trouble. I was ever expecting a "spell."

As a result, I quickly found myself unable to endure crowded cars. I could not bring myself to take a meal at a restaurant or in a hotel; or if I attempted the feat I was too often obliged to leave the table and seek safety in flight to the street. I could not travel or endure people.

To sum my condition up briefly, I lived in terror and distress the livelong day, and the only relief I derived was in sleep. As soon as my head touched the pillow at night, peace came to me. Through all my trouble I slept restfully and with absolute freedom from attack or symptom. This fact, seemingly out of keeping with the life I led when awake, finally attracted attention to my eyes as the seat of the difficulty.

You will understand, of course, that in the careful and rigid physical examinations that I have undergone, my eyes came in for attention. I was subjected to simple tests, and readily met all the requirements demanded. I could see perfectly, much better than the average man of my age, I suffered no eye ache; headache was unknown to me.

When it was represented to me after a careful examination by a competent oculist that my trouble might be due to eyestrain, and that my vision was defective, it seemed to me like a cry from a far country—a condition too remote to permit of reasonable belief, considering what I was suffering.

I came to you in May of this year and had my first fitting of glasses. I confess to you that I was of little faith, and that at any time during the first month it would not have required much persuasion to have caused me to abandon the glasses.

I stuck, however, and about the first of July began to notice indications of improvement—indications which I was reluctant to admit, for by this time I had become well nigh a confirmed invalid, almost a hypochondriac. I was forced by the facts of my case into the belief that I was better, and with the improvement I began to spread out from the narrow circle in which my complaint had caused me to live. As a result, confidence, in a measure, came back to me, and I began to live once more. Since the middle of the summer (1905) I have steadily improved.

To most of the physicians consulted by this patient during the 19 months before coming to me, I have

written a courteous note requesting clinical data, the diagnoses made, the treatment ordered, etc. But one or two answers have been received. Principally from the patient and his family I have gathered the following seemingly trustworthy facts:

1. The first general practitioner consulted pronounced the disease to be "indigestion." The patient was given asafetida pills, much to his disgust; they had no effect on the symptoms. The patient speaks of this physician as "a life-and-death doctor," explaining thereby that he has no interest in functional diseases, but is an excellent and capable physician in severe diseases where life is at stake. It is evident that the diagnosis made in this instance was hysteria—the limbo to which patients are sometimes sent when it is impossible to make a general diagnosis or influence the disease by treatment. With the prescription of asafetida this family physician lost all interest in the case, and turned it over to

2. General physician No. 2. This practitioner "pumped out the stomach" daily for some six weeks, gave electric treatments as often, and ordered many drugs to be taken. The disease continued unaffected during the time.

3. The gastrologist, in a distant city, was next consulted. The usual tests, stomach washings, test-meals, analyses of the stomach contents, etc., were carried out, the resultant diagnosis being "hyperchlorhydria." The patient was ordered stomach washings, exercise, freedom from excitement and business, and ocean trips. He accordingly went on a voyage, without any decided change in the symptoms. He had one of the worst of his attacks after the rest of a month, and while returning home on the steamer.

4. The ophthalmic surgeon was now appealed to, who pronounced "nothing wrong with his eyes." No mydriatic was used in order to reach this diagnosis.

5. The neurologist was now consulted; his own report to me says:

Careful inquiry elicited the fact that this patient had been examined by Dr. —— [a wellknown ophthalmologist], who had reported that "nothing was wrong with his eyes." I only found intestinal indigestion, with the development of a dominant idea.

There is no statement in this report as to the treatment ordered.

6. "The leading physician" in another city was visited. He, as of old, in such circumstances, pronounced the awful word *neurasthenia*, said the patient was "bordering upon nervous breakdown," advised him to go home, go to bed, to feed up, and to rest.

7. The diagnostician in still another city was reached in last resort. His report is as follows:

Careful examination of the urine and other excretions led me to conclude that he was not suffering from any intoxication from the usual source of autointoxication. The gastric analysis, after an Ewald test-breakfast, showed an acidity of 60, depending upon combined chlorids 12, acid salts 8, HCl 40, or 14.60%. On another occasion the total acidity was only 50, and free HCl 30, or 10%. Under the circumstances I could not admit that he was suffering from hyperchlorhydria. His digestion was excellent in every way. He complained of a sensation of burning in the stomach, and other symptoms of sympathetic nerve distress which might be said to be due to gastric hyperesthesia. A careful examination of the nervous system led me to exclude structural lesion of the brain and cord. His symptoms were too transitory and excited by events, which led me to exclude toxemia as the cause of his trouble. His symptoms were such as I have found to arise from brain irritation excited by eyestrain. He had symptoms which made me suspect his eyes, and I felt that I could exclude other sources of irritation of the cranial nerves. His case closely resembled a number of others which I have seen depending upon eyestrain. I felt that other causes could be excluded.

8. Ophthalmologist No. 2 now ordered the following spectacles:

R. + S. 1.00, + Cyl. 0.25 ax. 50°
L. + S. 4.25, + Cyl. 0.75 ax. 180°

There seemed to be some improvement in the general symptoms after wearing these lenses for a couple of months, but he then "went backward again." The patient says he saw better without the glasses than with them, but he has continued to wear them up to the time of consulting me.

9. The refractionist was now commanded to cure this patient. Considerable chaffing and sarcastic "insinuendos" had been thought admissible by physicians, as regards the diagnosis of eyestrain, and those who entertained such crazy notions. Under a cycloplegiac the refractive error was found to be:

R. + Sph. 1.12, + Cyl. 0.50 ax. 90° = 20/20
L. + Sph. 3.25, + Cyl. 0.50 ax. 70° = 20/50

The image of the left eye was held for only an instant, an indication, in addition to the amblyopia, that the eye was fast going out of use. Upon the return of the accommodation I found that this function was excessive, and although he was at this time only 36, I was compelled, in order to enable him to see without strain both at near and at distance, to order bifocal lenses, as follows:

R. + Cyl. 0.37 ax. 90°
L. + Sph. 2.00 + Cyl. 0.37 ax. 70° } Distance

R. + Sph. 1.25, and Cyl.
L. + Sph. 3.25, and Cyl. } Reading

Two weeks later there was no lessening of the symptoms, but there had been a decrease of the accommodation, so that I was able to order, again in bifocals, as follows:

R. + S. 0.75, + Cyl. 0.37 ax. 90°
L. + S. 2.75, + Cyl. 0.50 ax. 70° } Distance

R. + S. 1.37, and Cyl.
L. + S. 3.37, and Cyl. } Reading

Two months after first seeing him I found that the aura (numbness) was not then followed by the pain in the abdomen, there were no "sinking spells," or lapses

of consciousness, and the man was in every way better. From that time improvement has continued until now he is a well man, normal in every way. The visual acuity of the left eye slowly improved, being at the visit of November 17, 1905, 20/20. In a letter he writes:

At the present time (November, 1905) I am so much improved as to put my health completely out of my mind, and attend to my affairs. The "spells" are gone, together with most of the other symptoms, and I am compelled to the belief that the glasses did it.

About December 1, 1905, the patient wrote me he was having trouble with his eyes. There was a feeling of "fuzziness" or "fogginess," which seemed to be partly mental and partly ocular; there was some lack of decision, and "almost vertigo." Complaint was also made of a sensation of "bulging" of the right eye, and there was some actual swelling of the lids of the left. The eyes "burned" some, especially in reading. There were no gastric or intestinal symptoms, and the appetite and digestion were perfect. He continued at his now most strenuously active business life with unabated vigor, at one time spending as many as eight consecutive nights in sleeping cars, working all day, etc. As the symptoms did not improve, I urged him to make the journey to see me. He arrived December 14, and I at once found the visual acuity of the left eye, with correction, had relapsed to almost 20/50. Tests showed a great change had taken place in the axis of astigmatism of this eye. With

Left: + Sph. 3.00 + Cyl. 1.00 ax. 180°

there was 20/20 + vision. The symptoms at once subsided with the new correction. The ametropia of the right eye had not changed. I feel sure there would have been complete relapse had the refraction change in the left eye not been followed by changed lenses.

Luckily for this patient he did not consult a specialist in epilepsy. And what would have been the result had he consulted a surgeon with strong preconceptions as to the value of exploratory incisions in "vague gastric symptoms which do not respond to rational internal treatment!"[1] Five of the nine physicians whom he

[1] Medical News, May 16, 1903.

did consult ordered no drugs, but from the four others, 70 or more preparations, or the boxes and bottles which had contained them, were found when the bureau drawer was cleared out. At one time the patient was taking two doses an hour of five different prescriptions. The patient had never consulted a quack, but chose regular physicians of the highest reputation. He has not a word of censure for any of those who have treated him. Praiseworthy in a layman, exceptionally so in a patient with such a history, it must be called a sin of amiability, when viewed professionally. This case suggests several conclusions:

1. Present-day gastrology, viewed as a specialty, seems in the majority of cases to be worse than a blunder. Except one or two, not a book or an article published on diseases of the stomach, of digestion, and nutrition, even alludes to the most common and clinically evident, most easily demonstrable cause of the majority of such diseases. A noteworthy exception to this rule is the statement by Professor J. H. Musser, of Philadelphia; in the *Journal of the American Medical Association* of November 4, 1905, under the heading, "Nongastric Diseases Presenting Gastric Symptoms," are these words:

> The Eyes.—The subject is familiar to all. Who has not seen errors of refraction relieve socalled "bilious attacks," periodic vomiting, anorexia, indigestion, and other gastric symptoms? The cure of grave organic ocular defects relieves similar gastric conditions.

I prophesy that these sentences, for a number of peculiar reasons, will become famous in medical literature. With individual variations, but with essential identity, I could cite at least a thousand cases in my own practice similar in some ways to this case, in which these digestional and nutritional diseases have been proved to be directly dependent upon eyestrain, and curable by its correction.

2. When the general practitioner treats these obscure

diseases of the stomach and intestines he too frequently does so in the same way as the gastrologist, too often showing the same ignorance of their etiology, the same inability to cure, the same useless dependence upon drugs, etc.

3. Generally speaking, the neurologist is like minded as regards the cause of many nervous and psychic symptoms dependent upon eyestrain. In this instance he relied upon the testimony of one, "the leading ophthalmic surgeon of the city," and he learned a lasting lesson. He writes: "Dr. ——— reported that *nothing is wrong with this patient's eyes.* I am very glad you have succeeded in finding and correcting a form of eyestrain which Dr. ——— *won't* believe in. It is not the first time that his examination and opinion has caused me to slip up on a diagnosis." I do not know of more than one or two other neurologists who would have anything but the most supercilious contempt for the idea that symptoms such as those of this patient might be due to eyestrain.

4. This patient's life, his success in life at least, his happiness and that of his family, depended upon the alert-mindedness, the conscientious clinical discrimination of one diagnostician. This careful observer risked a vast deal in coming to the conclusion finally reached, and in forcing through the clinical and therapeutic test, in the face of ridicule, notwithstanding the complete failure of one oculist of the best repute, and despite the seeming failure of another for two or three months.

5. Professionally, we have a financial obligation to our patients. As a rule, we think it is only they who have this obligation, and toward us. Here was a patient who for 18 months gave his money freely to those men we call professional leaders. It was finally proved that they not only did not give him value received, but that because of ignorance or prejudice, or both combined, they wasted his money as well as his time and health. For 30 years these men have had before their eyes the

evidence, sufficient to bring testing and conviction in other arts and sciences, that symptoms such as these described may be due to eyestrain. At the end of the 30 years they are only a little nearer the practical application of the truth than they were before its discoverers began to be ignored and poohpoohed.

6. And if this is so of gastrologists, neurologists, general physicians, and consultants, how much more emphatically it is true as regards ophthalmologists. The first one consulted by this patient did not use a mydriatic, does not correct astigmatism, and disbelieves that any systemic disease whatever is due to eyestrain. He naturally reported that "nothing was wrong with this patient's eyes." This, remember, was in 1905, not 1850, and occurred in the United States, and not in the land of Von Graefe. And yet this patient had a high degree of amblyopia in one eye, had unsymmetric astigmatism, and an eye-wrecking, health-ruining anisometropia! What can be said in excuse of such "ophthalmology?" Thus, of three reputable oculists, one finds "nothing wrong with the eyes"; another prescribes:

R. + Sph. 1.00, + Cyl. 0.25 ax. 50°
L. + Sph. 4.25, + Cyl. 0.75 ax. 180°

and a third orders bifocal lenses utterly different from this correction. Is this science? Is it art? If one correction can cure, the other cannot. Such differences of measurement, relatively, would subject three mechanics, three engineers, or even three tailors, to ridicule and discharge for bungling and incapacity. Why are they permitted in medicine, and dealing, not with a car axle, or a series of land levels, or a suit of clothes, but with the health and life of human beings? Such a condition will, of course, not end until the profession (or the public) demands it, and not then until there is at least one scientific school of refraction in the world.

Errors in Diagnosis and Treatment.—It is evident that the family or general physician first consulted

accepted the traditional role of "passing the patient on" with the convenient diagnosis of "hysteria." His asafetida pills and loss of interest in the case are proofs that this view and method of treatment are still routine with many practitioners. It is a roundabout way of saying "I haven't the faintest idea of what is the matter with you; such cases are never cured by any treatment; and so I will take this immoral and cowardly way of ridding myself, and my conscience, of you and your insoluble and intolerable case. I have heard rumors that cranks of many kinds, oculists, hypnotists, eddyites, and the rest, have cured such patients, but I don't believe in such nonsense. So, good morning!"

The second general practitioner, proceeds on the assumed diagnosis of some inscrutable disease of the organs of digestion. That is, he accepts the traditional view that almost all diseases, except infectious ones, are of gastric origin, especially those that show any gastric symptoms. As almost all diseases do show gastric malfunction, the error has greater vogue than it should have acquired in a sane medical world. But this general practitioner accepted the gastrologist's standpoint without this specialist's knowledge and tests. Hence, with no indication from physiologic chemistry as to what to do, and without any hint of the real or clinical nature of the disease, all that was left to do was to try at random, drugs upon drugs, and again drugs.

The neurologist adds to the diagnosis of unknown intestinal disease, another unknown and inexplainable psychic one, relies on an unreliable "ophthalmic surgeon," and "passes the patient on" with the habitual naming of a mystery, and with practical "therapeutic nihilism."

The first "ophthalmologist," the worst sinner of all, leads patients and doctors astray with a nondiagnosis, ludicrous in the unscience and nonsense of its method of determination—an inaccuracy which would be criminal in electric or mechanical engineering.

The gastrologist makes a false diagnosis of hyperchlorhydria, and, *more suo*, never asks what caused this symptom, orders the old hypnotics "rest and travel," and himself goes to dinner—with his conscience.

The leading practitioner "says ditto to the honorable gentleman." He also has heard of the banal idea that such diseases may be due to eyestrain, but it is, of course, beneath his dignity to think of such foolishness. He must hunt LL.D. degrees, consultation cases, presidencies of societies, professorships, and newspaper fame. To help solve the mysteries of actual disease, either from sympathy with the patient, or to further medical science, is not his function.

At last one diagnostician was found whose mind was open to unfashionable truth, whose clinical observation was acute and discriminating, who did not ignore medical reports which do not tally with prejudice—and who was brave enough to order the right thing, even if "foolish" and "unpopular." He was not deceived by the words, "neurasthenia," or "hyperchlorhydria," or "hysteria;" nor by the fact that this patient's case was "peculiar and atypical," for every case of migraine and neurasthenia is peculiar and atypical. He knew that the "conservative" ophthalmic surgeon may know nothing about and care less for accurate refraction. He stuck to his diagnosis, despite apparent failure. He saw to it that his diagnosis was proved or disproved by the accurate clinical test.

In the meantime, what about 100,000 physicians not thus minded? And what about the millions of "migrainous" patients, with the same essential disease as that of this patient, who are dragging their lives out in wretchedness, and hastening to needless and obviable death? From 30% to 50% of all school children, it has been demonstrated, have severe eyestrain, which is producing malnutrition, nervous disease, or "migraine" (the disease the nature of which an eminent "authority" erroneously says is "unknown"), and which is waiting

for those who escape the school when they come to the office, the study, the workroom, or the factory life and house life of later years. The case of the patient described, as do a multitude of others, illustrates the chief present-day criminal blunder of medicine, and one of the saddest tragedies of civilization itself.