The relation between the relief of symptoms and the cure of disease.

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1861
As symptoms whether physical or functional furnish the most important evidence of existing disease, the proper or improper abatement of them, which will depend on a knowledge or ignorance of pathology, must be of vast value in assisting our judgement as to the nature, seat, and probable cause of the disease, and in influencing our treatment of it. Since it is by comparing all intervals the variations manifested in the character of the symptoms during the progress of any case that we ascertain whether the disease is advancing or receding, and that they become of use as indices for guiding our treatment of it. On our estimate therefore of the value to be attached to the degree of relief shown by any symptom or group of symptoms, will in every case hinge the successful management of the disease and oftentimes the safety of our patient. An accurate knowledge then of the relation existing between the nature of symptoms and the cure of disease will constitute no small part of the skill of the able physician and be of great moment to him in following his resolution. Sagacity in perceiving the meaning of symptoms and tracing them to their causes has always distinguished the accomplished medical
man from the empiric, who does not know or seek to know the causes of events or symptoms, but always directs his whole attention on the latter, publishing professed to have a specific for every disease. Ignorance of the relation between the relief of symptoms and the cure of disease always leads to imperfect treatment as is well shown by the old mode of treating Pneumonia by bloodletting and other antiphlogistics. The apparent relief but in reality aggravation of the disease caused by bleeding, lead its advocates to persist so long and mischievously in their remedy as to succumb at last in achieving their patients by death in an overwhelming number of cases. Relief of symptoms being the anc**icion of the uniformly fatal termination of amody or the reverse, the subject of this paper will be treated shortly under two heads: 1st relief of symptoms having relation and 2nd relief having relation to the cure of disease; and in connection with each division it will be shown that the treatment producing the real or usual relief results from a correct and sound appreciation of the symptoms as a consequence of a knowledge of true or false pathology. In lieu of the first head, the following example may begin.
When the habitual haemorrhage from haemorrhoids, which often happen in plethoric persons, and which are often kept up by intemperate and luxurious habits, are suddenly and unwise stopped, apoplexy has frequently been known to follow hard on the cessation of the critical discharge. The relief by the stoppage of the haemorrhage in this case bears no relation to the cure but to the aggravation of the disorder as shown by the subsequent disastrous result, consequent on the improper treatment, directed to back nature's effort to active the circulation by its safety valve, and is plainly due to an imperfect appreciation of the symptom and an ignorance of the pathological state causing the haemorrhoids. If persons of the strimous cachexia, with enlarged and suppurating cervical lymphatic glands and perhaps open scrophulous ulcers on other parts of their body, get these ulcers suddenly closed and healed, it may be by the aid of some inexperienced practitioner ignorant of the effects of his muddling practice; they often lay the foundation of tubercular deposit in the lungs, which too surely dooms the ill treated and unfortunate patient to an early grave. This relief afforded by an injurious interference with an attempt of the
system to rid itself of noxious material, by a distressing but really beneficial local manifestation of a constitutional disease, in this instance having relation to the cure of the disease but not death, the effect of mal-treatment, of an improper appreciation of the symptom, and an ignorance of the pathological state producing the enlarged glands. The use of acetic acid to diminish excessive action of the heart, the result of aortic constriction with hypertrophy of the left ventricle, will succeed temporarily in quieting the palpitation, but more effectually in ultimately increasing it, by offering additional resistance to a salutary and compensating effort on the part of the heart in overcoming a physical obstruction to the flow of blood from its left ventricular cavity. Here again the relief has no relation to the cure of the disease but to its aggravation; the bad treatment again resulting from an ignorance of pathology. Very frequently the gangrene, which takes place in the visceral tubes of intestine of a strangulated hernia, is followed by immediate relief the patient from pain, leading him to hope that recovery is begun, but assuming the physician that life is near a close. To tetanic patients a plunge in a cold bath brings instant relief, but this amend-
too frequently ends in speedy death. It is an uncommon thing to see the swollen, unduly thick and legs of an anæmæcous patient quickly unlock themselves and resume their natural bulk and symmetry. His friends flatter him and each other that his disease is leaving him; but as his legs empty, he becomes drowsy, forgetful, comatose, apoplectic and dies. Often has it been observed in hydrophobic patients, that when the paroxysms cease and nervous irritability disappears, their ability to eat, drink and converse returns; the sights and sounds which formerly left them miserable no longer cause any uneasiness; their apparently relived condition permits them to sleep, from which they awake only to die. This amendment was the prelude of death, the last flicker of the expiring lamp. Violent blows on the epigastrium or straining at stool, by persons having chronic ulcers of the stomach, have not infrequently led to rupture, followed by severe pain and symptoms of extreme collapse; in such cases stimulants have been given, not with the effect of rallying the patient as was intended, but of accelerating the already acute perforation to a fatal issue. Such treatment could only result from an ignorance of the pathology of the
case, which a little enquiry into the patient's history would have helped to remove. In regard to diabetes, Dr. Parrot remarks, that on the subvention of the secondary diseases, as gangrene, malignant boils and carbuncles, which frequently accompany that disorder, the sugar often disappears from the urine; and cautions us that this disappearance, far from being an index of improvement in the patient's condition, is rather a warning of danger and too often the harbinger of approaching dissolution. The above are but a few of many more examples, which might be adduced, to prove the accuracy of the statement, that the relief of symptoms often bears no relation to the cure of disease, but is in reality injurious in that the relief tends to buoy up unfortunate patients with hopes of recovery, which are soon to be dispelled, at the same time encouraging the unwary practitioners to persist in a line of treatment, which may be highly injurious and even improper, serving only to give the disease an opportunity of running its course unheeding and unchecked and of at last handing another mortal safely into the remorseful grasp of death. How in proof
the assertion—that the relief of symptoms bears a relation to the cure of disease, a few examples may be quoted; and let us just take pneumonia, the pathology and proper treatment of which, have been well set forth by Dr. Bennett. After cases of acute pneumonia are fully developed and that the exudation, thrown off with the air vesicles and minute branches between the fibres, nerves and blood vessels of the parenchyma becomes coagulated, the relief, as shown by the symptoms of the pain, pain and dyspnoea, the gradual change in the character of the expectoration from harsh to fine and its ultimate disappearance, the diminished dulness found on percussion day after day, the return of the vocal resonance to the normal amount, the return of the appetite and finally the occurrence of a critical diaphoresis, diuresis or diarrhea, disappearance of the chlorides in the urine, are all evidences of the conversion of the exudation into a fluid state, its transformation into pus cells, which break down, whereby the exudation is made capable of being absorbed into the vascular system and subsequently eliminated particularly by the kidneys, in short of recovery. This satisfactory termination of what was once considered a most deadly disease, is
favoured by the treatment, directed to further the natural progress of the disease, which is to give saline during the febrile state with the view of diminishing the viscidity of the blood; as soon as the pulse becomes soft to give beef tea and nutriment, and if there is weakness from four to eight ounces of wine daily; as the period of crisis occurs to give a diuretic to promote the secretion of urates and not in any way to check the crisis when it occurs, whether by sweat or stool. The relief manifest in the symptoms of pneumonia bears relation to the cure of the disease in as much as all the cases recover under the above treatment founded on a correct pathology and justified by long and ample experience; the old treatment by large blood lettings and other antiphlogistics is wanting in the above success and besides obstructed the natural progress of the disease and delayed convalescence in the few cases that recovered six to ten in every three. Again in acute nephritis, the disappearance of the fever, of the pain in the lumbar region, of the albumen, blood and casts from the urine and of the oedematous condition of the integuments, which is present when both kidneys are affected under the treatment by saline diuretics, which though objects
to by some I have seen productive of the best effects in
some instances. Here the relief bears a relation to the
cure, as the patient invariably recovers, unless the
case is complicated by some other disease. In
jaundice, of the existence of which we are made aware
by pain in right hypochondrium and in the right
shoulder, the yellow colour of the skin, the constipated
condition of the bowels and the presence of bile in the
urine, increased by rigors and febrile symptoms, the
cases generally get well when treated by diuretics and
purgatives not containing a particle of mercury, but
calculated to stimulate the upper part of the aliment-
ary canal. In the intense forms of the disease, casts
of renal tubes are found in the urine, having their contained
cells deeply tinged with bile pigment. This pigment is also
not infrequently seen infiltrated through the paren-
chymatous tissue of the kidney, and also in the deeper
layer of epidemic cells and the cells of the sudoriparous
glands of the skin. The existence of pigment in these
facts indicates the adoption of the above treatment, its
results being in every way satisfactory. Here also
the gradual disappearance of such will marked symptoms
bear relation to the cure of the disease as is permanent.
The foregoing examples, though few and short as it
is hoped sufficient proof of the position taken up in this paper, and enough to show the importance of an accurate knowledge of the value to be set on the relief of symptoms in their relation to the cure of disease, from their direct bearing on its treatment, which cannot always be founded on pathology. This knowledge can only be gained from an intimate acquaintance with pathology and of the ways by which nature removes morbid states. In proportion as pathology advances, the like manner will one treatment of disease become more precise and correct; less direct to the removal of symptoms, more to the removal of causes. Treatment applied to the removal of symptoms has always proved to be unsatisfactory and changing, as is well exemplified in the numerous treatments proposed for diabetes mellitus and the theories on which they were founded, being as soon put forth, than they gave way to others destined to replace them, like neglect. Another reason for not being altogether guided in our treatment of disease by symptoms, is that in some diseases as typhus fever, the favourable crisis is preceded by an aggravation of most of the same symptoms and an increase of the general distress. The same is true of Phthisis, when during the healing of a tubercular cavity
the cough is exceedingly painful and dry, the patient think they are worse and ask for some expectorant to bring up the spit, their request is perhaps granted by the practitioner, the process of care being thereby under-