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AN INAUGURAL ADDRESS

ON

MAN AND MEDICINE

Delivered at the Opening of the Session of the York Medical  
Society, on Oct. 13, 1897

BY

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MR. PRESIDENT, LADIES, AND GENTLEMEN,—I understand that I am to address this afternoon more or less of a mixed audience, and I long ago made up my mind that if ever such an opportunity presented itself to me, although in doing so I should have to say again many things that at other times and in other places I have said before, I should address myself in the main to the lay element amongst my hearers. Saint Humbug's Oil has conquered pain for fifty years men read as they walk the streets, and many a one believes it—or at least the principle it embodies, and this or that nostrum is bought in consequence, and thus advertisements pay. The man of medicine, on the other hand, turns aside and smiles: at the advertiser on the one hand for his brazen impudence; and at the man in the street on the other because he is such a simpleton. It is evident, therefore, that the natural man and the regenerate, if so I may venture to designate the layman and the medical man, look at things from very different stand-points, and it is this difference that I propose in some fragmentary way to consider to-day.

Now, when a man is sick he wants to get well. Why does he want to get well? Why ask such a question? you will say. For several reasons that are all too plain. He may have his business to carry on, which no one can do as well as he; there are the care and support of those who are dear to him; there is the discomfort of being out of health, &c. And yet I doubt, important as they are, if these are the most potent elements in the desire for health. For the moneyed man—even more than the bread-winner who *may* sometimes get temporarily tired of life when fagged by the burden and heat of the day—even the wealthy man, I repeat, is just as keen on getting well. Now, some would say that this is due to the discomfort, too often distress or pain, of the sickness. Others might hold that the presence of sickness was the shadow of death. And I do not doubt that these things do enter in some



measure into the result; but the wish to get well is, I believe, conditioned and inspired by a more active influence than these, and is nothing less than an intense unconscious necessity of living that is implanted in each living thing as it launches into being. I have often sat to enjoy the view on the side of a hill in the neighbourhood of one of the towns of the Riviera, where far down at the bottom of the valley is a small public abattoir, and I have repeatedly noticed that animals, both singly and in flocks, have wended their way to their doom in perfect peace of mind until the very gates of the charnel house were reached. Then suddenly the scene changed and all was commotion: the animals duck and tumble, run here and there, and do all they can to avoid an entrance into the fatal enclosure. Who can doubt that a sure intuition of danger has been stirred, and that unreasoning reason points them clear? Who has not noticed how instinctively a horse will recognise the near proximity of a corpse of its own order, and how it will snort and plunge to get away from the noxious thing? It can hardly be supposed that the lower animals have any *experience*, and therefore fear, of death. They must scent or sight a something that—as the sight of a little blood to many a strong man—makes the heart faint. This living principle, this nervous current, this anima, this soul, starts us on the road of life and keeps us going, and the first breath of the sense of its failure produces the foretaste of death. Ah, these foretastes of death! They come to some apparently, and very terrible they are. I remember once watching by the bedside of a strong man in the pride of life who had had a sudden hæmorrhage. So far as I could see there was every hope that the danger had passed; yet there remained a restlessness and an anxiety about the patient that I could not explain. But I knew in a few short hours that he had recognised in some unconscious way what I could not, that in his pulsatile existence some link had gone and had brought him the presentiment of dissolution. The silver cord was loosening and produced a sensation that rightly forecast the issue. This is a somewhat unusual case, but there is a larger number of instances where, I believe, a like sensation comes, and although these people never die they appear to suffer an appalling sense of impending annihilation. Many a woman—aye, and strong man also—has described, or attempted to, this indescribable feeling, a



sudden, fearful collapse that seems almost to give them a look over the precipice into the next world, and then leaves them, laughing, as it were, at the poor, helpless, terror-stricken things, with every fibre trembling as from a fearful nightmare.

We are often inclined to smile at what, perhaps, we think the overdrawn picture that the subjects of this complaint portray—to say, or think rather, “Oh! a nervous man or woman,” and to pay little attention to their complaints. But I suspect that the suffering that these people undergo is a very real one and that it merits our best attention and sympathy. Happily, the infliction does not come to many. I am never tired of saying, because I am sure it is as true as it is comforting, although in opposition to the general belief, that death has no terrors for the sick man. To the living and healthy man it is quite otherwise, but the sick man upon whom death lays his hand, pales gently and imperceptibly out of life. The unwitting legacy of sorrow, sadness, and distress, is left around and behind.

At the bottom of all such episodes as I have mentioned there may be, if you like so to express it, a terror of death; but if it be so it surely never comes to the individual in any concrete thought as such. There is rather some sudden shock that is born of interference with an intense well-spring of being; with—oh, well described—the breath of life—a condition that one can best conceive of perhaps by supposing that our driving power, of which I am going to speak again presently, suddenly gives a jolt, or momentarily fails, as the electric light does sometimes, and then goes on again, and of which we can conceive as a by no means pleasant experience. It is said of someone that upon remarking that he must live, a companion responded that he did not see the necessity. But that a man must live is a great truth for the individual. Living is an imperious necessity of unconscious energy, that we cannot away with, and it is this that seems to make of suicide so unnatural and morbid an impulse. I am no believer in *felo de se*. It may possibly seem to some that this is labouring a point that has not much in it. But it is not so. For if I say that every man is possessed of an intense love of life it will at once be said that there are frequent exceptions. Many a man says, no doubt, that he or she does not value life for its own sake, and there are those who regard a love of life for itself as a selfish or cowardly



feeling. Therefore, I think it is important to contend that, whatever the living principle may be, it is involuntary, irrepressible, and intense, that it compels to actions oftentimes against our wills, and it is this fundamental living momentum that plays a large part in inspiring the somewhat peculiar attitude in which man stands to medicine—an attitude that in many ways is still, even at this end of the nineteenth century oftentimes quite irrational.

For instance, take first the diagnosis of disease—that is to say, the finding out what is the matter with a man. There are few indeed of the sick or of his relatives who will allow that there can be any doubt as to the meaning of the symptoms. That is to say, although when the medical man is in doubt they will admit it is impossible to tell at once what is the nature of the complaint that is setting in, they nevertheless act as if no doubt were allowable, and it is speedily made evident to the medical man that to doubt counts against the doubter for incompetence, and some other opinion is sought to settle the matter. But what are the facts? The boot is so much on the other leg that I would rather contend as the more nearly true, that there are few cases if our thoughts were laid absolutely bare that are entirely free from all element of doubt. Every walk in life is paved with uncertainty. Is it likely that the problems of medicine afford easier solution? On the contrary, it is certain that, resulting as they too often do, from conditions that we are quite unable to measure in any way, they are too often incapable of solution in any dogmatic way. Only yesterday a young man came to me for an opinion. I found as he unfolded his tale that he had seen all the men of the best repute in London. The case presented two alternatives. About half had taken the one view, and half the other. He had not paid me the compliment of taking my casting vote, but took me by the way to yet other opinions. I therefore put it to him what was the common-sense explanation of the difference of opinion that he had obtained. There could be only one, and it obviously was that the question he wanted solved was insoluble, and that all he had to do was to accept the situation. But I know he will not. I am afraid it is not in nature to sit down in doubt in the matter of one's health. But doubt must be. You see the symptoms of disease are pain and fever and alteration of the appearance and shape of parts, and so on. And pain, alas, is common



to many diseases. Fever also is common, and the enlargement of an organ may arise from several different changes of structure, and still more numerous diseases according to the combinations that come of the re-arrangement of the several morbid changes. No wonder then that the diagnosis of disease is at times at fault. And it were better always to bear in mind that "knowledge brings doubts, and exceptions, and limitations that are all hindrances to vigorous statement." Yes, it is experience that raises doubts. I am sure that hardly a week passes by in which I am not asked to decide upon the nature of a doubtful case of fever—chiefly whether it be typhoid fever or not. And it is often, indeed, that I am unable to do so. Quite different diseases may have certain features in common, when it is impossible with our present knowledge always to distinguish one from the other. Such a group is formed by influenza, typhoid fever, septic endocarditis, and a form of what the public call "galloping consumption." One often has to wait in such cases until the negative has gradually developed. And because the public will not wait all sorts of things are lumped into the group of typhoid fever that are not of that nature at all.

Take another case. You go to a specialist to ascertain whether you have early phthisis or not, and because you will not take "I am not sure"—you must have a positive opinion—the investigator's judgment is biassed, and over and over again a man has been said to have delicate lungs when there was nothing at all the matter with them. It may, of course, be the other way, and that a patient is let off when he ought to have been condemned; but this is less common than the other because it is safer to tell a man that he is delicate, and must take care of himself, than to say that he is sound and thus lose the opportunity of betterment which an early diagnosis affords, and risk a subsequent breakdown. It is impossible to be sure in many a case of early phthisis, but the public cannot understand the difficulty, so there is many and many a one roaming about the world condemned to a useless existence because in such a question years ago innocent or guilty were the only verdicts recorded. I grant the importance of a positive opinion when it can be arrived at. But I object to being driven into giving a decided opinion when there are really no sufficient grounds for arriving at any conclusion or as an alternative of being considered incom-



petent. What's in a name? Well, a very great deal to the general public. I am constantly told: "You must give the disease a name." As soon as the average man has his disease ticketed he seems to be quite happy. He thinks then that the medical man knows all about it. If his disease cannot be ticketed he assumes that the medical man knows nothing about it. Some years ago I saw a woman who was obviously very ill with chronic diarrhœa. It was possible that the real nature of the disease was of cancerous character, but acting upon a rule I have long made for myself, that of two opinions, if the one is hopeless chose the hopeful one if you honestly can, I told the family that the malady was a chronic diarrhœa. Some few weeks later I received a letter from the son to say that having taken so much interest in the case they thought I should like to know that his dear mother had died from sprue. He seemed to be quite content that his dear mother should die from sprue, which is a chronic diarrhœa, but he was not content with anything so very commonplace as the synonym that I had applied to the complaint. That did not seem to him to be a disease.

Again, it often happens that someone suffers from a doubtful tumour. It may be a cancer, maybe not. The opinion of the man who is not sure is worth nothing. The patient is therefore taken by his friends from one medical man to another till a decided opinion is obtained. And I have often noticed that contentment is arrived at even with an adverse verdict, provided that there is no longer any room for doubt as to the nature of the malady. But this seems to me to be a most irrational proceeding, for where the satisfaction comes in it is hard to see. And this leads me to say, though it is a little beside the mark, that this is not done by the sick man in most cases. He always clings to the man who will give a hopeful outlook. He may sometimes tell you that he wants to know the truth, but in the greater number of cases he is really hoping to hear that the outlook is a favourable one, and I have several times known, when, in response to an entreaty, it has been revealed to the sick man that his prospects of recovery were bad, that he has shifted his patronage to some other medical man who could take some more mitigated view. The sick man cannot go outside himself, and that living principle of which I have already spoken will not let him give up hope; and in respect of this point I am often



told that this one or that one "will want to know everything. What are you going to tell him?" I reply: "I shall answer his questions"; and I seldom find that I cannot do so, because it is seldom indeed that anyone asks me that tremendous question, "Am I going to die?" Man is incapable of looking at the worst. This is not because he has no hopes for the future, it is not that he is determinedly blind—he simply cannot do it. I have seen some striking instances of this. I remember a medical man who suffered from a disease that if he had seen it in one of his patients he would have said, without a shadow of doubt in his mind, "This will end his life before long." But in his own case he never, so far as I could see, looked that way at all. He made all his plans, on the contrary, as if he were going to get well, and, as I firmly believe, he hastened his end by the extreme rigidity with which he applied himself to getting well. I accept, therefore, this as a great fact in human life, I take it that a kind providence has ordained it so, and I decline to interfere, as some would seem to wish me to do, and spoil this beneficent attribute of life. If a man has a malady, that may be, say, a cancer, maybe not, I say, if it be a cancer there is an end of the matter; nothing more can be done save to alleviate symptoms. You had much better hope on and do the best that that hope affords. You are none the worse off, and you are free for a time, speaking only from the human point of view, from the complete paralysis of despair.

And while upon the importance attached by the public to names, perhaps I may say also how very careful a medical man has to be in the use of his words. Indeed, for this reason the older one grows the less communicative a man becomes. For instance, it is not at all uncommon for things to fall out thus. You go and see a case of pleurisy, thus rightly called by the medical man of first instance; and in discussing the matter with the friends you in natural course talk of inflammation. Quite speedily the scene changes. They exclaim at once, "Oh, he has got inflammation, has he? Doctor A. never told us that." To have got the inflammation is to be all right or all wrong, as the case may be. The term either satisfies or alarms. On the one hand, it is one of the diseases that the layman *recognises*, and therefore he knows where he is, and meeting with an old enemy he proceeds to subdue it



by turpentine, mustard poultices, various embrocations, the medical man, in many cases, standing afar off. There is no obscurity about "inflammation"—anybody can treat it—and in this light it is a term of satisfaction. On the other hand, with some inflammation is a word of terror, a thing which, if you do not quickly get the upper hand of, will quickly have the upper hand of you; and so if you have, say, a pleurisy, and have not thought of it hitherto, or heard it talked of under that head, you are very likely to think that some new discovery has been made in the nature of your complaint, and that there has been some serious oversight.

Time would fail me even if I could remember the many curious twists and contortions that the original meanings of words undergo when, having been stated plainly, as he thinks, the medical man hears them translated again by others. "The doctor says I've got slugs in my liver," said an old woman. "No," replied her companion, "he didn't say that; he said you had a sluggish liver." "Yes," replies the old woman, "they be the very words he used." And there is another side to this matter, for the public are curiously *gauche* sometimes in their use of words. A medical man wrote thus to me the other day in sending a case for an opinion. "I would," says he, "have commended him to you as being a particularly decent fellow had he not remarked to me when I suggested the consultation that he thought he would like some *good* advice." Well, then, those doubts that I have spoken of lead me to another difficulty between medical man and patient. Any excessive caution, as it seems, on the one part is often keenly resented on the other. Say, for instance, that a young woman consults me for acute indigestion. She has suffered years before from hæmorrhage from a gastric ulcer. She was then treated quite properly by a man who knew his business by rest in bed and a somewhat long attendance, and now, fearing a repetition of this, she comes to me hoping to avoid it. She is quite angry at being sent back again after all to bed and her old friend, and thinks it all nonsense, if not worse, a job. And I am not altogether without some excuses for her. She is very human. I know that when I take my watch to the watchmaker because it has somehow perversely ceased to go he always seems to me to say, "Yes, sir, it has had a fall and the cylinder is broken." And I,



knowing nothing about watches, or how small a jar may disturb and disarrange their constitution, disallow the reputed blow, and have a strong doubt about the correctness of the watchmaker's diagnosis of a damaged cylinder, more especially because it seems to be about the most expensive breakage that can happen to a watch. Now, the public seems to me to regard medical men from the same point of view that I look at my watchmaker. They know nothing about medicine or the reasons upon which such and such advice is based. They only know that the recommendations are disagreeable, and they think, therefore, in much the same strain as is here recorded in Mr. Gilfil's love story: "Dame Fripp kept leeches and was understood to have such a remarkable influence over those wilful animals in inducing them to bite under the most unpromising circumstances that though her own leeches were usually rejected from a suspicion that they had lost their appetite, she herself was constantly called in to apply the more lively individuals furnished from Mr. Pilgrim's surgery when, as was very often the case, one of that clever man's paying patients was attacked with inflammation."

Another point that the man in the street does not seem to be able to grasp in the least is that all our organs are interdependent upon the integrity of the whole. It is impossible that he can do so when the rage for specialists is so severe. A man treats his component parts as separate entities, and physics this one or that according as it shows signs of what he considers as defect. But the curious part of it all is that although he is very ready to believe all manner of ills of his liver, his heart, or kidney, or what not, he never seems to think any evil of his brain. The only brain disease the public knows is insanity. It is very keen in its dread of going out of its mind, and many a man, I believe, does so from very fright and brooding on such a terrible possibility. But as to the brain having any connexion with, much less control of, say, the stomach or the liver or any other part, he has no conception. Now, I do hope that I am not running away with an idea; but if not, the great proportion of people that come before me are suffering, not from disease of this organ or that of the digestive or circulatory system, but from deficient driving power in their nervous centres. Their brain cells and nervous centres want stoking to enable them to distribute their energy better; to enable them to exercise



more effective control over the action of the viscera; to coördinate the action of this one and that one, and, perhaps best of all, to learn to control themselves. Their worst enemies are often they of their own household. These people, as a rule, want very little medicine, they have usually taken already more than enough; but what they especially require is a talk upon elementary physiology; it is only thus that any adequate explanation of their various ills can be given them, only thus can they be made to understand why they are sound yet out of health. Did these people but know a little more about themselves how much more healthy and happy they would be. It was but recently that I was advising a man whose heart had failed for the second time under the effects of prolonged mental work. One of the most intelligent of men, he had nevertheless often been heard to maintain that brain work has no influence on the body. This is only another way of stating that old absurdity that it is worry, not work, that kills. If all you mean by work is that healthy physiological exercise of a part does not wear it out the aphorism is self-evident and meaningless. If you mean that work that eats into the time that is required for rest and recuperation, whether by sleep or holiday, does not kill, then it is absurd. Do you suppose that a man can go buried in, say, financial problems for many hours during the day, leaving him no time for exercise and little for sleep, without suffering from short commons of nervous energy in other parts of his economy? Therefore, continuous work of any kind—over-work—that trenches upon the necessary physiological rest will kill or produce functional and organic disease of one kind or another. And I have not a shadow of doubt that one man may come to you always tired, another with a palpitating or a dilated heart, another with indigestion, another with some other organ at fault, because the central nervous system, that ought to energise the whole, has played itself out incontinently on its own account, and the reserves for the local centres are exhausted.

Let us next take the question of drugs, because it well illustrates the difficulty there is in treating adequately the subject I have chosen. It is so bound up with the contrariety of attitude exhibited by the public. For a good large section of mankind in the civilised world the love of physic, or perhaps I ought rather to say the



craving desire to swallow it, appears to be unconquerable. Do you question it? Then go into the first druggist's shop as you leave this room and stand in its centre and ponder. It is true the proprietor may think you a lunatic, but you ought to learn a useful lesson at this small cost. A druggist's counter always seems to me an appalling thing, until I fall almost to questioning the advantages of civilisation that has brought us to such a pass. I have always contended that as the world grows older it tends to grow more nervous. I do not see how it can well be otherwise if you and I are at one in what we mean by nervous. I do not mean timid, I do not mean mad. Either of these imputations, which he often supplies for himself, the man in the street is highly resentful of. I mean that as the world grows it is brain that is pitted against brain, and ever and ever increasingly so. It is not liver against liver, or kidney against kidney, or heart against heart, or only indirectly so. The strain does not come on the individual workmen, but on the foreman of the works who has to regulate and coördinate the whole. Thus it is nerve that is pitted against nerve until the brain becomes more intricate, a more and more perfect mechanism, and in its perfection all the more readily likely to break down or get out of order. I do not see what else is possible. I am told that in the days long gone by, when living and life were very insecure, there was much more to upset one's nerves than there is now. I do not see any force in that argument. In those days it was more directly heart against heart and liver against liver; the strongest animal lived the longest. In those days strength of body counted for everything. But now the scene has shifted, strength of body occupies a subordinate place, and the rude rough life that made one tough, except in so far that a reasonable cultivation of a strong body is necessary to a sound nervous system, has given place to what sooner or later was bound to be, the commanding influence of the brain. I am told that the brain of the ancient was as good as ours. But again I think that the argument is faulty. For I take it that the history of states is like the history of individuals, that for both there is a birth, a period of growth, a zenith, a decline and fall. Of all the great states of old, where are they now? and it is to me one of the most interesting questions of the day whether it be possible in our attempts to bolster up modern Greece to



re-endow a nation with a second life. For myself, I do not doubt, though it may be as yet a far cry, that England must decay. It will live again, but not as England; it will be, as we live, in our children, in the nations that are now growing up, as the American nation, the Australian nation, the Canadian Dominion, and so on. Civilisation leads inevitably, apparently, to luxury, and the luxury of life tends to degeneration, and so a nation gradually becomes effete and dies. And in its period of gradual decay it sees its children taking on the spirit of its glory in new lands, where, again, life is less secure; where, again, man has to obtain his bare subsistence by the rude instincts of self-preservation; and where in a more animal existence he is kept more physically robust. It may seem a sad thing to hold that progress and development bring on decay, but so I think things are at present. But we may well hope that at some time or other in the world's history some community will emerge that shall have solved the great question how to live. To live such a life of physiological righteousness individually and collectively that no one organ or sense, or function will be cultivated to the detriment of the rest, and that excess of luxury which after all can only be a parasite and in no sense a necessity of progress, may thus be curbed, and all the higher intellectual faculties left free to act towards a progressive individual and common good. But the history of societies teaches I am afraid that this is no condition easy of production. One might even fear it were impossible. At any rate, the individual feels, and feels acutely, if he thinks at all, that so great is the resolution constantly required to attain an end of this kind that most of us might well apply to ourselves the *positive* of St. Paul's conditional and say, "When I have preached to others I myself shall be a castaway."

Now I think the latter-day increase of the number of drugs applies itself to my argument and enforces it. You cannot suppose that if one of our best furnished druggist's shops were straightway planted, say, in Central Africa, that there would be any use for the greater proportion of its constituents. I daresay the blue and green and yellow and red of the windows might secure the adoration of the natives, in fear least the end of the world had come, and which the instinct of life, there as here, would resent. The interior might even strengthen the intensity of their religious



beliefs, if they should light upon some of the more potent remedies that made them "see stars." The medical man who knew his business would probably select, say, some few common and valuable remedies which, unlike Sir John Lubbock's 100 best books, I will not name, lest you exclaim, "What a poor dull lot!" and of all that large remainder I fear it would have to be said, not only that they were not wanted, but that they spelt absolute harm to the poor savage. Now mark, I do not say they therefore mean harm to us, but they do mean, they must mean, since they multiply daily by leaps and bounds, that we have in our civilised state numberless ills that rude nature is unfamiliar with, and, also, I surely believe, that we appeal far too readily to potions and pills for ills that are little *worries* rather than ills. In other words, our nervous centres take much more ready cognisance of ills than robust organisms should do, and we thus use many drugs to live still more the life of luxurious ease. Yes, we most of us, take medicines too readily; but there is one thing that few of us take, and that is advice. I sometimes see as I go along the streets, a notice in certain windows—not devoted to the emissaries of the law—"Advice gratis." And I always count medicine an unhappy profession because we all know that if that notice read "Advice charged for" not a soul would go near that druggist's door. The law is much better off because it charges and is paid for advice that is also not taken, unless, indeed, it be as medicine under compulsion in the courts with the nose pinched. But neither is that legal betterment the state towards which my hopes go forth for medicine. I look for the day when the world shall pay adequately for and take advice, and physic—well yes, physic certainly, but only if we medical men deem it necessary. But that is not the idea of the present. Perhaps you think it is. Oh, dear, no! I have a vivid recollection of talking for an hour to a poor fellow, and I remember that I was stirred by a considerable emotion because I thought that I had saved my friend—by *advice*. Judge, then, of my feelings when I heard afterwards that all the time that he had been listening so attentively, and as I thought, so receptively, to me, he had got the name of some other man upon his shirtcuff and that he went at once to him and got a prescription, and unsatisfied by all my talk, a bottle of medicine had put him at rest. Then I have a dear friend



in the commercial world who believes in me. It flatters one a little to be believed in by a hard-headed son of the city. But he always tells me, "If you don't cure me in three visits I shall go to someone else," and ever and anon he comes gently ruffled into my room with "My dear fellow, So-and-so has been to you and you never gave him any medicine." "No," say I, "he did not want medicine." "That doesn't matter," responds he; "he came for a prescription and he ought to have it. People don't think anything of you if you do not give them some physic." And that is all true. My friend quite rightly describes the attitude of the public. It thinks that medical men know much more than we do—that there is a remedy for every disease, ay, every symptom, if only the medical man be clever enough to find it. So if they do not get well "in three visits" they go to someone else. But that is not the way we who know look at things; we see too many diseases that can only be watched, for which there are no present indications for giving drugs, and for, I suppose, the large majority of the ailments that flesh is heir to, time is at least as important an element in the cure as any drug. There are others that rest only can cure. Time after time people come to me with an ailment for which they have been taking medicine for weeks, but they had not taken the most important curative agency, rest in bed, or a holiday. People will swallow any quantity of nasty medicine, but go to bed, oh, no! that is *weakening*. They will swallow any number of pills to keep their livers up to the mark, but stop their whisky or their daily port, oh, no! they know much more than the doctor about that, and, indeed, "Dr. So-and-So said years ago that I wanted keeping up." Keeping up lays many a one low. Only recently have I seen a man who has tabulated out all the years of his sexagenarian life, and the illnesses he has had in each of many years of it, and the many medical men he has consulted. I am his latest hope. I am afraid it is a case of

Late! late! so late! you cannot cure him now.

But he is still in full and keen pursuit of health as he has been these last thirty years. He still believes his El Dorado to be somewhere near, and yet I was obliged to tell him that the nugget of which he was in search had been long ago buried within him, bound round with grave-clothes under the garb of prescriptions. I was cruel to be kind.



Medicine can hardly progress to its full expansion so long as this present overblind faith in a nostrum prevails. The uncertainties in all directions are so great that the man of knowledge and experience with all his correct appreciation of the essential details of the case, and therefore generally correct diagnosis, with all his plumbing to its depths the most recent advances in applied therapeutics, may yet miss the mark, and the ignorant man or the quack coming in at the end may fire the last shot and appear to take the fortress, and thus run off with the prize of an unearned credit. The public judges entirely by results—I confess I do not see how it can do otherwise—and yet as a criterion the result of a case is repeatedly faulty, for it too often brings reputation to the quack, while the honest and wise man is sent about his business in more or less of quite unjust and undiscerning discredit.

But there is a class of people who will take advice, but who run to the other extreme. Here also may be traced a too exaggerated opinion of the medical man's knowledge. We are asked, for instance, to tell a given person what he may eat and drink, and perhaps some one may think: "Well, what more natural or sensible!" Well, natural I admit it is, since so many ask it. But sensible, I am not so sure about. Think it out for yourselves, each one for himself, and you will, I think, find much wisdom in the adage: "A man is either a fool or a physician at forty." Before forty you are not worth much if you cannot eat anything (I do not say drink), and by forty you ought to have arrived at certain conclusions as regards your own individual working that are far and away more trustworthy than any a medical man who does not know you can offer you. I do not for one moment underrate the value of the advice that a medical man who does know you can give you. What I want to drive home is that the exaggerated belief in the precise regulation of all the minute details of your daily life does not lead to your applying to him for advice. A trusty general practitioner who knows you, who has probably watched your growth and life for many years, who knows your quips and cranks of constitution, he can think these matters out with some bases to go upon, and undoubtedly he can help many a man to help himself. He cannot do more—mark that; he can only help a man in most cases to help himself. But this desire for the detailed regulation of your life leads you



in nine cases out of ten to a so-called specialist who is supposed to be skilled in diet. But what can a stranger really know of you and of your constitution in twenty minutes' or half-an-hour's talk? If he be a wise man you will probably come to no harm because his wisdom will keep you on the lines of common-sense. If he be a faddy man you consign yourself to a fad, and thus a large proportion of mankind at one time is drinking hot water by the pint; at another drinking no water at all—at least, not at meals; and at another is rushing off to some latest fashion in watering-places to cure itself of a disease it has not got, or of a disease, perhaps, for which there is no cure.

And this leads me on to the question of specialists. The public will have specialists. Now, it is admitted at once that for parts that are subject to local diseases and that require delicate surgical treatment a specialist is absolutely necessary. The steady hand and eye of an enormous operative experience is necessary to ensure the best results, but as regards specialism in medicine it is a rank absurdity. Who is the best man for the heart? Who for the liver? Who for the kidney? Who for the brain? Who is the specialist now on gout, who on asthma, who on this and that are the questions asked on every hand. The man in the street is very fond of talking about his constitution, and yet he is ever doing despite to his very sensible idea when he runs off to a specialist for his liver. He goes off as he often says, to the fountain head. But in doing so that constitution is clean forgotten. There is that personal element in all diseases that makes medicine still so much an art, and too often in going to a stranger the key to the lock has been left at home in the charge of the family practitioner. "His father was here afore him," Mrs. Macfadyen used to explain; 'atween them theyve hed the countyside for weel on tae a century; if Maclure disna understand oor constitution who does a wud like tae ask!' For Drumtochty had its own constitution and a special throat disease as became a parish which was quite self-contained between the woods and the hills, and not dependent on the lowlands, either for its diseases or its doctor."

And having mentioned the constitution, and the general practitioner as being *facile princeps* in all questions relating to it, I may say a word upon a cognate matter



which perhaps may be called an ethical one except that I dislike the term. All our ethics is comprised in that very old and tersely expressed formula, "Love your neighbour as yourself." I believe, as a matter of fact, that when you consult a lawyer the official record of the transactions—in other words, the deeds—are kept by him; they are put into a black tin box with your own name in gilt outside, and thenceforth you and your lawyer are one. At least, that is my case. I should need, being nearly a teetotaller, at least three stiff glasses of brandy to enable me to sever my connection with my lawyer, and I am by no means certain that that would do more than change, so to speak, the character of the bond that united us. But in medicine it is very different. Between the medical man and his patient the only bond of union that is at all of a material kind is that the medical man dispenses the medicine. And the patient, though he will sniff and sniff again at the bottle to try to detect the ingredients, and very likely ask a friend with a reputedly more educated nose to sniff too, is practically helpless in the divination required and is unable to tell what he is taking. But, unfortunately, this is too often a bond of discord, not of union. The average Englishman does not like being under the thumb of anyone, and when he does not know what medicine he is taking he considers himself under the thumb of his medical man, and he, by-and-by slips off to some neighbouring town to get, as he *says*, "an unbiassed opinion," and with it, as he *thinks*, a prescription, that he may be a free man once more and know what he is taking, and pass his good fortune, maybe, on to someone else who happens to be suffering from very similar symptoms, but from an entirely different disease. And if there be anything that shrivels up a medical man's bowels of compassion it is an action such as this. It must be so; for an old friend of mine, a medical man, in reply to a kindly note I had written to him on the birth of his firstborn, wrote back in this curiously Malaprop fashion as one of the chief elements of the happiness of his situation: "Thank God! I am out of the range of the curse of consultants."

Patients and medical men look upon their mutual relationship from different points of view. The man in the street in this instance takes a business view of his association with his adviser. He considers that the payment of the bill is the just equivalent, the *quid pro quo*



that settles all claims—indeed, he has been known to think that the *quid* was more than the *quo* and to grumble thereat—and that he can henceforth try, if he be so minded, the latest fashion—the young man who has just come to town, and who is “so clever” (it is only the young that are “so clever”). But the medical man looks at things very differently. He feels, and rightly feels, if it be kept within due limits—but I think we are inclined to push it too far—that in the great majority of cases he undertakes responsibilities, undergoes sacrifices, and enters into delicate relationships by becoming in large measure a partner in other people’s anxieties and sorrows as well as having to bear all his own, for the wear and tear of which no money payment is an equivalent. The only payment that we accept as payment *in full* is gratitude, and gratitude for imponderable service such as medicine renders to mankind is too often a stream with full head which rapidly gushes itself out. There is much truth as well as humour in “Gratitude is a lively expectation of favours to come.” No medical man could be such and conduct his business on purely business principles. I will not claim for the profession of medicine that it is more righteous than any other calling in life, but I should always maintain that, however much the public might think and wish to have it otherwise, the larger half of the practice of medicine is, and must be, pure philanthropy. Not a case comes before one probably, but that much more is done for it than ever the patient supposes. He supposes that he comes for an opinion and gets it, and that that is the whole of the transaction. If that were all one had to do medicine would be much simpler, perhaps, but it would be much less enthralling. But before forming an opinion you probably have to throw yourself into the position in life of the patient as far as possible, to realise yourself his hopes and his fears, his troubles here and his ties there, and numberless things that have nothing to do with the disease, but everything to do with the treatment, and with your power to give the very best advice that the circumstances of the case admit of. And when you have come to an opinion there is then again the necessity of entering into the man’s feelings and shaping your words in accordance therewith. Thus, at the end of any investigation the larger number of items in the bill cannot possibly be discharged by any equivalent



in gold. You have been obliged, even though willingly, to become the friend and confidant of a family, and friendship and sympathy cannot be bought or sold. It is often said, "You doctors are hard men." I have even heard it said of the ladies who have taken to the practice of physic that they, too, upon occasion are not too conspicuous for the exhibition of sympathy. Well, a medical man cannot wear his heart upon his sleeve. I sometimes reply if you could but join us you would know that it is scarcely possible to be hard in the practice of medicine. The outsider knows nothing of the storms of anxiety, born entirely of sympathy, that sweep through the mind of the medical man when harassed by a critical case. Have I done the best possible thing? is present night and day, perhaps for many days together, upon such occasions, and the relief that is experienced when the sick one emerges from danger is so keen, that it can only be compared to the feelings of the convalescent himself when he returns to the pleasure of living.

"'Can naethin' be dune, doctor? Ye savit Flora Cammil and young Burnbrae, an' yon shepherd's wife Dunleith wy, an' we were a' sae prood o' ye, an' pleased tae think that ye hed keepit deith frae anither hame. Can ye no think o' somethin' tae help Annie, and gie her back tae her man and bairnies?' and Tammas searched the doctor's face in the cold weird light.

"'There's nae pooer in heaven or airth like luve,' Marget said to me afterwards. . . . Oor herts were as water afore Tammas's words, an' a' saw the doctor shake in his saddle. A' never kent till that meenut hoo he had a share in a' body's grief, an' carried the heaviest wecht o' a' the Glen. A' peetied him wi' Tammas looking at him sae wistfully, as if he had the keys o' life an' deith in his hands.'"

Thus, there does grow up in the doctor's being a sense of a peculiarly close interest in the life that in God's good providence, he has helped to steer through the quicksands of illness, and he comes to look upon his patients as in some sort his children, and to claim from them an allegiance in all matters pertaining to their health, which they at the most but very imperfectly recognise, and the binding nature of which they cannot therefore understand. But this relationship between men and their family practitioner is a very valuable one, and should be



tenderly cherished. For I think there can be no doubt that the tendency in modern life is to change this old, and as I think salutary order of things. But, as I have already said, you may go to the great man in the town, but you still have a constitution or a temperament, of which you know little, and he may see nothing in one short interview. The three orders of medicine—medicine, surgery, and general practice—are still as necessary as ever they were. You may do without the last-named when there is nothing the matter with you, you may go to the specialists in town for an opinion on an obscure case, or to settle a moot point in treatment; but when one is really ill, then it is that you want, and cannot do without, the man with the cheery voice, the kindly smile, the deft hand, the many-sidedness of resource for easing pain born of long experience in many fields, and with it all the ready self-sacrifice that at times like these makes the medical man almost seem to be "He that sticketh closer than a brother."

But I must stop. I have even now hardly more than indicated a few of the many points that my subject admitted of, but which were difficult to harmonise within the scope of the interest of an hour. Briefly put, my dominant idea is that man remains much too ignorant at the present day of the rudiments of the workings of his various parts. Thus it happens that at one time there is still a too blind faith in the power of the medical man, and at another time an equally blind intolerance and questioning of the restrictions and regulations that he, in his wisdom, feels called upon to impose. It would be much better for both parties concerned, and much more helpful to the art of healing, if medical man and patient could meet upon some common ground, and if the layman were able to follow the trains of thought that we may wish in some small measure to make him understand, to realise, even but feebly, the great responsibility that medical men have to undertake. I do not suppose that this can be done to any great extent; in the case of the illness of those who are dear to us the issues involved are so tremendous to us, that to think on anything, much more on unfamiliar lines, becomes well-nigh impossible. Nevertheless, we should be better off if everyone had learned in some slight fashion to think upon the functions of their various parts, and on the way in which those



functions are conducted. There would then be less ignorance of the extreme intricacy of the subject; it would be more freely admitted that doubts must arise on all sides; and that watchfulness on the part of the medical man, and patience on the part of the sick man and of his relatives, are often the most important elements in successful treatment. The *Spectator* wrote the other day that "modern medicine discards more and more the old remedies of specific drugs, and relies more and more on the natural agencies, striving to reduce to a minimum artificial devices." And yet how much we see of the old order of things. The mass of mankind does not seem to me to have adequately kept up with this march of medical knowledge, and thus one is still too much in the seethe of excitement over the last new specific; the absolutely impossible is still deemed to be within the range of actual accomplishment; a medicine is still swallowed more as a charm than as a direct means to an end; and ignorance and shrewdness and the chances of life, which, happily, mostly seem to make for health, are together able to compete successfully with real knowledge. While this is so it can hardly be a wonder, life being so precious and tenacious as it is, that when common sense advice is tendered it is too likely to be met in the same spirit as of old. "Are not Abana and Pharpar, rivers of Damascus, better than all the waters of Israel? may I not wash in them, and be clean?" And the doctor, out of the depths of a yearning disappointment at the apparent hopelessness of his contest against the competing forces, is too often driven reproachfully to respond, "If the prophet had bid thee do some *great* thing, wouldest thou not have done it?"



