

The diagnostician : an American specialist who will come : a plea for his establishment now, and the elevation of diagnosis / by Anthony Bassler.

Contributors

Bassler, Anthony, 1874-
Royal College of Surgeons of England

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THE DIAGNOSTICIAN.

*An American Specialist Who Will Come. A Plea
for His Establishment Now, and the Eleva-
tion of Diagnosis.*

BY ANTHONY BASSLER, M. D.,
New York,

Professor of Clinical Medicine, New York Polyclinic Medical
School and Hospital; Chief Gastroenterologist, German Poliklinik.

"The World is Becoming Americanized," said Gerhart Hauptmann, this year's winner of the Nobel prize for literature. What does this mean? To an American who has lived abroad, particularly studied as a postgraduate student in one of the foreign universities, the contrast of what America represents compared to what Europe represented is plain. This Americanism is a moving force of progress, but with it there are restlessness, incompleteness, and more or less hysterical development. It is a sort of revolution in the work and thoughts of individuals who enjoy a free leash. In all of the governmental works, arts, and sciences, these individuals are bobbing up and down in a tremendous sea of activity.

The analysis of what this progress means in medicine is not without its points of interest and prophecy for the future. Not many years ago there were only a few clinicians, surgeons, and specialists. The same was true of hospitals and places of learning and research. To-day there are many surgeons, specialists, and research workers and, with the exception of the undergraduate schools, institutions for the progress of medical knowledge have multiplied. The undergraduate schools have diminished in number and, thanks to the activities of the American Medical Association and the Carnegie Foundation Fund, a conscience has awakened

in which, while they have diminished in numbers, they have multiplied in their power and scope of teaching medicine. In this, it appears to me, the three most notable advances of recent times in medicine are those which have to do with surgery, the research laboratory, and Röntgenology. There is no question that progress made along these three lines has changed our ideas considerably, but while in former days medicine was as to the personality of each man unto himself and one thus somewhat one sided to the student of medicine, to-day it is distinctly more one sided in a general way than our forefathers had ever had it. We have just gone through an era of shattered doctrines and broken idols, done so by the modern outburst of science and democracy of thought, and to-day, on all sides, the work is uneven and plainly shows gaps in consecutive and cooperative effort, and unpreparedness and inaptness.

The feature which awakens criticism on the part of the laity and the general practitioner in this day of modern times, is the divergence in point of view, a dissociated inimical, almost hostile attitude with which the surgeon, the internist, and the specialist respectively regards the aspects of a given case. As Stockton has so well stated:

Surely, all cannot be right. Where lies the truth? What blindness, what vision, what purpose underlies these several views? The judgment of men disagrees as to questions of politics, of investments, and of medicine. In none of these can the element of purpose, of motive, pass without scrutiny. The general practitioner bearing the responsibility of selection, and not bearing a just proportion of remuneration, occupies a place that begets suspicion, that suggests delay, that leads him to misinterpret candor and baffles his discrimination. The consulting physicians, the men strictly surgeons (and there are such), the specialists, and the general practitioners, severally, are jealous for their own ideals of truth, for their own group, their own interest. Meanwhile the democracy of science, the equality of privilege and of social rights, lead men to emphasize individual importance and the individual advantage. Just to that extent they are blinded as to some aspects of the truth, the home trail, that which leads to

the largest advantage of the patient, is obscured. From such divergence there must come a reaction. For the stimulation of initiative, for the development of self-reliance, and the fresh kindling of the torch of knowledge, we should rejoice; but from the egoism that is engendered, from the incompetence that passes at par value, from the corroding selfishness of our nature, we should be delivered. In the awakening of a professional conscience it is plain that arbitration cannot come from the surgeon, the average type of internist, the specialist, or even be made by the general practitioner who should.

With the advance of surgery in America, there are too many men who disregard the opinions of internists, criticise the laboratory, hesitate with the x ray, have not a fair receptive attitude to the specialist, and who depend upon what they call "surgical diagnosis"—a development of America which is as absurd as it is ridiculous. Such men, taking advantage of the lack of danger in exploratory incision, depend too much upon this to make diagnoses for them. This unfortunate development of surgery is greatly due to the teachings of the master minds in it, notably the two best known in America, who teach "a wide incision, expose the parts well, and visually examine."

It must said in fairness to the advance of surgery, that surgeons have met with many deficiencies on the part of men in the other branches. While surgeons deserve a great credit for what has been accomplished in a therapeutic sense and in showing up the deficiencies of their allied colleagues, it can never be an American standard of surgery that exploratory incisions must be made for the purpose of diagnosis. There are two main reasons why: First, the average patient believes that we know more of diagnosis than we do and will not submit to surgical exploration to make a diagnosis in the average chronic and obscure case, and, secondly, that while this may be safe in the hands of the main exponents of it, it is an unsafe doctrine to spread broadcast because it leads to surgical exploitation and lack of interest on the part of surgeons in becoming better diagnosticians.

There is no doubt that the average internist in the past and present has been short in coping with cases from a diagnostic standpoint. But, this is also true, wherever an internist exists whose judgment is ripened by ample experience, and who uses the x rays, the laboratory, and has knowledge of the specialties, this man, providing he works hard with each individual case and takes his time in arriving at a diagnosis, answers to full purpose in a general way, and very nearly in all. But that type of man is to-day far too rare, because such as he must have had such a deep interest in medicine in all that pertains to diagnosis, and have had so many years of the hardest kind of work and experience that the average man becomes tired before this perfection arrives. To him, however, who has held his interest and worked, more than to the surgeon, the specialist, or the general practitioner, belongs the field of diagnosis and all should acknowledge his right to accept the full responsibility for it. Whether he is classified as an internist or as a diagnostician makes but little difference so long as the proper diagnoses are made. But this much can be said, that since the scope of man is limited and time is such a fleeting factor, if he engages in work in diagnosis thoroughly, such a man cannot also encompass the entire therapeutic field unless he is a phenomenon in the art.

It is not transcending the fact that criticism of the literature of medicine may in part help to this desired direction. For instance, the works on physical diagnosis are given over mainly to text pertaining to diseases of the chest and are short in matters dealing with the abdomen from what may be stated as the gastroenterologist's standpoint. They usually include such of the abdomen conditions as are covered by the general hospital clinician, which comprise really the grosser findings, those dealing with enlargements of the liver, spleen, ascites, new growths, etc. Of the works on medicine proper, much can be said in commendation of the excellent

ones that have appeared, but they are altogether too voluminous for instruction in diagnosis. The men who have written works on internal medicine are short in knowledge of the x rays and of the laboratory; these being left for special works to cover. This is so because most of these men have radiographers and pathologists in the hospitals to do the work for them. It was this gap between the clinic and the laboratory that brought opprobrium upon the latter, a criticism which once was general, but fortunately now is less often heard. These hospital clinicians may to-day make a defense that they accepted the laboratory diagnosis at its full value and found it deficient. In this they acknowledge their own shortcomings, because it is logical that a person who examines specimens is not as capable of interpreting the findings in a diagnostic way as he who handles the case from a clinical standpoint. The same is true of the x ray. On the one hand, it is the radiographist who, in establishing his position and trying to shorten the gaps in diagnosis, reads more in his plates than a healthy enthusiasm warrants. Why should the x ray men make diagnoses for clinicians if it is not that they are willing and because the clinicians expect and want it of them? No doubt, as mistakes here multiply, improvement will be met with also.

Take the specialty of abdominal work, namely, gastroenterology. Up to a few years ago this was entirely coached along the lines of history, physical and technical examination, and test meal work. How plainly short these have been is shown by the surgeon and the physiologist. Yet, with the advance that surgery, physiology, the x ray, more extensive work in the laboratory and elsewhere have given, how few are the gastroenterologists who cover their cases thoroughly from a diagnostic standpoint! It is not for me to criticise my colleagues and I have no rod in hand for them; on the contrary, I only speak frankly, for in candor there often comes benefit. Meeting with a considerable

portion of this work, I must say my observation shows it to be true that the average stomach specialist does not attain the full heights of diagnosis. It is discouraging, in the light of one professional man's opinion and regard of another and love of his profession, to be called in consultation to see a patient dying of well advanced carcinoma when the person afflicted only a few days before had been examined by a well known gastroenterologist and the case diagnosticated as "catarrh of the stomach," this being attested to by him as being on his history files as a definite diagnosis. One could elaborate endlessly upon such unfairnesses to the laity, upon cases of pulmonary tuberculosis that are treated as achylia gastrica, the dyspepsias that are due to gallstones, chronic appendicitis, pancreatic disease, chronic excessive intestinal putrefactions, neurological conditions, and other. It must be plain to all that those who engage in gastroenterological work as a specialty must primarily be the ablest of clinicians, and have all the facilities of diagnosis at their command, and further use them actively in each instance. To show the status of affairs in this specialty, one needs only to read the various books on the subject, and while there is a little difference in the etiology, symptomatology, and differential diagnosis in all of them, basically they are all the same. The difference in the works and interests on the part of gastroenterologists is mainly in their methods of treatment, and while this is important, it is negative to the great main point of medicine, namely, diagnosis.

In the same light may be criticised the ophthalmologist who treats many of the functional derangements of the eye with the stereotyped calomel, salts, and rhubarb and soda; the nose and throat man who looks upon hypertrophied turbinates as an entity in itself rather than consider the main cause, which most often is found in the intestinal canal. The same is true of the dermatologist who still treats his eczemas, erythemas, recurring urti-

carias, and other obscure conditions by means of the old methods rather than diagnose the cases properly so as to learn the primary condition of which the manifestation in the skin is only symptomatic.

Twenty-one years ago, Dr. Stephen Smith, a distinguished friend of us all, a man who added much to medicine in our country, said on the platform at a meeting in the Academy of Medicine, "I predict that in twenty-five years, the United States will be the medical Mecca of the world." We have four years left, and still it is very probable at the rate that we have gone in the last three, each successively grander, that we may yet arrive at it. Already foreigners are seeking medical knowledge within our shores, and the tide between Europe and America in this matter is certainly nearer to the ebb than ever before. All about us as individuals are the signs of Americanism in the various walks of life, and still medicine is making a flashy progress here and there, but the rank and file of the men are standing still. Excepting the successes of a few men at the top of the various specialties, there is much complaint. Absolutely apart from deficiencies that this or that man has, conditions have changed between the laity and ourselves, one specialist and another, even between one general practitioner and another, and many seem to be complaining but none reaching out to arrange for the new adjustment of all that is inevitable. As I see it, almost every one seems to be standing still, either criticising some one or thing, or complaining about himself. The ophthalmologists (and some are good ones) say there is no living to be made in this State practising the specialty since the optometry bill became a law, others say it is due to the best men working for a small fee, others to fee splitting, some to going hospitalward and clinicward, and so on. The nose, throat, and ear men, the orthopedists, dermatologists, surgeons, internists, and others, all complain

along the same lines. Many of our best men do not hesitate to give information and rather hope for the publication of their bulletins of patients' conditions over their names in the lay press, and still in spirit, while not in words, the code of ethics is against their doing so. There always was a personal rivalry between men engaged actively in practising medicine, but it was mostly noticeable in former days and we have lived through it. To-day, however, such mean tricks do not do other than react against such a man in the end—why keep it up?

As the situation appeals to me, some of the great factors making gaps are the warped organizations that some have reared for their own benefit, utilizing a definite specialty that its leader may have to supply and work up the material for his own desires and subsidizing all other branches for his own benefit; too little attention to diagnosis and too much subtle advertisement in and out of the profession on the part of some for their own benefit, rather than for that of the art of medicine; too many hospitals and clinics with inferior men in them in high positions, and not enough cooperation on a case between them; too much layman influence of a business kind in the administration of our hospitals; too many rival medical schools and too many laboratories of dangerous kinds; too much enthusiasm on the part of some and not enough on that of others; too many unfair laws and not enough good ones; no health bureau at Washington; too many cults, -isms and -pathies; not enough pure brotherly love between us, since this always makes for our own and the patient's benefit; too much interference upon the rights of the practice of medicine by some local and State boards of health; and not enough commingling of the specialties so as to straighten out each on substantial lines for the future.

Drawing a many sided subject to a close it is plain that advance in medicine in America has reached the point where the gaps should be filled.

This, as has been suggested, can be done by bringing all of the various kinds of men to a focus or by improving the knowledge of each of them so that there will be a broader scope—both of which under the conditions that exist in medicine to-day are seemingly impractical. Thus, one of two things is necessary, either that a combination of men interested in the various sides of medicine club together primarily to arrive at diagnoses so that any one of them can cover any scope in the therapy demanded in a case, or that we develop a new department, that, namely, of the diagnostician and consider the specialists as skilled workers in therapy. For this type of man (diagnostician), on whom the future will inevitably shower places, there is now beginning a crying demand. While one cannot be a Jack of all trades, it is possible for any young man who starts out with the ambition to become a diagnostician to arrive somewhere near the goal. This man must start young, be well grounded in learning, preferably with an academic education, and then a graduate from a good medical school and a hospital with a large and general service. After this he must engage in the work that any large city with its various clinics and constant demand for clinical assistants offers. During this time he must become familiar with all that pertains to diagnosis work in the diseases of skin, eye, ear, nose and throat, neurology, internal medicine, surgery, orthopedics, pediatrics, etc. If he is not over keen about learning all there is to therapeutics, he can in the course of a few years, learn his diagnostics well. While engaged in the various clinics in different subjects and under different men, he should be attached to some hospital where he can observe cases under bed observation. If necessary, he can engage in general practice to support himself and help to give him material to examine with all of the various means of doing so he has learned. He would be an excellent general practitioner on the way, who in the course of time

will have succeeded well in family practice and will then be ripe for taking up a specialty for definite application. In the selection of this, I would suggest that some such men of to-day take up the specialty of diagnosis, so that when the time comes, as it inevitably will, such men will exist. The people have established the specialists, and the ambition of medical men has followed. In the omissions and commissions seen on the part of different men in the various branches, medicine is now calling for diagnosticians. In the future this want will become greater rather than less, and it will not be many years when the people will demand them. Let us in this instance be progressive enough to see this emergency coming, and have men capable to meet it when it arrives.

126 EAST SIXTIETH STREET.