

NON NOCERE

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649237395

Non nocere by Abraham Jacobi

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Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

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ABRAHAM JACOBI

NON NOCERE

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I UNDERSTOOD that the audience in the General Sessions, consisting of all classes both of medical men and the cultured lay public, was to be entertained with the discussion of subjects, if possible, intelligible to all. Happily, of these there are a great many; for, indeed, the most humane of all the arts is, at the same time, the most human. It is mainly, however, the great specialists in our science that always find topics which, because of their intimate connections with moral, political, and social questions, are interesting to every man and woman of education and culture.

I, Mr. President, am perhaps not so fortunately situated; though I am interested in all of them, I cannot boast of great discoveries in chemistry, bacteriology, or such branches of medical science as are pre-eminently, and sometimes too exclusively, called exact by their adepts and experts. My home has not so much been in laboratories, as on the teacher's platform, and in the sick chamber, the hospital, and the councils of my profession. My life-work has been directed by something like the dictum of Paracelsus, that "true art is not so much revealed by knowing as by acting." Thus I have the honor of addressing you from the stand-point of the practitioner, firmly believing that in medicine, as represented in this Congress, every special research contributed to the general stock of knowledge does not become humanitarian, sacred, ay, medical, before it can be made sub-

¹ Address delivered before the Eleventh International Congress at Rome, Italy, in its General Session of April 4, 1894.

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servient either to the prevention or the cure of disease. That principle was uppermost in the minds of the framers of these international medical congresses. From that point of view they ordained that special researches should be communicated in their sections, and that all the latter should be held organically together, like the branches of a tree, or the organs of a system, by the binding power of general meetings. If it were not for that, international special societies would fitly take the place of international medical congresses, and we should have twenty-one sciences in place of the one undivided and indivisible medicine.

It is for that reason that our main anxiety must be, under the heading of "Non nocere," that "nil detrimenti republica capiat." The congresses must remain what they were intended to be, an assembly for scientific, though also for social, purposes, of delegates of great institutions and corporations, of the leaders in general medicine and in its specialties, and of medical men all over the globe whose interests are devoted to science, in their capacity either as teachers and contributors, or as faithful practitioners. All of you, however, who are leaders in the profession and its councils, may you never forget that, as soon as the scientific concerns cease to prevail over the social, as soon as thousands flock together for the enjoyment of entertainments, excursions, and festivities only, or principally, just as soon will the soul escape out of this body medical, and its constituents will be severed. I trust that in all meetings wisdom and moderation will combine to the end contemplated by the founders of our congresses. Do not forget that these congresses are among the intellectual powers of the earth, and that we are responsible to the world for maintaining them in their integrity. From time to time we shall then have the elevating spectacle of thousands of medical men from all parts of the world, and speaking a dozen different languages, convene at the same call and for the same purpose, moved by the same instincts and interests, the great

and the lowly, the old and the young, brethren on the same moral and scientific platform, if not of equality, still of fraternity and solidarity.

Still, I set out to speak from the stand-point of the practitioner. The critical physician of the last decade or two has seen wondrous changes. His numbers may have increased somewhat, absolutely, but they have decreased, relatively. In large cities the thorough, all-around, general practitioner is becoming scarce. Now and then he is expected to be but the city directory, or the agent for the specialists in brain and nerves, in kidneys and appurtenances, in uterus and appendages, in skin and corns, in heart and lungs, in stomach, throat, nose, eyes, ears, and what not. It will be very difficult to stem the current, for, indeed, the evolution of specialties, both in science and practice, is spontaneous and legitimate. But the waters left their bed long ago. The tendency of the time is mercenary, the medical man is still a man and but human, and many a one is very, very young, and expects to make a great reputation and an easy living out of very little mental capital, and out of a little manual dexterity, to the neglect of general medicine. "Ein Theilchen hat er in der Hand, fehlt leider nur das geistige Band." He forgets, or never knew, that the great specialistic work is performed by men possessing extensive general knowledge and previous practical training. He does not know or feel that with limiting his knowledge, and running after riches and reputation, he has already encroached upon his morals, and lowered the dignity of himself and of the profession. A young medical man who runs off into a specialty, honestly believing that a human organ can be studied and treated separately, like the wheel of a watch, has not intellect enough to be a physician, and ought to have been discouraged from entering the ranks. He who undertakes it from mercenary motives ought to be frowned down, and told that his tendencies and faculties belong to the places where they sell their wares and souls for lucre, and call it business, not a sacred vocation.

You know it is but too true that, while science has taken wings and basked in the brilliant sunshine of rapidly increasing knowledge, the status and the tone of the profession have reason to despond over its restraining clogs. You, who are teachers and leaders in medicine, cannot alter the universal signature of the century; but what you can do is by your teaching to prove the absolute and indestructible dependence upon each other of each organ and the organism, and the logical impossibility of intelligently and scientifically treating a special organ without a closer acquaintance with the body than is obtainable by a four-years' study of medicine and a three-months' special instruction by a teacher who is no better than his pupil. Many a young man sins because he knows no better, and was not told. If the teachers of medicine, if the great professors of specialties in the schools of learning, neglect the duty of teaching from their platforms the morals as well as the science and art of medicine, it is they from whom comes the harm. Moreover, the medical practitioners, by favoring, as they in their modesty are apt to do, in every possible case, the specialist, and the very existence of the specialists in large numbers and beyond need, have tempted the public into thinking less of medicine and medical men, and more of mere handicraft. That is why the physician has gradually lost his dignified position in large communities. It is in the country, where he still is, in his own person, the sole representative both of his science and his calling, that he is still esteemed at his full value.

This, however, is not the only way in which the medical men of every country have injured themselves and their calling. As they have overloaded their ship with the maintenance of uncalled-for numbers of self-made specialists, so they have submitted to the invasion of their lines by the manufacturer of drugs and artificial foods. If the countries be overrun with proprietary and quack medicines and foods, it is to a great extent the fault of the doctors, even those highest in rank. They

will accept and praise, and certify to, the merchandises of the venders—I am afraid some of you carry them in your own pockets this moment—open and strengthen the market for them, and thus educate their public into attending and drugging themselves. If there is to be a pharmaceutical gospel, it ought to be for all of us the national Pharmacopœias.

Still another harm comes to the profession from its own members. Through anxiety to do good, and through prematurely jumping at conclusions from a newly discovered fact, we are liable to promise too much, and inadvertently run after fads. *Quod cupimus et credimus libenter.* We promise to extinguish tuberculosis and to cure cholera. The phantasm disappears, and what remains is sneer and ridicule. We pretend to exterminate senility, and those who have to dig graves laugh at us for our pains.

The origin and source of all such harmful mistakes lie in the conscious or unconscious tendency to help and to heal, and in the fact that the practical perfectibility of all medical sciences depends on the good they can do. The greediness with which the modern products of organic chemistry are sought for in the markets of the world by anxious physicians, the great many errors committed in administering injurious doses which—I will only refer to the modern antipyretics with their after affects, debility, collapse, lividity, cyanosis, depression, subnormal temperature, urticaria, salivation, hyperidrosis, etc.—find their explanation in the numberless cases of aches and woes requiring mitigation. But they also lead to the reproach, which is as old as medical practice, that the doctor is killing his patient, not only as Dryden says of the apothecaries in behalf of the warring doctors of London:

“ From random files a recipe they take
And many deaths with *one* prescription make,”

but with the large number of his medicines and medicinal theriacs.

“We all agree not only that over-dosing is wrong and harmful, but also that it is being practised. To give mercury to salivation; salines until the rest of soluble albumin and salts is gone; digitalis until heart and pulse are below danger line; belladonna until the throat is as hard as a gridiron; quinine until you get deaf; iron until gastric catarrh and constipation destroy what is left of health; to burn noses for everything in the line of ailment that may befall the flesh; to cut the cervix uteri for sterility and endometritis; to sew up the cervix uteri for sterility and endometritis; to cauterize and otherwise handle the problematic ulcerations of the uterus for sterility and endometritis; to introduce glycerol tampons for sterility and endometritis; are abominations to the minds of well-meaning physicians. Still they are being done, and will continue to be done until knowledge increases, judgment improves, the mercenary spirit disappears from our ranks, and perhaps the public refuses to submit. *Non nocentis.*

But if over-dosing and over-operating be wrong, and sometimes criminal, is it less wrong to under-dose and under-operate? Indeed that is done, I am sorry to say, to at least as dangerous degree. If you were to stand by a child's bedside strangled by a diphtheritic laryngitis, without resorting to intubation or tracheotomy, would you be made less culpable by relying on some theory of your own?

It is not enough to avoid legal responsibility, the civil law is mostly on your side—our law-book is the history of our art and the dictates of our heart. Both say that the so-called expectant treatment has done, and is daily doing, more harm than over-dosing. Our sins are those of omission as well as of commission. A whooping-cough leading to broncho-pneumonia, pulmonary hemorrhage, or convulsion in the fifth or sixth week, while it might have been mitigated or checked before, is an arraignment of the doctor. The self-limited eruptive fevers, measles, scarlatina, typhoid, each of them liable to lead to myo-

cardial changes, heart failure, and death, or to mental disturbance, which were not actively treated in time by absolute rest, reduction of heat, and moderate or vigorous early stimulation; the pneumonia which, when delirium, cyanosis, and dilatation of the right heart became urgent dangers, was not relieved by a venesection; the protracted and hesitating convalescence, with its anæmia and flagging pulse, which was not supported by heart tonics, not "pro re nata," for res was "nata" already, before it was too late forever, are, and must be for life, loads on the practitioner's conscience. Sophocles says (Aias 581):

*ὁ πρὸς λατροῦ σοφοῦ
θρηνεῖν ἔτιθάς πρὸς τομῶντι κήματι.*

"No bright physician mourns plaintively over a case where he ought at once to use the knife." Decision must not be difficult, in spite of Hippocrates (*ἡ κρίσις χαλεπή*), for *ὁ καιρὸς οὐδύς*, the favorable time is fleeting. Nor hover over official "maximum doses" in cases where one of the scales contains your anxiety for your own personal safety and lawful righteousness, and the life of a human being is held in the other. Indeed the maximum doses of the Pharmacopœias often appear to be established for the still less than average person who fears more for himself than for his patient.

Parallel to over- and under-dosing, run over- and under-feeding. The latter requires no discussion here, the former I shall refer to only in connection with small infants, for the subject could not be exhausted in ten lectures. They require much food because they have not only to reproduce but to grow. When they take beyond need, one of two things must occur; for no surplus can pass the alimentary tract any length of time without evil results. Either a surplus material is gradually accumulated in the organs and will lead to disease, or no complete digestion takes place, and then all forms of gastritis, enteritis, or auto-infection will develop. I shall only dwell