DIVERSION

ON MEDICAL LIFE-HISTORIES*

By FA Mahomed M.D.

Physician to the London Fever Hospital; Assistant-Physician to Guy’s Hospital

Great as our advances have been during the last half century, I suppose that all of us will agree that our knowledge of medicine at the present time is painfully deficient. I say advisedly of medicine, for our advances in surgery have been far more satisfactory. Here we are dealing with more tangible things; surgical diseases are on the surface or within reach; we can see them, handle them, remove them. The physician only obtains outward and visible signs, from which by an elaborate mental process, founded on past experience, he deduces his diagnosis of an inward invisible disease.

Now I would ask you to glance for a moment at the present position of medical science. Our diseases may be roughly divided into three great groups:

1. Acute diseases, with organic changes (including the specific fevers).
2. Chronic diseases, with organic changes.
3. Functional diseases, without organic changes, but often preceding or forewarning of them.

Our knowledge of disease has been obtained almost entirely from hospital experience; from that we have learnt much.

1. With regard to acute diseases, we can recognise their nature, we know their usual course, we can estimate to some extent their severity, we know their special dangers, and we have more or less well ascertained rules to apply which enable us to guide a patient through them with the least possible risk.

Concerning the specific fevers, we know how most of them are propagated, though we still know next to nothing of their ultimate cause. There are three diseases which are more or less specific-by that I mean propagated by germs-of which much less is known, i.e., diphtheria, acute pneumonia, and ulcerative endocarditis; the first two of these are being at present investigated by the Collective Investigation Committee. These specific diseases we now class together as preventable, because we recognise their means of propagation, and can therefore, to a large extent, stop their spread among the population. When we have discovered their cause, we shall still more rightly call them preventable.

Another class of acute diseases-such as pleurisy, peritonitis, meningitis, pericarditis, and enteritis-usually occur as an extension of disease from other parts, as the results of injury or of some known blood-poison, such as pyæmia, rheumatic fever, uræmia, or some specific fever; they are rarely primary diseases, more commonly they are complications. They are, occasionally the manifestations of some obscure and unknown blood-poison (such as sewer-gas), and from this point of view require much further study; but this aspect of the disease can only be studied in the patient’s home, and not in the hospitals to which they are removed; it is therefore a very proper object for collective work.

With regard to other acute diseases-such as bronchitis, nephritis, gastro-intestinal catarrh-we have yet much to learn about their causes, and why they should attack some individuals more frequently than others. Many of them are manifestations of what are called ‘general’ or ‘constitutional’ disorders, such as rheumatism and gout. Of the real pathology of these diseases we know next to nothing; most of them appear to be due to disordered function, though they frequently produce chronic organic changes; we have a good deal of loose unformulated knowledge concerning them, but our facts require to be carefully collected, collated, and laid before us in definite shape. How various, and often contradictory, are the opinions held about the pathology and treatment of such a common thing as gout. No more valuable work could be undertaken than that of defining our knowledge on these subjects. Our committee has already commenced on one of them, and we may hope in time to take up others.

2. We next come to the great class of chronic organic diseases. The advance of our knowledge concerning them has been enormous; but to what has it brought us? We now have the means of diagnosing most cases of advanced organic disease. That is to say, if our patient has a greatly cirrhosed liver, an advanced disease of his kidney, an extensive disease of his lung, a generally irrecoverable disease of his brain or spinal cord, it is our privilege to inform

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him of the fact. We may perhaps advise him how to live, that he may prolong his life to the utmost; but, if he asks us to cure his disease, we have to tell him that that is now impossible. But these chronic organic diseases do not come in a day; the health of such a patient must have been for long impaired; the disease must have been preceded by characteristic minor ailments, or functional disorders; and, if we could have recognised their meaning, we should have been able to foretell what would happen, and by changing the habits of life or the environment of the patient, and possibly by the help of other remedies, we might have been able to arrest its course, or entirely have prevented it. Our efforts in this direction would be greatly aided by an accurate knowledge of the individual’s family history, and of his past illnesses. To obtain a systematic record of these details for all our patients must be one of our future objects. Such records as these will afford us knowledge that will enable us to practise preventive medicine, in relation to this, the largest and most fatal group of all diseases which come under our observation—the chronic organic diseases. At present, we are almost powerless in their presence, though so frequently asked to fight with them for the lives of those who entrust themselves to our care.

The hospitals have done their share to help us; it now remains for the practitioners of medicine, who see the beginnings of disease, to do theirs; and to unite together to watch and record the life-histories of diseases; for it is the practitioners who first see the little leaks, which will expand till they sink the ship.

3. Concerning our third class, that of functional diseases, we know scarcely anything. They are rarely seen in hospitals, except among the out patients, where they cannot be studied; here they pass before us, their past unknown, their future untraceable. All that we know concerning these diseases, is some more or less satisfactory experience as to their empirical treatment. It is true that many careful observers, after long experience, may have detected certain relationships of these minor ailments to more grave diseases; they may have known them as marking a family predisposition or an acquired vicious habit; but such observations as these require a lifetime to make them, when they are limited to the experience of an individual; and, although the mental note may have been made, the permanent record in black and white has been omitted—so that, if the observer records anything, he records only the impressions of a life-time; but he lacks the accurately detailed facts necessary for the proof and acceptance of a new doctrine.

These observations we now ask of you to unite in making; and the best efforts of this Association will be given to making the method easy and the labour light. I may say that our committee has in preparation a scheme, which it will shortly bring before you, for encouraging patients to keep carefully prepared records of their lives and of the chief incidents therein, both medical and otherwise. These records would prove of very great value, alike to the patient, to the doctor, and to medical science. From them could be deduced, not only forecasts of disease, but warnings and guides for the conduct and preservation of life. In this scheme, we have the assistance of Mr. Francis Galton, whose valuable papers (in the Fortnightly Review of this year) on ‘Photographic Chronicles’ and ‘Anthropometric Laboratories’, shadowed forth the desirability, and indeed the necessity, of some such scheme. Closely allied with this will assuredly follow certain changes in medical practice, which are at present slowly, but, I believe, surely, advancing. I mean such a change as that advocated by Dr. W. F. Phillips of Andover - a system by which we shall be paid to prevent disease; not, as at present, called in to cure the incurable. We want to teach our patients how to live, to give them healthy surroundings, and to protect them from unhealthy habits and occupations; then to watch and treat their minor ailments; and so ward off, as long as possible, grave organic disease.