

## **Today's Wisdom, Tomorrow's Nonsense!**

*"Sixty years ago, learned members of the profession were publicly declaring that birth control was dangerous. Sixty years before that they were declaring that it was harmful for a woman to work with her brain. Do we always have to practice some idiocy for future generations to laugh at?"*

*Dally A.:1983*

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**I**t's not unusual that we mock the opinions, and practice, of our colleagues a few decades ago or even laugh at it. But have we ever thought of our successors, what will they, in turn, mock us for and how soon? Patients were deliberately bled as part of their treatment, now they are transfused! Time came when they were starved, now "hyper alimentation" is the norm. Excessive bed rest was a "must" for sound recovery: 6 weeks following myocardial infarction, 3 following suturing of perforated peptic ulcer, 2 following appendectomy or repair of hernia; incredibly unbelievable at present. Low residue diet is history; now fiber is all the rage. Postoperative wounds were bound at times and left exposed at others. Dressings were once "water-tight", to deter bacteria, pervious to allow moisture to escape or both simultaneously. Different kinds of suture materials come, go and return just like whether, and how much, to close potentially infected wounds. Patients who developed peritonitis were nursed in Fowler's position; upright in bed with the knees supported from below with pillows, to the extent that Hamilton Bailey, no less, called it a "priceless gift to surgery". Now, in addition to being obsolete, it's regarded as strong risk factor for venous thrombosis. I guess we can go on and on down a very long list of similar ideas and practices, but lets look behind the scene for factors that effected such dramatic transformations.

### **The Pioneers**

It was the intrepid people who challenged the "contemporary" thinking and did exactly the opposite. When Fowler's position was first abandoned and the patients were let to lay the way they liked, they became more comfortable and a lot of nursing time and effort were saved; the end result was that Fowler's position was never mentioned again. Another, no matter how bizarre it may seem, actually challenged the "fact" that acute appendicitis was a deadly illness unless the inflamed organ was

removed quickly. To that effect, he made the decision not to operate on his next 100 patients, including those with peritonitis, apart from draining abscesses. As expected, morbidity was high and recovery took a long time but, quite unexpectedly then, none of them died, none at all! Nobody followed his foot steps, surely, but a deep rooted conviction was turned upside down. Such bold attempts are unthinkable today (fortunately?/unfortunately?) because this is the era of statisticians, ethical committees, consents and, of course, litigations.

## **The Unknown**

It's a human nature that we find mysterious powers much less intimidating once we assign them a name. This name would also make us "feel" less ignorant towards that particular power although it might not essentially be the case. The names used, however, usually come very close to shightly saying that we actually don't know. The literature, particularly aetiology, is full of such vocabulary. Idiopathic, essential and empirical, to name a few, are now generally regarded to be synonymous with "unknown"! The popular phrase in aetiology currently is "autoimmune disease". What an improvement! This time we mean that we think we have some idea about how, but we haven't the slightest idea why, our body is not accepting a tissue or an organ of its own. Immunosuppression might arrest or even reverse the process! How absurd, this is very close to saying that total body irradiation might cure carcinoma of the larynx, well, it just might, but at what cost? It is almost certain that one day somebody will know what goes so wrong with that tissue to make it regarded as foreign by the body it makes a part of. By that time "autoimmune" will disappear from the aetiology dictionary. Till then, shall we start talking about "rejection disorder" for a change? Psychosomatic illnesses, as a term, played a significant role in "un-explaining" several incomprehensible disorders. We lost faith in them for a while but "stress" is making a comeback to the medical scene and that is probably because we still don't know the real reason behind the disorders we say stress is causing!

## **Clinical Research**

Clinical researchers of today have to comply, aiming at advancing their careers, with current wisdom (which might turn out to be tomorrow's nonsense) and participate actively in trials designed according to it. One might sometimes hear a faint voice back from the future wondering: "Why did they agree with such rigid control for such a long time? What happened to their imagination? Had they no freedom of thought?". On the other hand, it is not uncommon that frustration, or even confusion, concerning trials is displayed and criticism of their structure and conduct is becoming an increasingly popular hobby, particularly when their results contradict with the expected. Furthermore, certain trials are so complex, involving so many people and costing such huge sums of money that they are very unlikely to be repeated and their results can never be confirmed, or disputed, which is the essence of scientific thinking!

## **Treating Malignancies**

There is no doubt that a noticeable change has taken place in the approach toward the treatment of cancer but, make no mistake, a relatively little improvement has been

achieved in the efficacy of the actual treatment. The exception might be the advances made, as modest as it may be, in the management of certain uncommon cancers like lymphomas, leukemias and testicular tumors. It's a consolation that those tumors commonly affect the young population. For a long time, we used to believe that the "only" hope of success was treating a malignancy as early and as radically as possible. We were actually indoctrinated into believing that missing the diagnosis, even by a few weeks, makes the most heinous medical crime! Surgeons used to excise as much of the patient as possible short of killing him. Radiotherapists used to, and probably still do, irradiate a tumor to the very limit of the patient's tolerance. Oncologists attempt at poisoning malignant cells to death hoping to revive, later on, the "normal" portion of the tumor-harboring part of the patient's body. The sheer thought that one, or more, of these approaches should be executed as early as possible seemed very sensible then, as it does now. Well, I think that semantic slavery (blind bondage to a phrase) played a detrimental role in this regard. It reared this outrageously wrong interpretation of the term "early" for years through linguistic confusion. Early diagnosis, and eventually, early treatment became a sacred cry, sort of, while screening tests and self examination became the fashion. It didn't take long, though, to realize that "early" regarding a symptom or sign isn't at all the same as "early" in the course of the natural history of a tumor that has most certainly been preset for months, if not years, before presentation. It followed that treatment is no more the issue of "tomorrow if not sooner"; rather, its being gradually realized that treatment is more about knowing as much as possible about the extent of progression of the tumor in question. It is this understanding that led to the trend, in carcinoma of the breast for example, towards a more conservative approach to the primary lesion. Not only that but it also resulted in offering the patient different therapeutic options and combinations with discussions about the pros and cons of any particular option. It must be acknowledged, however, that such change in policy resulted, at least partly, from pressures by the patients themselves and/or certain groups representing them. And, as sad as it is to admit, a bigger credit in effecting this change goes to the fact that there is still no one method of treatment that is particularly superior to another.

## **The Future**

I wonder what our successors would think of what we are doing now and take for granted. How much would it amuse and amaze them is purely up to speculation. I would like it very much to pop back and see how they are getting along. What would they say to me? That we were giving people each others' blood! How disgusting, complicated and even dangerous. That we couldn't keep organs in store long enough to make them readily available to those in need, ahaa...we didn't have life-long pumps and microfilters. Transplantation itself might be history by then. That we used to put people in the path of X-ray beams emitted from machines like those present in the science museum, and it was for cancer! What about the sensible advice of our epidemiologists about the right way to live and what to avoid? Do you mean it didn't help preventing cancer? What...? Nobody took the advice; how absurd!! I myself might ask them a few questions, too. You have only one drug for a particular disorder? No kidding! What happened, then, to all the pharmaceutical gurus and who took their place? What about the colleges and Institutes with their complicated and continuously lengthened syllabuses, examinations and fees? Gone too! How on earth...? What do you mean; this is still earth...or is it not?