A Plea For the Development of Pathology

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Pathology, in its early development, was a by-product of anatomy during that period when the first dissections of the human body were developing anatomic knowledge. Morgagni, Vesalius, Fallopius, Eustachius, and others of the earlier anatomists, whose names are still attached to hydatids, tubes and various other structures of the body, made note of abnormalities encountered in the course of their anatomic investigations. Pathology, during this early stage of its development, could not be considered a subdivision of knowledge with standing of its own. It noted objectively gross anatomic deviations from the normal, but, because of the fantastic humoral doctrines of disease then prevailing, it could not intelligently concern itself with the processes that had led to the abnormalities.

It was not until Virchow showed that the cell doctrine applies to abnormal tissues as well as to normal ones that pathology began to establish itself as the most fundamental of the medical sciences. With the knowledge that the constituents and products of abnormal tissues are derived from preexisting normal structures, it became possible to establish the fact that abnormality is not some new and distinct state of the body, for the explanation of whose causation it was necessary to suppose mechanisms foreign to those usually at work. It became possible to show that pathologic lesions result from mechanisms of which the body normally makes use, and we began to arrive at an understanding of processes as opposed to anatomic end-results. It was quite a distinct advance in our conception of disease to know, for instance, that the pus corpuscle is a derivative of the normal leukocyte, axiomatic as such knowledge may seem to us today. But it was an even greater advance to learn that the mechanisms which lead to pus formation are physiologic ones which the body employs under normal conditions....

The factors that underlie the present state of pathology in this country are probably national, rather than local, in character. First and foremost in importance is the unsympathetic and even antagonistic attitude toward postmortem examination, an attitude manifested not only by a large part of the lay public but also, unfortunately, by a part of the medical profession. Medicine, in this country, has not yet achieved for itself such a position that every possible aid is given it as a science whose chief aim is the betterment of the condition of mankind. Too many pathies and cults share with scientific medicine the affections of the laity, for medicine to demand as a right certain privileges which it should have. The result is that the layman, even if he is of more than average intelligence, does not understand the importance of the necropsy to medicine, nor has he any appreciation of the effect which knowledge gained at the postmortem table may have on some ill to which he may later fall victim. A change in conditions, which would result in the performance of necropsies in a minimum of from 75 to 80 per cent. of all patients dying in hospitals, would evidence itself in a short time by an incalculable development of pathology, of medical teaching, and of medical practice.

We can hope for no improvement through laws which make postmortem examination compulsory; hence it is necessary to determine, if possible, some of the causes underlying the present hostile attitude. If we can know causes, we may be able to overcome them to a greater or less degree by other than legal means, education being the chief one. It must be remembered, however, that not only the laity, but also a part of the medical profession, needs education. Almost every hospital staff has a few members who not only make no effort to obtain consent for postmortem examination of their cases, but who may even actually frown on any exertion to this end put forth by the pathologist, the intern or the administration of the hospital....

While objection to postmortem examination is a general condition, the percentage of permission necropsies varies in different hospitals, communities and localities, indicating that lack of effort is perhaps as much to blame as lack of knowledge. How unsatisfactory conditions are in Chicago is indicated by the figures published by the Institute of Medicine of Chicago. In 1920, in a total of thirty-nine hospitals, not including Cook County Hospital, whose percentage was 12.7, there were 4,868 deaths, in only 12 per cent. of which permission necropsies were made. In six of the hospitals, the percentage was 20 or over, ranging from 20.1 per cent. to 52.2 per cent. for this group; in seven it was from 10 to 20 per cent.; in ten, from 5 to 10 per cent., and in nine, from 1 to 5 per cent. These figures are not of such a magnitude as to induce an egotistic overdevelopment of local pride; the highest percentage attained by all of the hospitals, 52 per cent., should be the minimal aim....

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