JACOBI (A.)

THE PRESIDENT'S ADDRESS

DELIVERED BEFORE

The Association of American Physicians,

AT ITS

ELEVENTH ANNUAL MEETING

AT WASHINGTON, D. C.,

APRIL 30, 1896,

BY

A. JACOBI, M.D.,

OF NEW YORK.

LIBRARY
SURGEON GENERAL'S OFFICE
MAY 20 1899
629.

FROM
THE MEDICAL NEWS,
May 9, 1896.

ABOA

[Reprinted from THE MEDICAL NEWS, May 9, 1896.]

THE PRESIDENT'S ADDRESS DELIVERED BEFORE THE ASSOCIATION OF AMERICAN PHYSICIANS, AT ITS ELEVENTH ANNUAL MEETING AT WASHINGTON, D. C., APRIL 30, 1896.

BY A. JACOBI, M.D.,
OF NEW YORK.

GENTLEMEN: The scrutiny of the program you have prepared for this meeting of the Association of American Physicians, yields an eloquent exposition of its scope and aims. The fellows who are offering their contributions to the discussions of these three days, have in the distant parts of the country, each by himself, and unknown to their far-away cooperators, acted the parts of different constituents of an organism. Indeed, whatever conduces to make up internal medicine, from the special biological study of a coccus to the prognosis in a particular disease, from the etiology of a morbid condition to its therapeutics, from the consideration of a local ailment to that of public hygiene, is well represented. Gathering up the apparently detached threads, I therefore find it far from difficult to express in a few words what I consider to be the relation of medicine, such as it is exhibited in this Association and on its program, to medicine as it is taught and practised, either undivided or in its specializations, and of this Association to its national sister societies.

LIBRARY
SURGEON GENERAL'S OFFICE
MAY 29 1899
629

At a time when a number of national special organizations had been in existence several years, it was founded, I take it, because the leaders felt that the natural tendency to the division of scientific labor should be, not checked, but guided by a controlling hand, and that the independent position of internal medicine should be demonstrated and vouchsafed.

Since Boerhaave, aye, since Galen, specialties branched off from the original trunk of medicine. The accumulation of experience, the multiplicity of observers, the increasing depth of studies, the perfection of tools and instruments, and the limitation of the capacity of individual practitioners, at one time even the dictates of the Church have from century to century, and lastly, from decade to decade, added to the number of specialties in practice and of specializations in study. Indeed, at the present time, a medical man may do his full duty to his profession, be an expert largely quoted, the first among his peers, and a peer among the first, an authority of the first rank, without ever having paid the slightest public attention to the demands of social hygiene, or for years seen a single sick-bed. On the other hand, there are those most of whose time is spent and efforts exhausted in attending to the sick, both in hospitals and private dwellings. Their observations may be quite as correct as those of the microscopist and experimenter, but they are not so easily proven to be so. In their case it takes, as a rule, a large number of statistical data to establish facts as truths and worthy of accept-

ance, for, indeed, truth is not so simple as many a proverb will have it. The reason for this is manifest. The object of the microscopist is single, is one, and still mistakes are made; for explanations differ in regard to what has been seen, and corrections and refutations are numerous. That of the physician is complex, therefore more difficult. His subject is man, and usually man whose physiological functions are disturbed by a pathological process. His work is also more comprehensive, his aim higher than that of a practical specialist who claims to deal with a single organ. When we look upon modern specialties as they frequently are, not as they ought to be, practised, we have to admit that they suffer from the danger of limiting the view of the practitioner. An isolated organ is the center of his perpective, and everything not enclosed in his field of vision, which is occupied by the organ of his choice, is doomed to remain insignificant in his estimation. Moreover, the mercantile and mercenary spirit of the end of the century matures occasional eagerness for early reputation and social and financial success. The public is easily impressed by visible manipulations and manual dexterity, and unable to follow or correctly rate the results of unobtrusive and unornamental brainwork. Thus it is, that to establish himself in reputation and standing among laymen, it takes the accomplished physician as many decades as the young specialist years. On the domain of practical medicine, the specialties have gradually encroached. No cavity but has been

invaded by the surgeon, no special organ ever so small but what has been appropriated by a specialist. Is it true, however, that medicine becomes more surgical or specialistic? Is it not rather to be demanded that surgery and the rest of the specialties should remain, or, more than hitherto, become medical?

It is not given to me to value scientific labor, beyond the personal happiness conveyed to the searcher for truth by the broadening of his mental horizon and by revelations never manifested before, except by the good it does to the race. *Nisi utile est quod faciamus stulta est gloria.*

The researches which have contributed most to the success of all branches of *surgical* medicine are the same that have added to our knowledge of a large number of infectious diseases and benefited both private and public hygiene. That is where the bacteriological hermit, the studious histologist, the bedside practitioner, and the public statesman join hands. That is where medicine proves itself to be the benefactor not only of the individual, but of mankind. Political economy and individual and public hygiene are equally interested in the progress of medicine. When society will have passed beyond the mire of mercenary wire-pulling and bickering, when every man will be a political being in the sense of Aristotle, with the tendencies of the statesman rather than those of the politician, when the welfare of the people and race will be the only aim of enlightened representatives, then the medical man will be either the legislator or his adviser, and

medicine will take the place occupied in remote medieval times, before there were so many churches, by the Church. But to accomplish that end medicine must remain one and indivisible.

Looking over the programs of the Climatological, Pediatric, Gynecological, Neurological Associations, and the rest, you recognize subjects familiar to yourselves. Let them acknowledge their origin, and the ties are no longer severed. Surgical *science* is medicine. Its *art* only is what constitutes the specialist. The methods of surgical diagnosis are medical. The very sources of its practical success are the pharmacological, biological, and histological laboratories. The very best minds of both hemispheres were always anxious to enforce the union of the *disjecta membra.* No science deserves its name unless enlivened by this idea. Imagine, for instance, anthropology to relinguish its throne and acknowledge the independence of its different branches. The collective studies of crania, or of hair, the peculiarities of the Esquimo tribe, the relationship of languages, they are branches of and contributions to science, not sciences. This knowledge of consanguineous unity was the cause of the formation of our triennial congress. From that point of view this Association, with its annual meetings drawing on, and combining as it does pathological anatomy, histology, bacteriology, chemistry, physics, and all the practical aids offered by the mechanic, the optician, and by all the specialties, whose number leaves nothing to be desired beyond that it might be

smaller, and with its constant contact with the interest of the commonwealth, takes the place of the triennial congress. One of the wisest members, in my opinion, of this Association was once asked by me what he did in a certain case. His answer was: "Among other things, I prescribed a surgeon." One of the leading specialists of the country told me after he had inspected a volume of our transactions: "I know how to operate on an eye, and now and then I succeed in making a good brain diagnosis. After all, however, we do retail work. When I want statesmanship in the profession I look to internal medicine."

Among the constituents of scientific and practical medicine there is one which has not yet succeeded in conquering its legitimate place, viz., therapeutics. Fifty years ago in Vienna, and where its influence was paramount, the interest in man began at the autopsy. It had become, and occasionally still is customary, even with large minds, to scoff at the value of internal therapeutics. The effects of the knife, the actual cautery, the tourniquet, the local applications on the integuments are readily conceded. But the natural difficulties of directing and controlling the action of drugs on distant cell conglomerates, either fluid or solid, are often emphasized and exaggerated into alleged impossibilities. That is a mistake, for the merely empirical character of therapeutics, which, after all, has a value of its own, is to a large extent superannuated. The diagnostic methods of Laennec (with whose illustrious name that of Auenbrugger ought always to be thankfully remembered) and

of Skoda, and the introduction of the thermometer by Wunderlich, enabled us to prove some of the local or general actions of medicines. The efficacy of local treatment was proven by Hebra in the treatment of scabies, in the very face of the nihilistic school of Vienna. Pravaz's invention, as ingenious as it was simple, facilitated local administrations with tangible and instantaneous effects. The separation of alkaloids, beginning with that of morphia in 1817, strychnia in 1818, caffein in 1819, added to the accuracy of effect and of observation. Experiments with drugs on animals have vastly contributed to the exactness of our medication, though it is true that every newly discovered fact is liable to be accepted or not with the protest that whatever happens *in corpore viti* need not be applicable to man. In that way we are mainly indebted to Wepfer who worked as early as 1679, to Magendie and his pupil, Claude Bernard, and to the greatest of them all, Karl Ludwig. Nor was it animals alone that were utilized to accomplish accuracy in the application of medicines. Observation of their action when they were given to the well and the sick has vastly increased our knowledge in spite of the absurd caricatures furnished by that erudite quack, Hahnemann.

Nor has chemistry and pharmacology, which was in due time separated from pharmacy, been idle. The changes undergone by medicinal agents were studied by Mitscherlich, Schmidt, Wormley, Horatio C. Wood, and Schmiedeberg, and the dependence of the effects of medicines upon their chemical

structure by Richardson, Brown, and Frazer, with the final result of creating through synthesis new and powerful agents. One of the most promising observations was this, that certain bacteria are capable of immunizing animals against the action of certain poisons, either through the metabolic products of bacteria, or by the very serum alone of such immunized animals. Finally it was found that as the absence or the diseased condition of the thyroid gland caused serious disorders, so some of the latter could be corrected or cured by the administration in different ways of thyroid tissue or its extracts. These very facts, and the results of serum therapy, and the promises of organotherapy in general, which we expect to be fulfilled in the near future are most hopeful signs. We are, therefore, amply justified in believing that internal medicine will soon reap many of the fruits, thus far harvested by external medicine, from the fields of biological and bacteriological laboratory work.

This is more than hope. It is the more a certainty the more surely and frequently physiological and pathological functions are shown to be chemical. Bacteriology, advanced as it is beyond tentative beginnings and the overbearing claims of youthfulness, does no longer pretend to cover the field of etiology. It recognizes the difference between the entity of a disease and its cause. All organic changes in the cells and protoplasm are either physical or chemical, or both. Bacteria cause local infection, usually primary, rarely metastatic in character, but never the constitutional

symptoms of a disease. These are produced either by proteins or toxins, the products of the very microbic bodies, or ptomaines, the products of the cells in which the presence of microbes worked an abnormal metamorphosis. The latter, however, does not result from bacteric influence only. Chemical, mechanical, thermic changes, are apt to influence the normal vital processes, which again impress, or are impressed by, the peculiar individual disposition created by age, hereditary influence, previous illness, state of nutrition, nerve force, and the conditions of rest or exhaustion. What a wonderful and complicated chain of mutual influences and possibilities, and what subjects for study for this Association.

The normal vital processes depend on two powers, the cells and the blood.

The very structure and function of the former are acted upon or built up by the latter. Thus it appears as our master Virchow has lately pointed out, that finally we return to a species of humoral pathology, but not indeed to the crases and diatheses of old. For modern humoral pathology looks for the presence in the blood of actual agents mostly of chemical nature. Part of them has been shown to be so; in the case of others we have to rely on inferences. Still, with peptones, aceton, sugar, with acetic, lactic, oxalic, uric, and oxybutyric acids in the blood we are fairly acquainted; and the discovery of Fraenkel's thyreo-antitoxin proves to what extent the action of the organic juices is mainly, if not altogether chemical.

The interests of the practitioner and his patients, of medical science and the commonwealth, are equally served by these views when tested by practice. As an Association we have to deal with the interests of science and of the community; of the latter even more than it is willing to understand or to admit. We, however, need not be exhorted to continue our work. The misunderstood sympathy with the alleged sufferings of animals, and the agitations of the anti-vivisectionists —no matter whether merely misinformed or fanatical—must not swerve us from studying, from learning, and from serving mankind by combining our efforts for public purposes. The hygienic interests of the community are, or ought to be, in our keeping. Your Association being the scientific representative of internal medicine in America, ought to be recognized all over the Union as the scientific law-giver. What the New York Academy of Medicine is calculated to become for New York City, this Association ought to be able to be for the Union and beyond it through the scientific labors of its members. In order, however, to attain this destiny, let us not forget that medicine must be one and inseparable, now and forever.

Some of our colaborers have left us during the past year. Dr. James Edmond Reeves, who was a member since 1887, and died at Chattanooga, Tenn., on January 4th, at the age of sixty-six years, was one of those who happily blended a strictly scientific ambition, as exhibited by his "Practical Treatise on Enteric Fever," and his "Manual of Medical Microscopy for Students, Physicians, and

Surgeons," also by his paper contained in Vol. V. of our Transactions, on "Some Points in the Natural History of Enteric or Typhoid Fever," with a sense of duty both as a public servant and a citizen. From his early professional years he interested himself, both as a fellow of scientific societies and as a health officer, in public hygiene. He was the author of the law creating the State Board of Health of West Virginia, and it was he who felt bound and was able to take up, single-handed, a successful fight against a "consumption cure." At a time when the practice of medicine is frequently degenerating into a trade, and the number of quacks, and especially consumption quacks, is swelled even from among the ranks of men armed with medical diplomas and possessed of official positions, his undoubted courage and moral strength are bright examples that should not be forgotten. What I said of the combination of special medical interests, and the instincts and aims of a good citizen, is also due to the memory of Dr. James West Roosevelt, who died in New York on April 11th. He was, though a member of this Association since 1889, one of the youngest of us, being but thirty-eight years old when he died. More extensive obituaries will refer to his various monographical contributions to medical literature. In Vol. VI. of our Transactions there is a paper of his on the "Frequency of the Localization of Phthisis Pulmonalis in the Upper Lobes." As he was versatile, enthusiastic, and unselfish, his participation in the fight against misrule in New York was active indeed. It will always be

gratefully remembered. He was deeply interested in the efforts of the New York Academy of Medicine to abolish the pollution of the Croton water shed, and to secure national control of quarantine.

As death is busy causing losses, it is our responsibility to see that the ranks of the Association remain closed. There being, however, but few vacancies in our roll of one hundred, but few candidates will be presented to you for election. You recollect that in last year's meeting you declined to increase our membership, which is now limited to one hundred. The same proposition will be made again, to be voted upon next year. The class of men anxious to join, and capable of doing scientific work, is certainly growing. Now it is true that the Association has been justly conservative, but conservatism is not narrow. As it was the pride of every one of us to be one of the hundred, it will, when we conclude to facilitate new admissions, be our pride and happiness to know that no increase of membership will ever include all the Americans willing and able to render actual scientific services to universal medicine.

The Medical News.

Established in 1843.

A WEEKLY MEDICAL NEWSPAPER.

Subscription, $4.00 per Annum.

The American Journal

OF THE

Medical Sciences.

Established in 1820.

A MONTHLY MEDICAL MAGAZINE.

Subscription, $4.00 per Annum.

COMMUTATION RATE, $7.50 PER ANNUM.

LEA BROS. & CO.

NEW YORK AND PHILADELPHIA.