

**Fallacies of the faculty : with the principles of chrono-thermal medicine /
by Samuel Dickson.**

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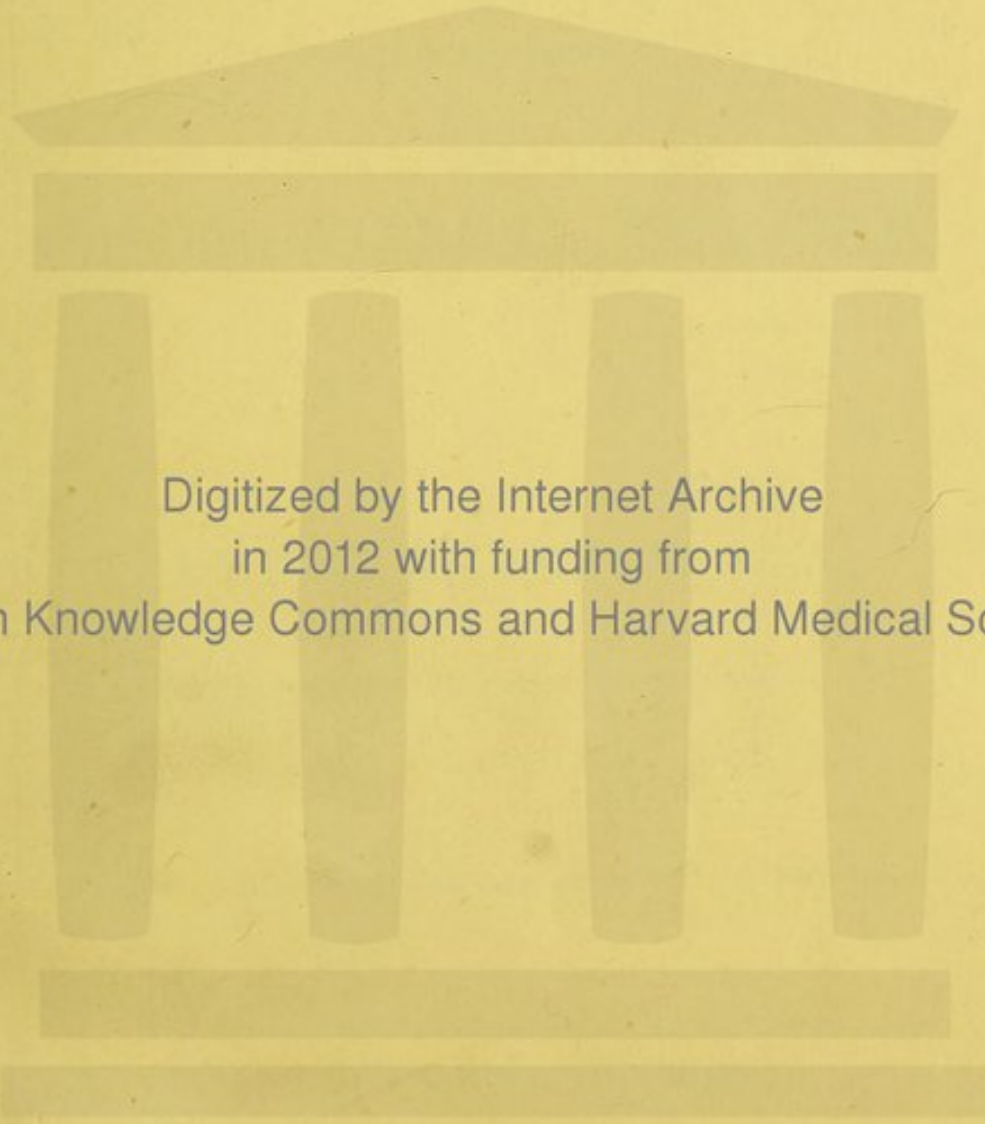
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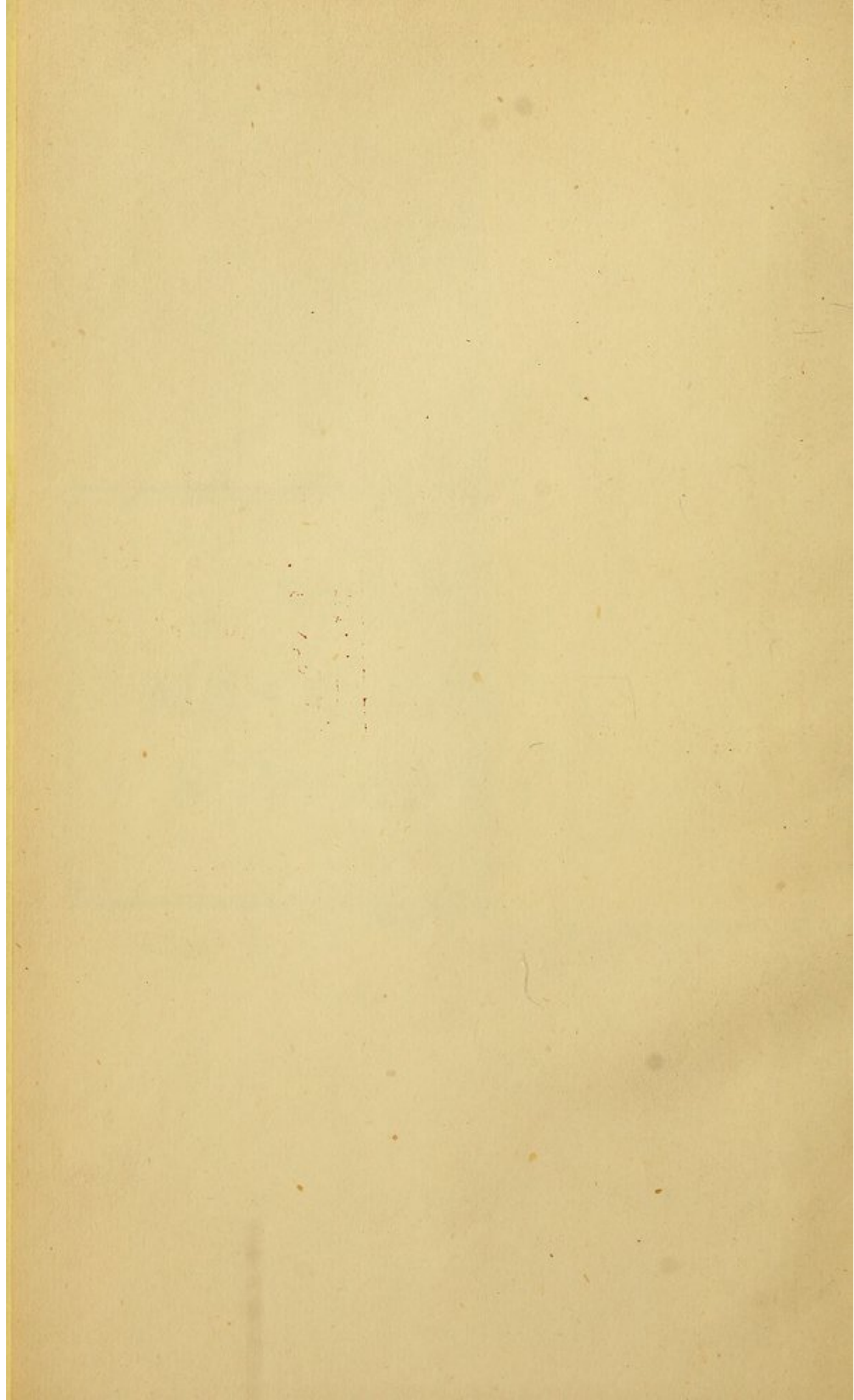
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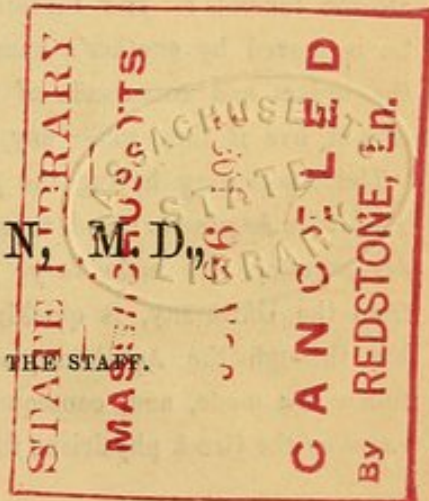
WITH THE PRINCIPLES OF

CHRONO-THERMAL MEDICINE.

BY

SAMUEL DICKSON, M.D.,

FORMERLY A MEDICAL OFFICER ON THE STAFF.



"OMNIUM MORBORUM UNUS ET IDEM MODUS EST."—HIPPOCRATES.

NEW EDITION.—THIRTIETH THOUSAND.

LONDON :

TINSLEY BROTHERS, 18, CATHERINE STREET, STRAND.

1865.

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"CAN you doubt the true reason that Physic is suspected of treachery to the patient—and, therefore, by many feared and avoided—and charged with the deaths at almost all the funerals? The PHYSICIAN may, indeed, be the author of your ruin, but he is moved by another's hand. He is under the force and necessity of obeying the orders and commands of those whom your folly has made his *superiors*; who cannot live if they suffer any instances of recovery *without many doses.*" * * *

"The Apothecary having the *power in the family*, has the liberty of *naming what Physician he pleases*; and, therefore, never fails to introduce one that will *countenance his practice*, and make *large prescriptions*. The young Physician, when he comes from the University, is quickly informed of this, and that he cannot hope to rise but through the Apothecary's recommendation; which, therefore, obliges him to follow the mode, and, consequently, hinders any reformation. The Roman senators *expelled* the Greek physicians for the SAME CRIMES which are here practised."

Crafts and Frauds of Physic Exposed. London, 1703.

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PRELIMINARY REMARKS.

It was a saying of the sculptor Canova — “Englishmen always see with their *ears*.” The following pages are intended for Englishmen who will see and examine with their *eyes*!

During many years back it has been the annual custom at the London College of Physicians, for one of the Fellows to deliver an oration in Latin, commemorative of the discovery of the Circulation of the Blood by the great HARVEY. The Orator of the year is chosen by the President of the College for the time being, and to him the oration is submitted before it is read to the assembled members. Whatever statements it contains have, therefore, the official sanction of the highest authority of the College.

In the Oration for 1860, delivered in June of that year by DR. PAGE, there occur certain statements, which, for the convenience of such of my readers as happen to be ignorant of Latin, I shall translate as literally as the idiom of our own language will permit. The exact words will be found in a foot-note. Reduced to English, Dr. Page's statements run thus :—

“In the beginning of this century, the favourite practice of physicians was Depletion in all its forms,” [meaning thereby the abstraction, during a state of corporeal disrepair, of the *living material of all repair*, by bleeding, leeching, cupping, purging, &c.]

“ At the present day, the employment of Stimulants, chiefly wine, brandy, and the like, has been much on the increase.

“ Of this method of treatment, many assert that Dr. Todd was the author; but in truth, neither to Dr. Todd nor to any other person, do we owe this plan of cure, — a plan which, from some atmospheric change perhaps, or from some change in the condition of men’s bodies, has gradually come into vogue.

“ The annals of our hospitals, if I mistake not, show all this very clearly. At St. George’s Hospital, the records of which have been carefully kept for the last thirty years, this change must strike everybody who inspects them.

“ During that time, phlebotomy there has been becoming more and more infrequent. The use of leeches and cups, yearly diminishing, is now all but given up; while, on the contrary, the expenditure for wine, brandy, and malt liquor, steadily on the increase, is at the present moment greater than it ever was at any former period.”*

That a great revolution has of late years taken place in the English practice of medicine, is incontestible; but Dr. Page’s account of the manner in which this revolution

* In hujusce seculi initio Depletio omnigena medicis quam plurimum placuit. Stimulantium hodie, vini præsertim, spiritus vini Gallici et similia, obtinuit largior usus. Hujusce methodi auctorem multi Toddium asserunt. Verum enimvero, non Toddio, non uni aut alteri debemus hanc curandi rationem, — quæ gradatim mutatis aeris forsan, necnon corporum conditionibus prævaluit.

Nosocomii cujusvis annales hæc, ni fallor, plane demonstrant. Cuius in Sancti Georgii Nosocomii annales per annos jam actos triginta servatos inspicienti hæc vicissitudo patet. Venæsectio per id tempus singulis annis ibi rarior fit. Cucurbitulorum, hirudinum usus quot annis diminutus hodie vix ullus est. Vini, contra, spiritus vini Gallici cerevisiæ expensa, perpetuo aucta, supra modum jam ampliatur.” Oratio ex Harveii instituto a Gulielmo E. Page, M.D. Oxon, 1860.

was brought about, will scarcely be so satisfactory to thinking and observing men out of doors, as it would appear to have been to the erudite auditory he addressed. The questions therefore still remain,—How came blood-letting to be put down? Wherefore was it put down? When was it put down? And who first, in the face of a jealous profession, openly substituted stimulants and tonics,—both of which now go hand in hand,—for the exhaustive measures, that from the time of Hippocrates till within the last few years, were the all but universal practice of medical men?

Theories which attribute everything to masses and nothing to individuals, are always in great favour with colleges and corporations. To the corporate mind, “a change in public opinion,” “the march of intellect,” “the requirements of the age,” and other abstractions equally vague and unmeaning, very readily account for the greatest events. “It is too much the present fashion,” says Sir John Herschell, “to ascribe all progress, at least all modern progress, in the inductive sciences, and indeed in every department of human thought and action, to ‘the age;’ as if there were some magic in the word, and as if by its use it were possible to elude or abate down the acknowledgment of an individual pre-eminence.”

To the “age” and “the requirements of the age,” many very clever medical men have attributed the recent revolution in physic. How to “elude or abate down the acknowledgment of individual pre-eminence” in this particular instance, has been one of the difficulties of modern medical science. Dr. Page thinks he has solved the problem. According to him, the revolution in question was begun by nobody. Before the assembled magnates of the College of Physicians, before the large body of practising apothecaries, who have recently been admitted members of that time-honoured

institution, Dr. Page held, that for this revolution the world is indebted to no one man's tongue or pen. He ascribed this all but complete REVERSAL of medical practice to a gradual change, either in the constitution of our English atmosphere, or in the condition of the human body itself; he did not pretend to say which! Is Dr. Page quite sure any such change has actually taken place in either the one or the other? Not quite; he qualifies his assumption by that most awkward of adverbs, "*forsan*," perhaps!

This hypothetical dictum of Dr. Page was received, nevertheless, with the most implicit respect by the solemn gentlemen whose ears it was intended to tickle. Of all the assembled "medical philosophers," who met on a pleasant day in June to do honour to the shade of Harvey, not a single individual signified his dissent from a proposition so absurd and illogical. On the contrary, when the oration was finished, the solemn gentlemen, for once in their lives at least, relaxed their professional gravity, and cheered Dr. Page to the echo!

June passed; July came, and went; August appeared, and congratulations still poured in upon the Orator of the year 1860. The beautiful manner in which he had fulfilled the task confided to him gave satisfaction to all. Dr. Page's oration was pronounced a marvellous success.

Could it be possible that a secret understanding existed between the authorities of the College and Dr. Page, in reference to the subject matter which, after the usual hackneyed laudation of Harvey, was intended to be the telling point of the oration? Why explain to the members of the College what the members of the College knew as well as himself—that the fashion of physic had changed? Why go into the fact of a gradual decrease of phlebotomy, and other exhaustive practices, and a corres-

ponding increase of expenditure for wine brandy, &c., in the London Hospitals? And why, in the year of grace 1860, of all years in the world, fix the date of the decrease of depletion in St. George's Hospital at *thirty* years ago? Was this exposition meant solely and entirely for the members of the College? Or was the oration of the year 1860 a mere farce, got up for a special purpose between the College authorities and their mouthpiece, Dr. Page? Perhaps these astute gentlemen thought the time had at last arrived when, by adroitly concealing facts, and by falsifying dates, they could, without compromising themselves in the eyes of their patients, give their sanction to a change of practice which, in common with the majority of their brethren, they had for years opposed as dangerous and unorthodox. Be that as it may, the orthodoxy of this complete change of practice was in 1860, for the first time, recognized thus publicly by the College authorities. But while doing so they made an important omission. A great physiological discovery—the greatest perhaps of this or any other age—the discovery, in a word, on which the present practical change actually originated, was on that occasion carefully kept in the background.

Discoveries that militate against the interests of powerful bodies of men, may often be crushed down for a time; but, sooner or later, there is a day of reckoning. This may yet be the case here. The medical profession in civil life, as shall in due course be seen, have the most powerful of all motives for shelving a discovery which, in spite of every effort on their part, rendered it impossible for them much longer to uphold the practice of blood-letting—a practice, be it observed, that, amid a thousand changes introduced from time to time into the *Materia Medica*, had, in Europe at least, continued to be the dominant fashion of physic

for thirty centuries. If that was the object of Dr. Page's oration, the farce was badly got up, and the performance was a mistake!

The month of August, we have seen, found the Orator of the year 1860 still radiant from his triumph. But just as the second week of the same month had come to a close, the fiction that a change had "perhaps" taken place either in the circumambient air, or in the constitution of men's bodies, was blown to the winds! On the 16th of August came a letter to Dr. Page, which must have dispelled his day-dream. It bore the signature of a brother Fellow—a grandson, by the way, of one of the greatest ornaments of the College of Physicians in an age gone by—the celebrated HEBERDEN. Reader, that letter, being now published, is very much at your service.

" Park Street, Grosvenor Square, 16th August, 1860.

" DEAR SIR,—I have been prevented by circumstances from tendering to you, until now, my acknowledgments for the copy of your Harveian Oration, which you were so kind as to send me above a week ago. While thanking you for a composition couched in such elegant Latin, I regret to find it contains some statements with which I cannot concur.

" It is quite true, as you say, that at the beginning of this century depletion of every kind was in great favour with our physicians; and it is equally true that stimulants, more particularly wine, brandy, and the like, are more freely used now than formerly. True it is, also, as you state, that those who ascribe the introduction of this method of cure to the late Dr. Todd are in error. Whether as regards the substitution of wine, brandy, &c., for abstinence; or the exhibition of bark, steel, &c., for

blood-letting and other exhaustive measures, Dr. Todd, if I am not misinformed, was anticipated by many medical men both within and without the walls of our own College.

“But in the teeth of facts,—facts patent alike to the majority of the profession and to the better instructed portion of the public,—I cannot agree with you that for this revolution in practice we are indebted to no one man in particular. Your assumption that this revolution may, perhaps, have been the gradual result either of some change in the condition of the atmosphere or of some alteration in the human body, you will pardon me for saying, I consider altogether groundless and unphilosophical.

“The records of our hospitals, you say, bear you out in this belief. I am glad you qualify that statement with the words “*ni fallor* ;” for here assuredly you labour under a misconception. Your impression that the annals of St. George’s Hospital show that this great change of practice began there *thirty years ago*, can scarcely be correct. Dr. Chambers, who was senior physician of that hospital at the date you refer to, used depletion very largely up to his retirement from practice ;—and his retirement, if my memory serves me, did not take place till about fifteen years afterwards.

“You are right, nevertheless, when you say that venesection is every year becoming rarer ; and that cupping and leeching, yearly diminished, are now little employed ; while the expenditure in our hospitals for wine, brandy, and malt liquor, has on the contrary increased. You say nothing of the increased expenditure for Quinine and other supporting remedies.

“This complete REVERSAL of a practice which existed from time immemorial must not only have had a beginning,

but it must, moreover, have had some one to begin it. It is not in the nature of things that so sudden and so important a Revolution could originate in many minds at once. If you will turn to the last July number of the *British and Foreign Medical and Chirurgical Review*, you will find that the initiative of this revolution, "in this country at least, must be assigned to DR. DICKSON, the Apostle of Chrono-thermalism, who has long reviled antiphlogistic proceedings, and lauded a treatment essentially supporting. We do not know (the Reviewer continues) whether our friends will be pleased *stare sub nominis umbra*; but it is certainly true that Dr. Dickson long ago asserted much the same as what the two English Physicians [Dr. Bennett and Dr. Todd] teach."

"On comparing dates, it will be found, that though Dr. Todd anticipated Dr. Bennett in his opposition to the hitherto orthodox practice, Dr. Todd himself only followed in Dr. Dickson's footsteps.

"Dr. Dickson began his crusade against blood-letting in 1836. Dr. Todd waited till the year 1850; in which year, while assuming that all diseases originate in "poisoned blood," he adopted the all but identical practice introduced fourteen years before by Dr. Dickson;—bark, steel, and stimulants, according to Dr. Todd, being the 'antidotes' to this hypothetical 'blood poison.'

"In 1836 Dr. Dickson took a surer ground. Appealing to his great discovery, the Unity, Remittency, and Periodicity of all Disease, whereof he considered Ague, or Intermittent Fever to be the type, Dr. Dickson advocated the early employment of bark, steel, wine, &c., in almost every form of disorder—pneumonia and apoplexy included. Holding Remission to be the most unfailing clue to all good medical treatment, Dr. Dickson addressed himself to

the prevention of paroxysmal return, and adopted for his motto '*principiis obsta.*'

Principiis obsta—on the outset act
And crush disease at once by skill and tact ;
Crush it ere from neglect the frequent fit
Becomes a habit difficult to hit.'

“ For the last twenty-four years, in various publications, all powerfully and perspicuously written, Dr. Dickson has never ceased to urge the total and entire abolition of blood-letting in each and every of its forms,—giving quinine, steel, and stimulants, in cases where for thirty centuries the great majority of the profession advocated exhaustive measures. For this innovation he has had to pay the penalty of all truly great Reformers, persecution and injustice !

“ The illustrious HARVEY, to the perpetuation of whose fame your oration is dedicated, and JENNER, scarcely less dear to Medicine, were both, as we all know, decried and oppressed in their life-time by their professional brethren. With these examples before me, I cannot doubt that so great a benefactor to mankind as the Author of *The Fallacies of the Faculty*, will ere long, like these discoverers, be appreciated as he deserves by the distinguished body of which yourself and I have the honour to be Fellows.

“ In the interest of Science, and on public grounds, I propose to print this letter,—for the length of which allow me to apologize. Your oration being now published, I do not anticipate any objection on your part to the course I mean to pursue. Believe me to remain,

“ Yours, my dear Sir, very truly,

“ THOS. HEBERDEN.”

“ DR. PAGE, F.R.C.P.”

Dr. Heberden is right in his facts.—All honour to him for his bravery and independence.

It was as he says. In 1836, Dr. Dickson published the *Fallacy of Physic as taught in the Schools, with new and important Principles of Practice*.

What were the new and important principles developed in this work? Precisely what Dr. Heberden states—The Unity, Remittency, and Periodicity of all Disease;—whereof Intermittent Fever or Ague was shown to be the type. Upon the successful treatment of that type of disease, by bark, steel, and stimulants, Dr. Dickson based his treatment of all disorders. For all disorders, apoplexy, paralysis, and pneumonia included, he prescribed bark (in the form of quinine), iron, and febrifuges generally; and for each and all he moreover advocated the use, not the abuse, of wine, brandy, &c., in opposition to the anti-phlogistic fallacies then taught in every school and university of Europe, as indisputable truths!

In 1838, Dr. Dickson again published his revolutionary views, under the unmistakable title of the *Unity of Disease*. And yet again, in 1839, under the title of *The Fallacies of the Faculty with the Crono-thermal System of Medicine*; which last mentioned work, after passing through many English editions, has been translated on the Continent and re-printed in America, times without number.

Reader! we are now dealing with facts and dates; be pleased carefully to note what was the hospital treatment pursued by the most eminent London physicians, when Dr. Dickson first printed his Views in 1836.

Mühry, a German physician, who came to England that very year, expressly to see the practice of our London hospitals, thus writes:—

“Mercury, purging, and blood-letting, are the three

leading therapeutic means in England." "The English physicians hold the human system to be so constituted, that it can bear a considerable loss of blood." "Even in chronic inflammation, bleeding is much depended on."—*Mühry's State of Medicine in France, England, and Germany, in 1836.*

Does Mühry make any exception in favour of St. George's Hospital, where, according to Dr. Page, the practice began to change six years before the visit of this foreign physician? He does not. And the records of St. George's Hospital, so far from corroborating the statement of Dr. Page, that a change of practice began there in the year 1830, make it clear to all who will take the trouble to examine them, that the physicians and surgeons of that hospital, held out against all change, longer than those of any other hospital in London. Dr. Page's statement on that point is not worth the paper it is printed upon.

Throughout the annals of this grovelling age,
Where will you find a more deceptive PAGE?

Having proved by the testimony of an independent foreign physician, the kind of practice prevalent at the London Hospitals in 1836, let us now see what English practitioners were doing ten years later. Sir John Forbes, physician to Her Majesty's Household, thus describes the practice of 1846:—

"One of the besetting sins of English practitioners at present, is the habitual employment of powerful medicines, in a multitude of cases that do not require their use; mercury, iodine, colchicum, antimony, drastic purgatives, and excessive blood-letting, are frightfully misused in this manner."—*Lancet*, 1846.

Sir John Forbes calls all this "one of the besetting sins

of English practitioners," Marry come up!—it was wholesale butchery. What of that? it was the practice, of the leading physician of the metropolis at that epoch; Dr. Watson to wit. Dr. Watson, every Londoner knows, was the man whom the West-end medical practitioners then most delighted to honour; and he it is whom many of their number still prefer to call to their "consultations." By his fruits ye shall know him. In the second edition of his *Practice of Physic*, published in 1845, Dr. Watson recommends bleeding, leeching, cupping, purgation, and calomel, for every kind of disease! Reader, you will find Dr. Watson's book in every medical library; it is the most approved text-book in some of our universities still!

Thus much for English practice. What about the Scotch? Long after Dr. Dickson began his crusade against blood-letting, blood-letting was in high favour with the Edinburghians. Until within the last ten years, Dr. Alison was the leading physician of Scotland; for many years he was the Professor of Medicine in the University of Edinburgh, and Senior Physician to the Royal Infirmary of that city. What was the practice of Dr. Alison until within a year or two of his retirement from his professorship? Take it from his own pen:—

"In all cases of inflammation the only antiphlogistic remedy on which absolute reliance can be placed is blood-letting. And there is no other remedy for any other kind of diseased action which can be put in competition with this in efficacy and importance."

A short time before his death Dr. Alison modified his practice, on the pretence of a change in the type of disease!

Cross we now the Irish Channel, and let us see what for years was the practice of the great Hospitals of Dublin. In the *Medical Times* of 1854, Dr. Stokes gives the fol-

lowing account of his own experience in the Meath Hospital:—

“ There was hardly a morning at the Meath Hospital that some twenty or thirty unfortunate creatures were not phlebotomized largely. It was dangerous to cross the prescribing hall for fear of slipping. Patients were seen wallowing in their own blood like leeches after a salt emetic; and these disgraceful scenes continued for many years.”—*Medical Times*, 1854.

Let me ask a question here. Could men who acted in the insane manner shown above, have had the slightest notion of the nature of the vital principle, whether in health or disease? Impossible!

Throughout the three kingdoms this, nevertheless, was the universal treatment of what the doctors called “inflammation.” Nor was it confined to these shores. All over Christendom, until within the last few years, the great body of medical practioners were equally inflammation-mad!

Woe to the man who dared to lift his finger against this hitherto universal practice—against a practice which it was boastingly said had stood the test of thirty centuries! From the moment Dr. Dickson published a discovery which made it as clear as day that almost everything the medical profession had been doing for centuries was a mistake, he was marked for destruction. From 1836 to the present hour he has had a professional enemy in almost every English home to calumniate his motives and decry his practice. Dr. Seymour, one of the Censors of the College of Physicians, had the hardihood to tell a Committee of the House of Commons, that “the Chrono-thermal man” had nothing but a foreign diploma; though, had Dr. Seymour looked into the “Medical Directory,” he would have found that Dr. Dickson possessed the double qualification

of a Glasgow degree in Medicine, and a diploma of the Edinburgh College of Surgeons; and had, besides, served in India and elsewhere, as a medical officer in the British Army!

In spite of all this the rules for the Treatment of Disease, which Dr. Dickson so fearlessly propounded in 1836, have, one by one, been gradually adopted by physicians and surgeons, who in the innocence of the public pass for paragons of honour and virtue, while actually refusing to meet in consultation the man whose system, when it suits them, they daily and hourly plagiarize! The facts which shall appear in these pages, would be absolutely beyond belief, if not proved by evidence the most incontestable. Reader, that evidence shall in due time be forthcoming.

Finding the opposition to himself still as fierce as ever, while his views were in this manner being gradually adopted by the men who continued to defame him, Dr. Dickson, in addition to the works above mentioned, in the year 1850, commenced a monthly journal, entitled, the *Chrono-Thermalist; or People's Medical Enquirer*; and this he continued, single-handed, for two-and-twenty months, to the manifest advantage of the public. Resting on his oars for a season, he resumed his pen once more in 1853, in which year he published the first of four editions of the *Destructive Art of Healing; a Sequel to the Fallacies of the Faculty*. While showing to what extent his theory and practice of physic had from time to time been plagiarized by the most eminent medical men in England, these various publications afford the best refutation to the malignant misrepresentations that were everywhere spread about by his professional brethren in civil life—for, to the honour of the medical officers of the different public services, we must except them from a charge so disgraceful.

We must except also the late Sir Astley Cooper, Dr. Heberden, Mr. Fergusson of King's College, Dr. Rutledge, and other honourable men in civil practice.

All this time not only had Dr. Dickson to contend with the great body of the medical profession throughout the country, but, with one or two exceptions, he had the conductors of the medical press, all more or less against him. The simple advertisement of his works was denied admittance in the advertising columns of the *Lancet*—when tendered with the money.

But this was not enough: again and again when his views were openly pilfered, Dr. Dickson found it next to impossible to let his voice be heard in any medical quarter. Depending on the profession for the sale of their publications, the conductors of the medical press have rarely dared to let him speak for himself. For twenty-four years he has thus been the victim of a great professional conspiracy, a conspiracy having its affiliations in every city and town of the empire. During all that period, whether in England or the Colonies, his discoveries, as the sequel will show, have been alternately denied, decried, and plagiarized. The *British and Foreign Medical and Chirurgical Review* of July last, referred to by Dr. Heberden, is almost the only medical journal that has in any way acknowledged his merits.

In an article relating principally to a recent publication by a physician of the name of Inmann, the Editor of that journal refers at some length to the theory and practice of the late Dr. Todd. He also refers to a controversy which took place some ten years ago, between Dr. Alison and Dr. Hughes Bennett of Edinburgh, on the subject of bleeding in pneumonia. After some general observations on the practical views of Drs. Inmann,

Bennett, and Todd, the Editor of the *Review* makes the qualified admission to which Dr. Heberden alludes, and which we will here quote entire:—

“And to give every one his due, it must be allowed that whatever merit belongs to these three, the PRIORITY, to a great extent, in this country at least, must be assigned to Dr. Dickson, the Apostle of Chrono-thermalism, who has long reviled antiphlogistic proceedings, and lauded a treatment essentially supporting. We do not know whether our friends will be pleased *stare sub nominis umbrâ*; but it is certainly true, that Dr. Dickson long ago asserted much the same as what the two English physicians teach.”

In all this there is but scant justice to Dr. Dickson. Whether Dr. Dickson contented himself with the mere act of simply *reviling* antiphlogistic proceedings; and whether in respect of treatment “*essentially supporting*,” he did no more than *assert* “what the two English physicians teach,” will appear in the sequel. My readers have doubtless remarked how timidly and grudgingly the merit of “priority” is awarded to the right man here. The Reviewer, Dr. Sieveking, evidently feels himself on tender ground. He has his reasons for being afraid of the touchy gentlemen who subscribe to his journal.*

What does Dr. Sieveking mean by the words “to a great extent?” Dr. Dickson carries out the principle of support in every form of disorder, apoplexy, paralysis, and pneumonia included. Instead of bleeding, he gives stimulants and tonics in these diseases, where required, as freely as in any other complaint. It is not very easy to see how he could carry the supporting principle further. He certainly did not fall into the error of Dr. Todd, who,

* Dr. Sieveking has since retired from the Editorship of the *British and Foreign Medical and Chirurgical Review*. This fact is significant.

according to a statement in Dr. Page's Harveian Oration, gave stimulants occasionally to excess, to the manifest injury of his patients.

Then as regards the phrase, "in this country at least," the present writer will be glad to know in what other country, and by whom, Dr. Dickson has been anticipated in his "essentially supporting" practice in all complaints. It was not in France, at all events, as may be seen from the note below.*

The Reviewer styles Dr. Dickson "the Apostle of Chrono-thermalism." Dr. Dickson, on the contrary, is the Founder of the System; and here it may be as well to say what Chrono-thermalism means.

The term Chrono-thermalism is a compound of two Greek words, the same words from which we derive the names of two instruments in daily use, namely, the Chrono-meter and Thermo-meter. It has therefore a certain relation to *Chronos*, Time, and to *Thermà*, Temperature.

In health, the human body keeps time in all its parts like a watch. Every organ and atom, and consequently every function of our frame, whether in health or disease, keep more or less perfect time. But for this, how could the nose on the face, or the finger with which we

* "It is curious to watch the opinions expressed by the *élite* of French Physicians on the effect of Stimulants in diseases; their dread of using them, and yet partial belief in, and astonishment at, their utility. They are still frightened because they can find no explanation of the fact. 'We admit,' says the *Gazette Médicale*, 'that this has been our difficulty; despite of ourselves, the instinctive fear of a fire (*de l'incendie*) has prevented our acceptance of this treatment; and we have always acted with the greatest timidity in giving generous wines in these kinds of affections. It was in vain that we saw the tongue become clean, and the appetite increase, under their influence; prejudice and dread of some unknown evil always remained behind. Our judgment accepts the facts before we give our adhesion to them.'"—*Medical Times*, October, 1860.

point, preserve its shape? Moreover, there is a certain temperature, beyond which, if the body, in whole or in part, rises or falls, we find disease;—which disease may be either a cause, a consequence, or a coincidence of such increase or decrease of temperature.

“ So long as Life’s Chronometry is true,
 And all ’s well thermally, ’tis well with you ;
 Therefore,—to shame the doctors of the Schools,
 Who work so often with destructive tools,—
 Whate’er to Chrono-thermal comfort tends,
 Promotes in all things Physic’s aims and ends.”

When the savage for the first time sees a watch, his exclamation is, “ It lives !” Why? Because of its life-like movements. The watch keeps periodic time like the beating of his own heart! The body of man, like a watch that strikes the hour, is a repeater and a time-keeper throughout. The nearer you bring the movements of any machine to the movements of animal life, the more perfect you make the machine. There are chronometers that play and sing like a bird; could they do either without a main-spring? Considering the amount of regular work a man does every day of the year, and every year of his life, the inference is, his body must have a main-spring somewhere.

So far as the chronometry of his body is concerned, the main-spring of man is the Brain. Like the main-spring of the machine that tells the hour, this organ regulates the movements of every wheel and pulley of his frame. But having far higher functions to control than the machine of man’s invention, the brain’s rule does not stop here. The brain is not only the main-spring of Time, but the main-spring of Temperature also; for in addition to its choral force, it has thermal power, the power to heat and cool. You may find this daily exemplified in your own person; every passion and emotion of the mind being attended by some thermal change.

“ The brain, moreover, to a great extent,
 Can mend the wheels themselves when broke or bent,
 Whether, observe, the local flaws begin
 From outward sources or disease within !”

If a healthy man be cut or wounded, the injured parts may, in numerous cases, get well without any surgical appliance whatever. And where local complaints, on the other hand, have been the result of long continued constitutional wrong,—wrong induced by starvation, excessive heat or cold, or by hard work, whether of body or mind,—the cure may be materially helped by wine, brandy, bark, steel, &c., all of which, every body *should* know, tell on the brain! Now to this organ there are many avenues. When you want to touch the brain, you do not bore a hole in a man's head; you usually go to it through the stomach. It is here the food and drink, the sources of his daily support, are digested; and it is through the stomach that wine and medicines enter the system, and finally help or hurt it,—for they may do both,—by their action on the only organ by which the body can be moved—the Brain. But you may get at the brain, whether for profit or loss, by various other paths. Through any one of the five senses, the brain may be reached, favourably or unfavourably, whether in health or sickness. Men, for example, have been cured of their fevers by music; others have recovered from their complaints through pleasant or unexpected sights. Titillation, on the other hand, has thrown people into convulsions; and things disagreeable to the taste or smell, have brought on febrile relapses, and even death, where convalescence had been actually established. Shakspeare says, and says truly, you may

“ Fetter strong madness with a silken thread,
 Cure aches with air, and agony with words.”

In all these cases the source of influence, whether curative or the reverse, is the Brain. There are few diseases that have not been caused or cured through the medium of the passions. The head, not the heart, is the seat of the passions and emotions. The heart in truth is a mere mechanical contrivance to circulate the blood ; and although the brain could not continue its functions many minutes without the support of the heart, the heart itself, like every other organ of the body, is dominated by the brain.

One of the readiest roads to the head is through the lungs. You may reach the brain in a minute with chloroform, for example. The power of this drug is something marvellous. When under its influence, a man may have his limb cut off without any sensation whatever ; and even when he recovers from the artificial trance, he may still have neither pain nor uneasiness. Why ? Have you ever seen a person after a fit of epilepsy ? After a fit of that kind, people have no remembrance of anything done to them during the fit. During the epileptic paroxysm, the brain is all but completely torpid. The same thing happens after the anæsthetic sleep of chloroform. In neither case can a man remember what he never felt ! But mark what may happen after amputation performed on a patient under chloroform. The same man who felt no pain in the stump either during or after the operation, may continue for many successive months to be attacked with the identical *local* symptoms for which his limb was removed, at the hour of the day or night when he was wont to suffer martyrdom before its removal. And more than this, if seized by his old enemy during sleep, he may wake exclaiming, "Oh my leg ! my leg ! it pains me the same as when it was on !" More curious still, he may tell you, he can, so far as his own feelings are concerned, actually move the foot of the

amputated limb! What do these facts prove? They prove—

1. That the Brain is the source of all motion and all sensation, morbid or sane. They prove inversely—

2. That the Brain is the source of rest and remission, sleep included. They further prove—

3. That the Brain is the source of all paroxysmal recurrence, whether the more prominent symptoms be general or local.

“ How else when once our maladies remit,
And ease succeeds to the distressing fit,
How could the ORGANIC MEMORY recal
The local symptoms, pain and heat and all,
In sense at least even in the very part,
Removed for ever by the Surgeon's Art!”

This Organic Memory is a very wonderful thing. It is on this memory, of which, by the way, the patient is himself mentally unconscious, that the paroxysmal recurrence of all diseases depends—wherever or however they may locally manifest their symptoms! Without this unconscious memory, Life, whether in health or sickness, could not last a day. The Organic Memory plays the same part in the interior economy, that the Mental Memory performs in respect of actions of which we are sensibly cognizant.

“ While this directs the various outward acts
Whereby the mind repulses and attracts,
And in the intervals of work and rest,
Recals the joys that give to Life its zest ;
That for the inner workings of the frame,
Does in a silent manner much the same—
Preserving thus, where Health exists at all,
The pleasant sense we Britons “ Comfort ” call.
If as an offset where bad feelings cease,
The first renews the thoughts that wound our peace,

The second, in its movements more occult,
 Brings to the "physical" a like result,
 Causing even local injury and pain,
 To come when past by fits and starts again ;—
 But these two memories, differently fed,
 Spring from one source within the living head !"

It was BICHAT'S belief that the brain, during sleep, suffers collapse, and is at perfect rest. Dr. DICKSON, on the contrary, holds that cerebral action goes on both night and day : and he further maintains, that during sleep the cerebral action is *reversed*. According to him the brain is the source of Expenditure by day, while by night it presides over Nutrition and Repair. Dreaming he calls the "Insanity of Sleep;"—and certainly the delusions of insane people resemble dreams very closely. So also do the delusions of inebriated men. Without sleep there could be no growth ; that is why growing children sleep so much more than adults. Growth, then, like Nutrition and Repair, has its source in the brain. The Organic Memory must play its part here. Without the Mental Memory, on the other hand, there could be no intelligence, neither could there be intelligent action. The law that regulates body and mind, according to Dr. Dickson, is one and the same. Both, when disordered, are subject to paroxysm and remission. The lucid interval of the maniac, whether perfect or partial, gives the lie direct to the assumption of the mad doctors that the brain is softened in insanity ; so far, at least, as the word "softened" implies change of structure. The brain of an insane person, like every other organ of the body when diseased, "loses condition;" but, like muscles and other parts when weakened by long sickness, the insane brain may, in most instances, recover its former firmness and stability while the patient has a limb to stand on. Intelligence and the power of intellectual action are gifts of the

Creator which no animal is without; but the very highest orders of animals possess intelligence in a much less degree than man. Nevertheless, all animals think and reflect; and all are therefore liable to mental as well as corporeal disorder. Moreover, there can be no mental disorder without corporeal disease.

“ Order, disorder—sanity, insanity,
 Do these exclusively concern humanity?
 The horse, the dog, the fox become insane
 By things that daily turn the human brain;
 And drugs that stupify or sharpen men,
 Serve birds and beasts the same, nine times in ten.
 When these go mad, Remission, Fever’s law,
 Shows as in man the nature of the flaw.”

Mania, according to Dr. Dickson, is merely a delirious fever, made chronic by neglect or ill treatment; and in the great majority of cases it may be cured by febrifuges simply. Of this he has given many examples. Taking advantage of remission, however partial or imperfect, and caring no more about the character of the patient’s delusions than about the delusions of a drunken man, Dr. Dickson, with bark, steel, wine, &c., prolongs remission here to permanent sanity. The mad doctors, who register the various delusions of their patients with an amusing minuteness, will say, of course, that this cannot be done; and they will bring you many very specious arguments against such “ a dangerous method of treatment.” Nor are these arguments, however sophistical, without their weight in certain quarters. The English people are naturally slow and cautious; but here, unfortunately, as in numerous other instances, their caution is exerted in the wrong direction. Putting their trust in men who, they think, “ must know all about it,” they seldom or never examine for themselves. The mad doctors, like other doctors, whatever they may say to the contrary, have their own

reasons for resisting quick cure ; but it is not to the friends of the patients they confide their private thoughts.

“ Where duty and men’s interests are at strife,
How not to do it, is the rule of life.”

Heaven help the rich patient, when once within the walls of a madhouse ! for it is not the mad doctors only who are interested in his detention. The very man on whose certificate he is incarcerated may receive, so long as the incarceration lasts, a quarterly commission on the large sum annually paid for the *keep*—not the *cure*, mark !—of the real or supposed lunatic. This was proved in a court of justice, in the recent case of Mr. Ruck, a sane man ; the recipient in that instance, and in many others then brought to light, being the philanthropist, John Conolly !*

But for this money question, there would be no difficulty in dealing with cases of lunacy. It is this question, nevertheless, which, according to the Chairman of the Lunacy Commission, Lord Shaftesbury, sooner or later tends to vitiate much that may be done on the part of the Government for the unfortunate patients. And it is this money question, if the truth may be spoken, which in the outset militates against every improvement in general medical practice at all likely to shorten sickness.

From this digression turn we now to the subject of Vital Periodicity. The Chronometry of Life, whether in health or disease, Dr. Dickson justly claims as his discovery. He it was who first showed that, like the heart’s action, all corporeal movement is, more or less, periodic or chronometrical ; and he it was who first further showed that Temperature and Time always influence each other. On this discovery, as we have seen, Dr. Dickson bases his

* A jury awarded Mr. Ruck £700 damages for his wrongful incarceration.

Chrono-thermal System of Medicine; the first system, be it observed, in which a natural principle is recognized and acted on in physic. Denied and decried for upwards of twenty years by the great body of medical men, this principle, within little more than twelve months ago, was plagiarized in the most impudent manner by no less a person than Professor Paget. In a lecture delivered at the Royal Institution, in the summer of 1859, Professor Paget, before an auditory, many of whom must have laughed in their sleeves, held forth at great length on the "Chronometry of Life;" taking care, at the same time, to show how nearly "the periodicities of organic life" are related to the thermal conditions of the body. Not once in the course of his elaborate lecture, did Mr. Paget name the name of the author of the Chrono-thermal System!

In spite of the reluctance of the conductors of the medical press to entertain the question, the originality of "Mr. Paget's Theory" began to be canvassed; and in their notices to some of their more importunate correspondents we find proofs of the fact. These did not escape the eyes of Dr. Dickson's friends. Accordingly, the same gentleman who afterwards, so much to his honour, demolished the sophistical suggestion of Dr. Page, made, with a few strokes of his pen, a still uglier hole in the reputation of Mr. Paget. Read his letter on the—

" CHRONOMETRY OF LIFE.

" *To the Editor of the Medical Circular.*

" SIR,—Among your 'Notices to Correspondents' of this week I find the following:—

" 'Mr. Paget's illustrations may not be new, but the merit of his lecture consists in recognizing Chronometry as a pervading law in the animal economy.'

“ If Mr. Paget’s illustrations are not new, to whom, let me inquire, do we owe the discovery that Chronometry is a pervading law in the animal economy ?

“ To whom, moreover, do we owe the knowledge of the important part played by *Temperature*, whether as a cause, coincidence, or effect of each and every of the movements that make up Life’s Chronometry—a part on which Mr. Paget dwells at considerable length in the lecture of his you have just published ?

“ ‘ The influence of *Time*, as an element of action,’ you admit, ‘ has not been dwelt upon by physiologists, who have talked a great deal about all kinds of mechanical and chemical forces.’

“ To whom do we owe the introduction of an element into physiology, which for some years back has been silently reversing the whole treatment of disease ?

“ ‘ Why vaunt the progress of our art and age,
Yet leave unnamed the individual sage
Whose genius brought to light the golden ore,
Whence drudging slaves drew only dross before ?’

“ *Sum cuique.* Yours, &c.,

“ THOS. HEBERDEN, M.D.,

“ Fellow of the Royal College of Physicians.

“ *Park Street, Grosvenor Square, June 18, 1859.*”

To this letter the Editor of the *Medical Circular* appended the following words, which appeared in brackets, thus :—

“ [Our correspondent obviously refers to Dr. DICKSON, whose merits on this and other questions his favourite law, ‘ Time,’ will determine. We do not presume to anticipate the verdict. As our correspondent says—*Sum cuique.* ED. MED. CIRCULAR.]”

Short but sweet! Instead of "obviously referring" to Dr. Dickson, as the Editor of the *Medical Circular* states, Dr. Heberden obviously alluded to nobody at all. Dr. Heberden, doubtless, like every other well-informed physician, knew the only man to whom his questions could refer—but he studiously left the hiatus for others to fill up. That hiatus the Editor of the *Medical Circular*, of his own accord, filled up with the name of Dr. Dickson. But while doing Dr. Dickson this justice, his praise, as the reader has seen, was reserved, not for the discoverer, but for the person who, while recognizing "Chronometry as a pervading law of the animal economy," omitted to name the man who made the discovery! There is an old proverb which holds true in physic as in everything else—"The first inventor always goes to the wall." In England, at least, the imitator and the plagiarist very generally walk off with the reward. So much for the quickness of perception of the boasting Englishman! There is nobody slower than the "slow Saxon."

Before quitting the professorial chair, Mr. Paget promised his auditory another lecture on the "Chronometry of Life;" but from that day to this he has not had the face to show himself as a lecturer within the walls of the Royal Institution. Dr. Heberden's letter would appear to have effectually tied the tongue of the too modest professor.

Let me now draw the reader's attention to a remarkable passage in the writings of a progenitor of the gentleman who, in the cases of Dr. Page and Mr. Paget, did such good service to Dr. Dickson by his boldness and honesty. The following words from the pen of the *elder* Heberden show that, however lightly that celebrated man estimated the medical science of his day, he did not absolutely despair of Medicine:—

“The Art of Healing has scarcely hitherto had any guide but the slow one of experience, and has yet made no illustrious advances by the help of reasoning; nor will it probably make any till Providence think fit to bless mankind by sending into the world some superior genius, capable of contemplating the *animated* world with the sagacity shown by NEWTON in the *inanimate*; and of discovering that great principle of life upon which its existence depends, and by which all its functions are governed and directed.”

These words were prophetic!—Reader, you will find them in HEBERDEN'S *Commentaries on Disease*, a work which was not printed until the year 1802.

Up to our epoch—HEBERDEN was right—
 The Healing Art possessed no certain light;
 Though, had he lived, that able man, perchance,
 Had struck the path that just escaped his glance.
 The animate world, like the inanimate sky,
 Has since been scanned by an observant eye,
 And Medicine, so debased in ages past,
 Points to the great life-principle at last—
 At last revealed!—the Periodic Law,
 Seen in the sun and stars, as NEWTON saw;
 Seen in the storms and calms; seen in the tides;
 Seen in the seasons—chrono-thermal guides!
 The Periodicity of Nature's Plan,
 In all its parts, is now revealed in Man!
 Throughout the animate and inanimate *Whole*,
 Where but for this were order or control?
 Without this great ELECTRIC LAW, earth, sea,
 Sun, star, or living thing could never be—
 The highest mammal and the meanest worm,
 Through this preserve their species, type, and form;
 Through this man, beast, bird, reptile, fish, and fly
 Are born or bred, renew their race and die—

Die and yet live!—for through this Law of Laws,
 Death—their last sleep—is but a vital pause.
 Come weal, come woe,—no matter what befall,
 This with its tidal turns gives Life to all!

The harmony existing between all natural phenomena is very remarkable; and this harmony, to a certain extent, affords *primâ facie* evidence of the truth of Dr. Dickson's discovery, namely, the Chronometry of all vital phenomena, whether morbid or sane. But it was not on this sort of evidence only that Dr. Dickson rested his case. His proofs were of the most cogent and convincing kind, and applicable alike to health and disease.

So far as disease is concerned, if we except a few cases, and those chiefly of a mechanical kind, there is no form of disorder, whatever its real or presumed cause, in which examples of Periodicity may not be found.

The periodic disorder most familiar to medical men is Intermittent Fever or Ague. Whether recurring on alternate days or at shorter or longer periods, the paroxysms of ague keep time, in most instances, like the clock. But the periodicity, so obvious here, instead of being ascribed by physicians to its true origin, an *internal* chronometrical law of the living system, having its source in the brain, was, till of late years, universally believed to be the result of an *external* hypothetical cause, which, according to them, vitiates the blood. This myth they called "Malaria." With daily and even hourly examples before them of periodic remission and exacerbation of every symptom, whether local or general, in complaints proceeding directly from blows, burns, and other similar agencies, such, up to 1836, was the settled belief of the most eminent physicians. Wherever, says the eminent

Dr. Watson, of London, in his *Practice of Physic*, published in 1845,—wherever Periodicity can be traced, its “sole cause” is malaria!

It was a long time before Dr. Dickson could disabuse his professional brethren of this error.

The very fact of the Remittency of all diseases was, in the first instance, stoutly denied; nor could medical men at first see the value of Remission as a guide to the treatment of all disorders. Naturally enough, therefore, the critics in the medical journals sneered at Dr. Dickson for making “*Intermittent* Fever,” instead of “Fever in the *large sense* of the word,” the type of all disease. Their ignorance of the fact that all fevers being paroxysmal, must of necessity remit, more or less, from the commencement to the close, is here made very conspicuous. Full of their school notions that the proximate cause of fever must be either some “inflammation” or “congestion” of some internal part, or some local pressure or fixity more or less difficult to diagnose, these gentlemen had not the remotest idea that there never can be and never was since the world began, a fever of any description whatever without remissions more or less perfect in kind! And even when the remittency of all diseases was at last slowly and reluctantly conceded, it was almost impossible to convince the doctors that regularity in the period of paroxysmal recurrence is the rule, and irregularity the exception. But Dr. Dickson was not to be driven from his position here. The regularity of recurrence of all vital phenomena, whether morbid or sane, being a law of the living economy, he had no difficulty in showing by facts patent to everybody, that this is the law of paroxysm and remission in all complaints. Like other laws, it is, of course, subject to the interference of disturbing causes; and these causes here are twofold. Whatever

alleviates the instability of brain on which paroxysmal recurrence of every kind depends, will interfere with the regularity of recurrence to the benefit of the patient. Whatever, on the contrary, *aggravates* that cerebral instability, will do the reverse. While easterly winds, for example, atmospheric humidity, bad news, bleeding, and other exhausting medical treatment very generally render the paroxysms of every disease, not only more frequent, but more rebellious; westerly breezes, a dry atmosphere, good news, bark (quinine), steel, and the judicious use of stimulants, tend as generally to the advantage of the patient, by rendering the paroxysms less frequent and more feeble, or by stopping them altogether. Whatever debilitates and exhausts the brain, fosters a wrong habit; whatever strengthens and supports the brain, helps the patient to shake it off.

The opposition raised by medical men to the use of the Peruvian Bark in Ague, on its first introduction by the Jesuits, was, for obvious reasons, long and fierce. It comprised the leading doctors in every town in the empire. This opposition gave way at last: and it is but justice to the profession to say, that for years back, whenever the majority happened to detect regularity in the paroxysms of any fever, they prescribed bark at once, and stopped the fever. Most medical men give it now (in the form of quinine), wherever periodicity is traced. But their practice here, though right and proper, is to this hour dictated by a false hypothesis,—the hypothesis that the paroxysmal repetitions in all periodic complaints, spring, not from a law of the living economy, but from “malaria”—that bugbear of their own creation! Acting on this belief, their treatment of diseases which arise from palpable causes—burns, blows, &c., has, till of late years, been in almost every instance bad.

Their exhaustive practice, indeed, on the outset of almost all complaints, completely misled them here. Instead of alleviating or stopping the paroxysms, that practice almost always produced irregular paroxysmal frequency and continuance in cases where, without their interference, periodicity might have been easily detected; in which cases, doubtless, they might have cured their patients on their own "malaria" principle. The remissions natural to all disease, which in spite of their bad practice were sure to happen, the doctors actually mistook for the results of their own mistreatment! And thus it was, they ended as they began, by bleeding, leeching, and purging the patient on every fresh accession of the paroxysm, till within an inch of his life.

With these explanations, we have a complete key to the whole subject of the intermittency of disease, whether regular or irregular, partial or perfect. We have no difficulty now in understanding how, by bad treatment, the most regular and most easily curable fever may become the most irregular and most difficult to cure of febrile complaints; and why by good treatment a fever, in the first instance only partially or irregularly remittent, may, where exhaustive measures have not been used, return very briefly to the healthy state of body in which it originated.

The reader may now settle for himself the question, to which of two things we owe the recent reversal of Medical Practice,—to the discovery of the Unity, Remittency, and Periodicity of all Disease,—or, as Dr. Page and the College of Physicians would have the world believe, to some imaginary change of the atmosphere, or to some equally imaginary change in men's bodies, neither of which, by the way, they can themselves decide!

All our great philosophers and poets have made the phenomena of Life more or less their study. Shakspeare,

one of the most observant of men and things, and one of the profoundest and clearest thinkers of this or any other country, calls Human Life a "fitful fever." If this phrase in no way misrepresents the phenomena of Life in health,—if it in no way misrepresents the *orderly* phenomena of Life,—what can the modifications of the same phenomena which we call *Disorder* be, but modifications of Fitful Fever?

It will scarcely be denied by any reader of these pages, that the source of all dis-ease, like the source of all ease, is the brain; and no man in his senses can possibly doubt that the brain is the source of the passions and emotions. Now it is a well-known fact that, from ague to erysipelas, there are very few diseases which may not be caused by the passions. The resemblance between a fit of ague and a passionate fit,—a fit of fear, rage, grief, &c.,—is very remarkable; and this resemblance has not escaped the observation of thinking men. Shakspeare, for one, makes use of the phrase, "this ague fit of fear."

Ague is Fever in its least complicated form. That is why Dr. Dickson assumes it to be the Type of all Fever. And as no local complaint of a constitutional character can come without some general remittent wrong,—some fitful error both of Time and Temperature,—he assumes, moreover, that this Type of Fever is the type of all disease. All diseases, he contends, begin or end with Fever.

Whether, from its severity, a disease be termed an "inflammatory disease;" or, from the early prostration of the patient, it takes the name of "typhus;"—or, whether from some real or imaginary localism, the physician speaks of a given complaint as a gastric, a splenic, an hepatic, or an hysteric affection;—or whether, in fine,

"From some supposed blood taint,
Some humoral myth, he christens the complaint

Scrofula, scurvy, rheumatism, gout,—
 Those senseless terms men so dispute about,—
 Disorders, if we trace them to the root,
 All come to FEVER, chronic or acute.”

Passing from diseases, the causes of which may be anything and everything the mind of man can conceive, to those disorders which can only be produced by a specific contagion—the *Exanthemata*, as they are called,—where can we find a better example of Unity of Type than in Small-pox? No physician, however able or observant, could on the first outbreak of Small-pox, tell this disease from any other fever; for here we have each and all of the three stages in which a regular paroxysm of fever consists,—the cold, the hot, the sweating;—and this paroxysm may remit and re-appear more than once, before the eruption give any hint of the true nature of the malady. Remission of the symptoms, whether local or general, is common to all complaints.

“ Take chicken-pox, take measles, scarlatina,
 Diphtheria, influenza—take angina,
 Take any illness man may yet discover,
 All will be found remittent; all, moreover,
 In certain weakly frames, may sow the seeds
 Of any local evil ague breeds.

Further, in these and indeed in almost every other disease, you will find febrile paroxysms of more or less intensity.

“ In jaundice, croup, consumption—what you will,
 The ague-fit is sure to meet you still.—
 Whate'er the external sources of Disorder,
 All our complaints come in this aguish order;—
 Chills, heats, and sweats belong to one and all,
 General or partial as they chance to fall;
 And all and each—unchecked by bark or steel,
 Or other influences that tend to heal—
 Follow a natural course of fit and pause,
 For periods varying with the case or cause.

But some may ask,—as they may fairly do,—
 What is Disease's most unfailing clue ?
 The answer is, 'Remission!' Short or long,
 This, as a rule, can never lead them wrong!"

Ah! but the local complaints! what clue, the reader will ask, have we for the treatment of the numerous local complaints that may grow out of the various febrile diseases just enumerated? The answer is the same, REMISSION!

"Look at the local ills that, day by day,
 Grow out of febrile ailments—What are they ?
 Stripped of the technicalities of Art,
 Swelling or wasting of some given part—
 Leading, of course, to loss of form and function,
 A joint, for instance, thus may lose its unction ;—
 Morbid increase or decrease of a sense ;
 Spasms and palsies more or less intense ;
 Bleedings from lungs or windpipe, stomach, gum,
 Or other parts whence hæmorrhage may come ;
 Eruptions, ulcers, so called inflammations,
 Decompositions, disorganizations ;—
 No matter what men style the morbid thing—
 In these, as in the Fevers, whence they sprang,—
 Whether we look to size, pain, thermal change,
 Or other signs within disease's range,
 We find Remission still the common bond,
 The one grand key-note whereto all respond!"

Reader, let this be the key-note to your treatment of all medical diseases. The greater number of these diseases will, in individual cases at least, yield to bark or iron.

It is on the brain,—the source of motion and rest, the source of ease and disease,—the source of paroxysm and remission, that bark, iron, and every other remedy, whether passing into the blood by the stomach, lungs, or skin, sooner or later tell. Through the organ that FEELS the hurt, must the injured parts of the human frame be touched,

to ensure beneficial results from every kind of healing force. In diseases obvious to the eye,—diseases of the skin, for example,—what is the usual result of mere local measures? Rarely or never do skin diseases, whether chronic or acute, yield to local remedies. Why is this? Because the eruption that strikes the eye, is not the *beginning* but the *end!* Like all other local complaints not caused by direct mechanical or chemical agency, diseases of the skin gradually grow out of successive fits of febrile wrong. Accordingly, while resisting every kind of local tinkering, skin diseases will often readily yield to some medicine of a febrifuge character,—arsenic for instance,—arsenic, next to bark and steel, the most successful remedy for intermittent fever!

Dr. John Brown, who wrote a Book on Medicine some seventy years ago, divided all diseases into two classes,—namely, Sthenic and Asthenic diseases,—diseases of strength and diseases of weakness. In the first, he bled and purged; in the second, he gave opium and stimulants. Had Brown been aware that almost all diseases remit, and moreover periodically remit, blood-letting would doubtless have formed no part of his treatment. In that case, instead of the Duality of disorders, which he advocated, he must have anticipated Dr. Dickson in his discovery of the Unity of Disease. For want of this clue, John Brown's writings did little more than for a brief period unsettle the minds of medical men; but upon the practice of physic generally, they produced no change whatever,—as every person in the very least conversant with the medical literature of our own country knows full well. Until the last ten or twelve years, as we have shown, bleeding and other exhaustive treatment continued to be the English medical rule. And mark this significant fact—in the British schools, up to this hour, there is not a single text-book in which Blood-letting does not stand as the first of remedies!

But the reader may ask—Are there then no complaints which never remit at all? A few diseases of this kind there certainly are,—diseases of a purely surgical character,—such as strangulation from rupture, and other affections produced by mechanical obstruction. Wherever you have permanency of symptom, look for permanency of cause. Wherever the symptoms remit, the cause cannot be permanent. Therefore, whether for the detection or for the cure of disease, there is no clue which can be compared to Remission. In the case of permanency, surgical assistance may or may not be necessary; here at all events, doubts may arise. In the case of Remission, your course is clear.

“ *Principiis obsta*—on the outset act,
 And crush disease at once by skill and tact ;
 Crush it ere from neglect the frequent fit
 Becomes a habit difficult to hit.
 However fierce the storm, expect a calm ;
 Now is the time for the preventive balm !
 Whether, as in the Ague’s simpler forms,
 Remission lasts a day between the storms,
 Or gives ten minutes’ respite to the frame,
 The principle of cure remains the same.
 What is that principle ? As in the Ague,
 To stop recurrence of the fits that plague you.
 Strengthen the head, and leave the parts alone ;
 You know the means to give the main-spring tone ?
 Relying on the lull, however brief,
 Push Bark and Steel to permanent relief ;
 And failing these,—for both may disagree,—
 Change to whatever else makes FEVER flee.
 If the Remission, treated thus, endure
 For an indefinite period, That is Cure !”

It is almost impossible to get rid of old familiar medical names. However absurd their origin, we must still use the words gout, rheumatism, scrofula, scurvy, &c., as counters to reckon by. But where the symptoms of any given case of dis-

ease remit or intermit, what does it signify, so far as the treatment is concerned, whether you call the complaint gout, rheumatism, scurvy, scrofula, hysteria, or anything else? Not one of these terms will in the very least help you to cure it. But with Remission for your guide, and with febrifuges like Bark, Steel, and stimulants for your tools, you may at once stop the paroxysmal recurrence of every form of disease, baptize it how you please. Having done this, you can scarcely fail to set down the laboured distinctions, which so captivate the schoolmen, at their true worth—so much twaddle!

A doctrine so uncomplimentary to the professors of the healing art was not received with particular favour by the heads of colleges and universities, in this or any other other country. Nor was it received very cordially by the great body of medical men in civil practice. By every grade, indeed, of medical practitioners in civil life—men who depend less on quick cure than on long attendance on their clients for their livelihood—the cold shoulder was naturally turned to the author of a discovery that shortens almost every kind of sickness. The opposition that met the first introduction of the Peruvian Bark as a remedy for Ague, meets to this hour the early use of the same substance (in the form of Quinine), in the thousand and one ills whereof Dr. Dickson discovered Ague to be the Type. And the source of this opposition is now as it was then—self-interest!

But it is not in physic only that the improvement of a science by which its cultivators live, may be opposed from interested motives. The same thing happens in law; and still more strange too in law, as in physic, the obstructives have almost invariably the advantage of being supported, in the outset of the struggle at least, by the public themselves, to the public damage. “The voice of all jurists,”

says Bentham, "is raised in concert to celebrate an established system; and the people, *mised by their unanimity*, do not stop to discover the self-interest which produces it." The people, therefore, as a matter of course, side with the majority.

Whether in England, the colonies, or the United States of America, so far as the great bulk of the medical profession is concerned, the same cause has produced the same effect—opposition, opposition—nothing but opposition to what will cure quickly.

Read the following from the *Boston Medical and Surgical Journal*, an American publication:—

"To establish the fact that the type of all diseases is intermittent fever, Dr. Dickson lays it down as a broad fact that all diseases commence with 'agueish fits.' Now every practitioner knows that very many diseases,—even very extensive and severe inflammations, and sometimes general fevers,—come on without any aguishness at all [a mistake, as any man may discover for himself who goes to the bedside, and not to books for his facts!] This attempt of Dr. Dickson to make out all diseases to come on with agues or chills [why does the reviewer leave out "heats?"] is intended to establish the periodicity of every movement in the body, both normal and abnormal. The discovery of the periodicity of all morbid and healthy movements, is that on which he mostly plumes himself, and tenaciously and exultingly claims as his own. He extends this theory of the periodicity of movement, not only to all vital, but to all physical actions, even to all stellar movements, and to earthquakes, tornadoes, and hurricanes. The doctrine of Unity of Action he extends through all Nature's works, up to the Deity himself, but he does not claim periodicity for the Supreme Being. If, by

Periodicity, Dr. Dickson means simply exacerbations and remissions, without any reference to regularity of time, we shall not differ from him [the reviewer has already shown Dr. Dickson means quite the contrary!] for morbid and healthy movements vary every hour in the day, and every day of the disease, just as the winds blow high or blow low [such changes occasionally disturb the natural periodicity of disease!]; and once in a year or two, or oftener, or not so often, we have earthquakes, tornadoes, &c. Now, we have no idea of calling the one or the other of these variations *periodical*; such theory is what we Yankees call a matter of moonshine, a pure creature of Dr. Dickson's heated imagination."

Thus much we read in the *Boston Medical and Surgical Journal* of December, 1845.

Plagiarized fourteen years afterwards by so eminent a professor as Mr. Paget, this pure creature of Dr. Dickson's heated imagination may now be looked upon as an established fact. But Mr. Paget is not the only medical man of eminence who has similarly demeaned himself. The list of gentlemen who stand in the unenviable position of plagiarists of Dr. Dickson's views, has been gradually increasing from the first promulgation of the doctrine; and this list now includes the names of Sir Henry Holland, Sir Benjamin Brodie, Dr. Todd, Mr. Skey, Professor Laycock of Edinburgh, and other practitioners of less note;—all of whom, in their various writings since 1836, have either more or less covertly acknowledged the Remittency and Periodicity of all vital phenomena, or have plagiarized the treatment based on the discovery. In the first instance, the leaders of the profession did all they could to extinguish the light. Failing in this, their next move was to extinguish the man; they calumniated where they could not refute. Their last desperate step was, if possible, to take the

light out of the hands of the discoverer altogether, and reduce it to the dimensions of a farthing candle!

To protect the rights of authors, there is a Copyright Act, but this Act, unfortunately, affords no protection to medical discoveries. Mr. Curtis, the barrister, in his work on Copyright, divides Plagiarism into three branches, and the following is his remark on No. 3: —

“No. 3. Piracy by imitation, or by reproducing with colourable alterations and disguises assuming the appearance of a new work. This is by far the most frequent form in which the Copyright of Authors is infringed.”—p. 253.

It was by a manœuvre of this kind the late Dr. Todd rose to eminence. Years and years after the publication of the *Fallacies of the Faculty*, Dr. Todd continued to treat apoplexy, paralysis, and pneumonia, by every form of depletion, according to the approved fashion of his early teachers—the Dublin Sangrados. Somewhere about the year 1850, the Professor of Medicine in King's College changed his tune. Then, for the first time, he published his “New Treatment of Apoplexy and Pneumonia by Quinine and Mild Tonics from the commencement.” Adopting Dr. Dickson's practice, Dr. Todd ignored Dr. Dickson's principle. For Remittency—a phenomenon traceable in all medical, and in most surgical complaints, Dr. Todd substituted an invention of his own, which he termed “Blood-poison.” All diseases, quoth Dr. Todd, spring from “poisoned blood,”—*ergo*, all diseases, for their cure, require bark, steel, and stimulants. Why? Because, according to Dr. Todd, these remedies act as “antidotes to poison!”

“As antidotes to poison—curious creed!—

A flimsy mask for a piratic deed,—

The usual practice here, as matters go,

When rogues would reap where men of genius sow.

Finding the chrono-thermal method sure,
 Todd, with an eye to fees, adopts the cure ;
 Prescribes Bark, Steel, and stimulants—yet ignores
 The principle whereon the plan restores,—
 Ignores disease's intermittent turns,
 Yet acts upon the very law he spurns !
 But, to disguise the coach wherein he rides,
 He darkens the escutcheon on the sides,
 Removes the owner's crest—a living head—
 And paints a horror of his own instead.
 What is ' blood-poison ' doing,—tell us, please,
 During the intermissions of disease—
 During the periods when, from fever free,
 Pulse, tongue, and skin are as they ought to be !
 Remission thus repeated and repeated,
 Is no creation of a mind o'er-heated—
 Remission is a state you see and feel,
 The surest guide for Tonics—Bark and Steel.
 But ' poisoned blood '—whence comes it ? 'tis a myth
 Without a particle of proof or pith—
 A figment to bamboozle, and withdraw
 Attention from the great Remittent Law ;
 Making Disease's Unity depend,
 Not on the parts where hurts begin and end—
 Not on the brain, the source of pang and pause,
 But on the blood, changed by some mystic cause.
 A weak invention for the sake of plunder—
 A swindle, a perversion, and a blunder !"

What of that ? With his blood-poison figment, the Professor of King's College made a decided hit. The London apothecaries—general practitioners, I beg their pardon—were just at that moment in want of a leading card. Having themselves been compelled by the " requirements of the age," to a great extent to change their practice, they looked about them for a substitute for Dr. Watson, who, it was notorious, carried depletion to its extreme point. In Dr. Todd they found a bird of their own feather,—a man

who met them half-way,—and him accordingly they called to their “consultations.” By this procedure they hoped to trip up the “chrono-thermal man” on his own ground.

“Silently, slowly pilfering piecemeal
 All of his system worth their while to steal,
 The sordid tribe, who live for pelf alone,
 Support a mongrel system of their own,—
 A cunning mixture of the old and new,
 The false so deftly blended with the true,
 And so conforming in its outward mould,
 Few can say which is pinchbeck which is gold;—
 Then in the room of Genius place a clod,
 And shout, ‘Behold the Esculapian God!’”

The reign of this spurious object of professional worship, came to a close in the spring of the present year. Dr. Todd died last February, in the fulness of fame and fees; and great were the lamentations of the London medical men, when their favourite was gathered to his fathers. Immediately after his death, the press teemed with articles in his praise. An obituary notice appeared in the *Times* newspaper, which the conductors of that journal, with their usual caution, headed “from a correspondent.” Among other laudatory passages, that notice contained the following:—

“He (Dr. Todd) looked on all disease as *one*; thoroughly conversant with the several avenues and processes of the body deranged by it; and was thus enabled, not only to see comprehensively, and to teach decidedly, the phenomena before him, but with all the energy of a wonderfully active mind, to take a LEADING PART in *moulding* the theories that were current in his youth, into *conformity* with the requirements of an epoch [the requirements of an epoch,—the old story!] in which physiology has made greater strides than in all former periods combined” [with nobody’s assistance, of course!]

The point on which the writer of this paragraph dwells as most worthy of praise, is that whereon Dr. Todd most deserves condemnation. How Dr. Todd could contrive to reconcile error with truth; how he could contrive to bring Unity of Disease into harmony with the multitudinous hair-splitting of disorders taught in his younger days; and how he could — *except by a process of adulteration* — take a leading part in *moulding* the all but exploded practice of bleeding, leeching, purging, and salivation in Apoplexy and Pneumonia, into conformity with his own later treatment of both diseases by “Quinine, Iron, and Mild Tonics, from the commencement,” are problems that would defy anybody but a conjuror to solve! Come we to facts.

Do we owe to Dr. Todd the discovery of the Unity of Disease, which his friends seem so anxious to award him? We do not.

Was it Dr. Todd, or any friend of Dr. Todd, who first introduced the tonic practice in Apoplexy and Pneumonia in any stage of either disorder? It was not.

Whether as regards the doctrine of the Unity of Disease, or the great practical changes which for some years back have been silently taking place in medicine, Dr. Todd, and the friends of Dr. Todd, only followed in the wake of another man. Dr. Todd had neither the grace nor the honesty to acknowledge himself that man's disciple. He was a plagiarist simply; a plagiarist, with a mask so transparent, and an adulteration so coarse, the merest tyro in the profession could scarcely fail to see through the one and detect the other!

When accused — repeatedly accused — of these plagiarisms in the columns of the *Medical Circular*, Dr. Todd was silent. When accused of the same acts in the *Times* newspaper and elsewhere, by the man whose treatment

he pilfered, Dr. Todd was still silent; neither he, nor his friends for him, had a word of defence. *Magna est veritas et prevalebit!* In the teeth of these facts, will any sane man doubt the source of Dr. Todd's "new treatment of Apoplexy and Pneumonia by Quinine and Mild Tonics from the commencement?" For the extravagant employment of stimulants, with which Dr. Todd would appear to have coupled his "new treatment," the physician in whose footsteps he followed is in no way responsible. Dr. Dickson advocates the use, not the abuse, of stimulants.

So much for Dr. Todd himself,—so much for the man who "with all the energy of a wonderfully active mind," took "a *leading part* in moulding the theories that were current in his youth, into conformity with the requirements of an epoch in which physiology has made greater strides than in all previous periods combined!" And now comes the question, who assisted the professor of King's College here? Who took the other "leading parts" in this juggle?

We have mentioned the names of Sir Benjamin Brodie and Sir Henry Holland; the first is Serjeant Surgeon to the Queen; the second is Her Majesty's Physician in Ordinary. Without very good evidence, it would not be easy to convince most people that men so highly placed, could be implicated in a plot so disgraceful. But stranger things have happened ere this. Some fifty years ago, Sir Everard Home was what Sir Benjamin Brodie is now, Serjeant Surgeon to the occupant of the British Throne. This office he obtained through the influence of John Hunter, his connexion by marriage. On the death of Hunter, Sir Everard Home came into possession of the manuscripts of his distinguished brother-in-law. The bad use he made of Hunter's papers is matter of history. Having carefully gutted them of all that appeared valuable,

he published in successive volumes of the *Philosophical Transactions*, the matters thus purloined, as his own contributions to Comparative Anatomy. To conceal his fraud, Sir Everard Home burnt the Hunterian manuscripts!

Reader, it was at the feet of this Gamaliel Sir B. Brodie was brought up. Sir B. Brodie, for years, assisted Sir E. Home in his practice; and it was through the good offices of Sir E. Home he first attained a position as a London surgeon. How Sir B. Brodie managed to keep that position, is a question that does not concern us. He did not *then*, at all events, interfere with the orthodox practice. The question we have to deal with now is, how far Sir B. Brodie has since plagiarized Dr. Dickson,—how far he has sucked the brains of a man he, in common with so many of his brethren, still decries. Let facts speak.

In 1813, Mr., now Sir B. Brodie, came out as a specialist on *Diseases of the Joints and Spine*. In a paper which appeared in the *Medico-Chirurgical Transactions* of that year, Mr. Brodie, for the guidance of young surgeons, recommended bleeding, leeches, cupping, calomel, blisters, setons, and caustic issues, as the best treatment of these diseases. And so satisfied was he with the “advantageous” results of that treatment, even so late as 1834—after, in fact, TWENTY-ONE YEAR’S FURTHER EXPERIENCE of hospital and private practice—he held that nothing better could be done. Certain at least it is, that in an edition of his *Treatise on Diseases of the Joints and Spine*, published that year,—the year, by the way, in which he was made a Baronet,—Sir B. Brodie did not think it necessary to make any alteration in his treatment of them by leeches, calomel, and cupping—using those exhaustive and repulsive measures *then*, even in cases of “chronic inflammation.” And in so far as blisters, setons, and caustic issues are

concerned, this eminent surgeon still continued to express himself perfectly pleased with the "*singular benefit*"—I quote his own words—"usually" resulting from these "advantageous" remedies.

Now it is a curious fact, that so long ago as the year 1839, the author of the *Unity of Disease*, sent Sir B. Brodie a copy of that book, in which he denounced Sir B. Brodie's system of practice as a barbarism throughout. "In that book," writes Dr. Dickson, "I condemned everything he did. I condemned the bleeding, leeching, cupping, blistering, and aperients; I condemned the setons and issues; I condemned the abuse of calomel; I condemned the long confinement to the recumbent position, which he recommended his patients to undergo; I condemned Sir B. Brodie's whole practice, both local and general, so far as regards the management of diseases of the Joints and Spine. Each and all of these diseases, according to my view of the matter, growing out of a great *antecedent* constitutional wrong; each and all of them being special developments of a remittent or intermittent febrile affection of the whole frame; each and every of them I contended might be far more safely combatted by Quinine, Iron, and other internal remedies, proper to the treatment of remittent or intermittent fever, than by any *local* measures whatever. Over and over again I reiterated that statement, giving cases at the same time to verify my assertion."

It was a long time before Sir B. Brodie acknowledged his error; but he did at last acknowledge it, though as will by-and-by be seen, not in the handsomest manner.

In 1850—reader, mark the date!—turning his back on a practice which, though the practice of the greater portion of his life, he was evidently now very heartily ashamed of,

Sir B. Brodie published a new work, which he was pleased to call the "Fifth edition of his 'Treatise on Diseases of the Joints and Spine, with *Additions* and *Alterations*."

Many and great are the alterations here, but graver and greater are the omissions. One case in particular is omitted, which, as it was published in all the former editions, might reasonably be supposed to have been considered by him a model of his *superior* treatment. The case of an unfortunate boy whose head and *legs* he leeches and blisters, and whose body he purged for a periodic *head-ache* of "a few minutes' duration," has no place here! All is strangely mutilated and altered; yet Sir B. Brodie tells his readers how happy he is that all his "subsequent experience has tended to *confirm the general accuracy* of those pathological views which he was led to adopt" in his first publications! Such actually is the statement he makes in his preface to this new *Edition*—an edition wherein he absolutely abandons every one of the more prominent measures and opinions, on which he had, for upwards of *thirty years*, very particularly plumed himself. The "additions" with which in his title-page, Sir B. Brodie couples his "alterations"—he omits to tell his readers are neither more nor less than so many "subtractions" from the pages of a writer he and his friends had for years affected to despise as "the madman," who wrote the *Fallacies of the Faculty!*

In a chapter on *Neuralgia of the Joints*, which chapter, be it observed, has no place in his book of 1834, Sir B. Brodie in 1850, thus delivers himself:—

"By far the most frequent cause of Neuralgia, is a *hysterical* state of the constitution. It may therefore well be supposed that the disease is more in the female than in the male sex. The latter however is not altogether exempt from it."

Now the word "hysterical," being derived from the Greek word *ὑστερη*, (*hysterà*) the *womb*, how are we to understand Sir B. Brodie? Does he mean that the male, as well as the female, is liable to a disease proceeding from or pertaining to the womb? That is the meaning of the word "hysterical." Is this sense or nonsense?—science or drivelling? But let Sir Benjamin proceed.

"Some years ago, a *large proportion* of the cases which were treated as diseased joints, were of this description; and looking back at the early part of my own practice, I am sensible that mistake is one which I often made myself."

What was the result of his frequent mistakes here? What might be suspected. Worn out by repeated torture, and by every kind of exhaustive medical treatment which mistaken ingenuity could devise, a "large proportion" of Sir B. Brodie's neuralgic patients, during the "early part" of his practice, were relieved of their limbs on the amputating table. Why does the eminent operator omit to tell us that the "early part" of his practice comprised something like thirty years of his professional life? Does not this omission look like a *suppressio veri*? Does it not savour of the *suggestio falsi*?

"The subject is now (he informs us) better understood by surgeons." This is satisfactory, so far as it goes; but Sir B. Brodie does not tell us who first taught surgeons to understand the subject better; though he admits "the same mistake is occasionally made even at the present time."

In this we can bear him out. A year or two ago, the writer of these pages was called to a lady who had her limb amputated for neuralgia of the knee; but the operation gave no relief. For months afterwards she continued to suffer from neuralgia in the stump!

"Occasionally," Sir Benjamin Brodie goes on to say, "occasionally, when a joint has been a considerable time

the seat of hysterical pain [what kind of pain may that be?], a slight degree of suffused swelling is perceptible in it, apparently the consequence of some effusion into the cells of the cellular texture external to it. This corresponds with what may be observed in some other cases of neuralgia. In a gentleman who was the subject of facial neuralgia (*tic douloureux*), attended with an unusual degree of suffering, there was the same kind of swelling of the face, although there could be no doubt that the real seat of the disease was not in the nerves, but in the brain itself."

The brain itself! Why, that sounds more like *cerebral* than *hysterical* disease. Sir Benjamin Brodie makes no mention of the brain in any of the former editions of his work, in connexion with local disorders. But—

"At other times (he informs us) there is a periodical change of temperature, not only of the affected joint, but even of the whole limb. In the morning it is *cold*, and pale, and shrunk; towards evening there is evidence of a more active circulation—the surface of the skin is *hot*, red, and shining."

Sir Benjamin Brodie says nothing of those general "chills and heats," on which Dr. Dickson lays such stress; but he makes the important remark that—

"During the night the heat and redness subside, and these alternations are as regular as the paroxysms of an *Ague*."

The *Ague*, or *Fever*, of which the local symptoms are developments, would appear to have escaped his notice!

"Such cases," nevertheless he tells us, "are not very uncommon, and they are always very perplexing to the practitioner who for the first time is consulted about them."

Not very uncommon! They are of daily and hourly occurrence, Sir Benjamin; and you know it. Every man of any standing in the profession knows it now! But taking

your own words, that they are "not very uncommon," why should any case of any disease in that category puzzle a properly educated practitioner? Why indeed? This is the answer. The Schools of Medicine do not teach medicine; they do not teach the remittent nature of disease. Till the schools do that, the practitioner must be in a perpetual state of perplexity in every kind of disorder. To practise medicine scientifically, without that knowledge, is an impossibility; and the want of that knowledge imposes on the practitioner the necessity of a daily succession of lie and subterfuge, to screen his ignorance. How came Sir B. Brodie to be wiser than his fellows here? He owed the discovery, he tells us, to his own "more enlarged experience." And what was the practical conclusion to which that discovery led? This:—

"The sulphate of quinine, preparations of iron, the citrate of quinine, and iron, may generally be exhibited with advantage."

Not one word of thanks to the man who, so far back as 1839, sent him the book that taught the proper treatment of the diseases of his own specialty! He had never read it,—perhaps. We recommend to Sir B. Brodie an advice of Lord Bacon:—

"Always when thou changest thine opinion or course, profess it plainly, and declare it openly, *together with the reasons that move thee to change*, and do not *steal it*."

Having given the reader specimens of the manner in which Dr. Dickson's discovery has been pilfered by the adulteration dodge, and the "more enlarged experience" dodge, we come now to the prophecy dodge, or plagiarism by prophecy—after fulfilment!

In Sir Henry Holland's *Medical Notes and Reflections*, a work which has run to three editions—we shall speak

of their respective dates by-and-bye—the reader will find what follows :—

“Has sufficient weight been assigned in our pathological reasonings to that principle which associates together so many facts in the history of disease—namely, the tendency, in various morbid actions, to distinct INTERMISSIONS of longer or shorter duration, and more or less PERFECT in kind. The subjection of so many diseased actions to this common law, establishes relations which could not have been learned from other sources, and which have much value even in the details of practice.” “It will probably be one of the most certain results of future research, to associate together, by the connexion of causes of common kind, diseases now regarded as wholly distinct in their nature, and arranged as such in our systems of nosology. This remark applies very generally through all the *genera* of disease. The influence of certain medicines, and particularly of Bark, in curing even the most anomalous varieties of intermittent disorder, is a fact of great interest. It enables us to denote and class together symptoms, apparently the most remote in kind, but which presumably, could not be thus relieved unless depending on some COMMON MORBID CAUSE.”

A mistake, Sir Henry! Each and every one of the symptoms you mention, instead of depending on “some common morbid cause,” may proceed from any one of a thousand morbid causes, acting on a common centre—the Brain!

But for an instability of Brain common to all diseases, an instability of Brain which any cause of sickness may produce, there could be no such thing as an intermittent disorder. To the Brain, then, the source of pang and pause—the source of remission and exacerbation of every disease, general or local—local, so called—must we look

for the cure of all complaints. In the Unity of *source*, Sir Henry Holland—not in the Unity of *cause*—lies the secret of the Unity of influence of the Peruvian Bark!

“We can hardly touch on this subject of FEVER, (Sir Henry continues) without finding in it a bond with which to associate together numerous forms of disease, but withal a knot so intricate, that no research has hitherto succeeded in unravelling it.”

No research has hitherto succeeded in unravelling it! Sir H. Holland first printed this sentence in 1839; he repeated it in 1845; he re-repeated it, word for word, in 1856. In the teeth of the facts recorded in these pages, Sir H. Holland three times deliberately and knowingly repeated this gross mis-statement!

Of all the many forms which disease may assume, in one solitary complaint only—the Ague—did the profession, till of late years, endeavour with bark or iron to prolong to a cure those “intermissions, more or less perfect in kind,” which we have seen are common to the whole catalogue of human suffering. Utterly and entirely ignorant of the universality of this law of periodic remission and return,—instead of hailing the repeatedly recurrent immunity from suffering as a God-send, and by remedies preventive of the paroxysm taking advantage of it to stop all renewal of the disease,—the medical people to a man stood stock-still, and looked on with the complacency of infants during these intermissions, which, according to Sir H. Holland, have so “much value in the details of practice.” But with every recurrence of the Fever-fit, their activity recommenced; then the doctors, one and all, at once proceeded to bleed and bleed, leech and leech, purge and purge,—repeating and re-repeating this practice with every fresh fit! And when, in spite of all this, and more than this, the patient got daily

worse and worse, every and each of them next blistered and mercurialized their victim either till he died outright, or till his life was at the lowest ebb—to conquer what they believed to be a return of “inflammation,” “pressure,” or “congestion!” Till within the last few years, what knew the great mass of the medical people about paroxysm and remission as a law of all disease? What knew they of the “tendency in various morbid actions to distinct intermissions, of longer or shorter duration, and more or less perfect in kind?” What knew they of the “bond with which to associate together numerous forms of disease”—“Fever”—Intermittent Fever—AGUE? In all our text-books up to this hour, so far from being recognized as a *law* of all disorder, Periodic Intermission and Return are declared to be *exceptions* to the whole history of disease!

Every man in the profession knows better now. But do the public profit to the extent they ought to do by Dr. Dickson’s discovery? They do not. Why? Because the public give, for placebo practice and long attendance, what they deny to talent and quick cure!

In the profession now, we have Specialists of every kind—one for this part, another for that—people who reduce physic to a mere system of local tinkering.—

“No longer looked on as a living Whole—
 A clock-like Unity from crown to sole,
 Whose every move the Main-spring must control!—
 The Body now, like a dismembered thing,
 Of ravenous birds becomes the toss and fling.
 Owl, kite, and vulture, each with special mark,
 Pounce on the spoil, and fatten in the dark.
 One takes the ‘Heart’—another tries the ‘Lungs,’
 O’er which they chatter in conflicting tongues;
 A third, less dainty in his choice of meats,
 The ‘Stomach and its difficulties’ treats;

This with the 'Liver' manages to dine,
 That banquets doubly from the 'Joints and Spine.'
 Some with the 'Spleen' their hungry bellies fill;
 Some feast on 'Kidney,'—devilled if you will.
 These take the 'Mucous Membrane'—these the 'Skin';
 Those with the 'Colon' their repast begin—
 No part so loathsome, no disease so foul,
 But has its furtive kite or peering owl,
 Who, with the instinct of his carrion caste,
 Sticks to the living quarry till the last.—
 But blackest, vilest, of the moral scum,
 Is that false harpy with the speculum!
 Out on the wretched quacks who would divorce,
 The body's fragments from the ruling force!
 Out on all specialists! while such exist,
 How can God's truth the public mind enlist?
 Nay, how or where, till the great human hive
 Themselves in Natural Science deeper dive,
 Can any but these tinkering creatures thrive?"

In London there are special hospitals for diseases of almost every part of the body—Hospitals for the Eye and Ear—Hospitals for the Chest—a Cancer Hospital—a Lock Hospital—an Hospital for Palsy, and an Hospital for Stone and diseases of the Urinary Organs! Within the last few months there has been a sort of reaction in the profession against this utter destruction of the Unity of Medical Science. But many, even of those who join in the cry against the "Special Hospital Nuisance," are very little better than impostors themselves. Professing an unlimited faith in the powers of Nature, numbers of medical men are now content to watch events. This they call studying the "Natural History of Disease;" and certainly it is very much better than killing people outright, as the doctors used to do by their exhaustive measures. But if this is all that Medical Science can accomplish for the sick, the sick may as

well be without its assistance as with it. Practitioners who act in this manner are traitors to their art. A very little reflection will prove the fact. Take the case of Ague;—this disease is either amenable to good medical treatment, or it is not. Who, with the smallest experience of the readiness with which the Ague-fit may be checked by Quinine, would withhold its use in that complaint till the patient, worn out by repeated paroxysms, finds himself at death's door? No man with a name to gain, or a character to lose. Why, then, permit any other of the thousand and one forms of disease—whereof Ague has been shown to be the type—paroxysmally to repeat and repeat itself, till recurrence becomes a habit so inveterate, the best remedial means may fail to stop it;—to say nothing of the local disorders, certain in many cases to ensue? Local complaints, of a constitutional kind, can only come through fever—they cannot come of themselves. Local complaints, like chickens, must be hatched! What better method could be devised to produce local diseases, than to let constitutional disturbance proceed, fit after fit, unchecked? Yet this is actually the course which is now, to a great extent, pursued in civil practice. This study of the Natural History of Disease is a mean pretence. Its object is procrastination. Those who recommend it are not physicians. To men of this stamp, the following lines are addressed, on the principle of Dean Swift's *Advice to Servants*:—

We've traced the Natural History of Disease ;
 Study it, doctors, while it brings you fees—
 Heaven grant the case may yield a golden crop—
 But how can people study what they stop ?
Festina lente—take a leaf from Law ;
 Do counsel hurry when they find a flaw ?

Mark in succession what the sick endure ;
 Nature is potent, give her time to cure.
 If, like the Ague, all complaints remit,
 Business is business, mitigate the fit ;
 Repeat the process every fresh return—
 Cheer men who shiver—cool them when they burn !
 With each new phase disorder undergoes
 Your interest in your patient deeper grows ;
 But how can he, or those about him know it,
 Without an opportunity to show it ?
 Save and except where Death is at the gate
 Why Nature thwart ?—why interfere with Fate ?
 Stop not a case, whatever else you do, sirs,
 Science and shop were equally the losers !*
 To watch disease, and profit by the act,
 Require no little management and tact.
 Study men's tempers and distempers well ;
 Note the weak point, and learn to make it tell ;
 Encourage all to take their favourite bent,
 And while they harp upon it, nod assent.
 If with "soft sawder" you contrive to please,
 And give a restive patient present ease,
 Then you may play upon him like a flute,
 And change his case from chronic to acute ;
 Making his well-lined pocket, so to speak,
 A "pail of milk" to last you many a week !
 To crown your work, be careful to instil
 A due respect for his physician's skill ;
 When, for example, paroxysms depart,
 Place the remissions to the effect of art ;
 On the recurrence of the chills and heats,
 Tell him to be more cautious what he eats ;

* " Our present *successful* plan of cure—for this, undoubtedly, *cannot* be made the subject of a difference of opinion [?]*—is, I apprehend, due to our general non-interference with the course of nature in the succession of morbid actions, SAVE—and THEN only—when we see them running on rapidly to a FATAL RESULT. The modern triumph of our art is more in the happy forbearance exemplified in our negative treatment, than in the positive success of any heroic remedy.*"—From an Editorial article in the *Medical Times*.

Should local mischief *follow*—change your ground,
 And say how glad you are the *cause* is found !
 Of local means exhaust the usual list,
 Then call some special artist to assist :
 While work is to be had, it must be done ;
 Two heads, of course, are better now than one.
 An oculist perchance may help you here ;
 An aurist through the throat may pierce the ear ;
 A stethoscopist, perfect in his part,
 Will find a flaw in the most healthy heart.
 The patient, if a lady, you presume
 May want some special doctoring for her womb ;
 Here, too, are pliant men to solve a doubt,
 And help a friend to ferret business out.
 In consultation—*Anglicé* collusion—
 Keep chrono-thermal influence from intrusion ;
 Daylight, unpleasant daylight, once let in,
 No one can tell where ruin might begin.
 Preventive practice—cry it up who may—
 As things are managed now, can never pay ;
 Do what you can to knock it on the head,
 And thus, like men of sense, preserve your bread.
 Damn every statement DICKSON dares to print,
 And treat his so-called facts with shrug and hint ;
 Or, if need be, with slander more direct,
 Send to perdition him and all his sect !
 While yet Expediency in Physic rules
 Leave abstract justice to good-natured fools ;
 Stand by your order—you are safe, at least
 So long as crowds are willing to be fleeced !
 Did all complaints with the first pill depart,
 Where were the triumphs of the Healing Art ?
 With fiddle-faddle few are discontent,
 But who will pay you simply to prevent ?
 Numbers will fee you twice a day while sick,
 Yet grudge a guinea where the cure is quick ;
 Thinking, no doubt, that what so nimbly flees
 May, after all, be no such grave disease !
 If then, while down, men pay without demur,
 By all means let the paroxysm recur ;

For cure rely on Life's repairing force,
 And leave disease to take its natural course ;
 Conduct it—guide it—till it mends or ends—
 Why stop a thing on which your bread depends ?

The simple-minded reader will laugh at all this, of course. The same man who looks sharp after his lawyer will give the most unbounded faith to his doctor—a great mistake !

The " Law's delay " is a proverbial fact ;
 But Physic apes it now in every act ;
 Now both professions use the same device
 To sell their Science at the highest price,
 And few in either craft account it sin
 To " nurse a case " so long as fees come in !

It is the common cry of the profession now that Fever will run its course, do what you will. And the same thing is said of small-pox, measles, chicken-pox, &c. Believe it not! There are very few forms of general disorder which may not be shortened by good medical treatment. In Physic, as in most things, where there is a will there is a way.

Hitherto we have said nothing of the most efficient practice in disease during the paroxysm. What, for example, is the best method of shortening or alleviating the severity of the Fever-fit? Any medicinal agency which will act as a cerebral Soother, or a cerebral Revulsive, may at once cut short the paroxysm of most forms of febrile disease. Of Soothers, Chloroform, skilfully and discriminately used, is much to be depended on. Of Revulsives, the best are Emetics. When you mention Emetics to some medical men, they will talk to you of Purgatives as equivalents. They mistake—Purgatives too often keep up wrong action—Emetics usually reverse it. Every paroxysm of disease that has a name may yield to

an Emetic, or a few inhalations of Chloroform administered in the outset. Followed up by Quinine, Steel, or some other febrifuge, this is by far the most successful plan of cure in Acute disorders. By this practice Asthma, Pneumonia, Pleurisy, Rheumatism, Gout and Mania may, in numerous instances, be arrested or subdued—proof positive that one and all of these diseases begin in the Brain! Small-pox, treated thus, is seldom or never confluent,—Diphtheria rarely fatal, What is the usual result of the present fashion of local tinkering in Diphtheria? In an overwhelming majority of cases – death! Dr. Dickson seldom interferes with the throat at all in diphtheritic disease. He treats the disease on constitutional principles with Emetics and Quinine; and as yet he has never had to deplore a fatal result in diphtheria. The effect of Emetics here is magical!

What a death-blow all this to the strawsplitting and elaborate distinctions of the men of the Anatomical Schools! It is a great mistake to suppose that diseases cannot be cured without a knowledge of Anatomy—a mistake the conductors of our popular literature have occasionally fallen into.

“Every living being,” says a writer in the *Household Words*, “every man, woman, and child, endures a certain ascertained amount of sickness during life; for the alleviation of which medical knowledge and skill are required. But medical efficiency in the treatment of disease cannot be gained unless the young doctor bases all his subsequent studies upon a thorough knowledge of the structure of the human body. This information can only be had by *the use of the scalpel on the dead*. The very notion is apt to send a thrill through every nerve of those unaccustomed to regard the subject in a philosophical light. But the terms are absolute—no dissection, no knowledge!”

Were this statement correct, we should at once lay down our pen. In that case it would be utterly hopeless to attempt to enlighten the public on the subject of medicine, presented to them in so repulsive a form. What can be more repulsive to the mass of mankind, than the blood and filth of the dissecting-room? Luckily for the human race, there cannot possibly be a greater mistake than the assertion that medical knowledge can only be obtained by dissection. In rare cases only is an acquaintance with the minutiae of the internal structure of our bodies at all necessary to the treatment of the various maladies that come under the charge of the Physician. But even this kind of knowledge may be very competently taught, without dissection at all. Anatomy, like geography, may be taught by maps and models. Far be it from us to deprecate the practice of dissection by professional men. However repulsive this may be in the first instance to the medical student, he is soon reconciled to it by habit and example. With the public at large, things are different. Medicine, to be a popular study, must be taught in a popular manner. To understand the right principle of curing most diseases—namely, the principle of Remission—a knowledge of Anatomy is not in the least necessary. Even the older physicians held Anatomy in contempt. Sydenham said, “Anatomy is a fit study for painters!”

The greater number of medical men, when they leave the schools, know almost as much Anatomy as their teachers. When Sir Benjamin Brodie commenced business as a surgeon, there was perhaps no better anatomist in London. Notwithstanding this, for upwards of thirty years, almost everything he did for the cure of the sick, by his own after confession, was a mistake.

“In the early part of my professional life (Sir B. Brodie

tells us) I was led to follow the practice which was then very generally adopted for treating caries (ulceration) of the spine by means of setons and caustic issues—one on each side of the diseased vertebræ. A more enlarged experience [since when?] has satisfied me, that in the *very great majority of cases*, this painful and loathsome treatment is not only *not useful, but actually injurious*. For many years past, [how many?] I have ceased to torment my patients who were thus afflicted in this manner, and I am convinced that the change of treatment [by what or by whom suggested?] has been attended with the happiest results.* In the *early* part of my practice, I was accustomed to regard the ulceration of the articular cartilages, as a disease which was to be relieved almost exclusively, by *local* remedies.”—“Experience has long since [he has his reasons for not giving the date!] led me to a very different conclusion, and has satisfied me that there are remedies [Bark and Iron he means] which, acting through the medium of the constitution, exercise a most beneficial

* Reader, contrast this with what Sir Benjamin Brodie wrote in 1834—the year he was made a Baronet, and when he had made money enough to support his new rank :—

“As the chronic inflammation is relieved more slowly [than the acute] in the first instance the joint should be kept in a state of perfect quietude ; blood should be taken from the part by means of leeching or cupping.”—“It will in general be right to repeat the blood-letting twice or three times, or even oftener.”—“A blister may be applied, and if necessary, several blisters may be employed in succession.”—“The blisters should be of a considerable size.”—“I have employed caustic issues, and seen them employed in a great number and variety of instances, and have found them to be *usually productive of singular benefit, where the cartilages are in a state of ulceration.*”—“Setons and blisters kept open by means of savine cerate, appear to operate nearly in the same manner, and may be used with *advantage* in the same description of cases.”

In that case, why did Sir B. Brodie change his practice? Why change a practice usually productive of singular benefit? What first opened his eyes to his mistake, and when and by whom were they opened?

influence over the *local* malady, and by the judicious application of which, many cases may be brought to a favourable termination, in which this could not have been accomplished otherwise.”—“Indeed, I must confess, in proportion as I have acquired a more extended experience in my profession, I have found more and more reason to believe that *local diseases, in the strict sense of the term, are extremely rare.*”

What, then, is the use of Anatomy here? What has the cure of diseases of a joint, or the cure of diseases of any other part of the body by Bark and Steel, to do with Anatomy? The doctors, who for centuries bled, leeches, purged, and exhausted their patients, were in most cases as good anatomists as we have in the present day. Yet when the Bishop of Exeter lately proposed to teach the deacons of his diocese a knowledge of medicine, it was objected by the medical men, that these gentlemen would run the risk of killing more than they could cure, on account of their ignorance of Anatomy! Where people object to what does not suit their interests, they generally give any reason but the right one.

Not many centuries ago, all throughout Europe, the clergy were the principal mediciners. Linacre, Physician to Henry the Eighth, and the founder of the London College of Physicians, was a priest. A little before his time, a knowledge of Physic, on more occasions than one, led to a Bishopric. In those days the Priesthood would have looked upon it as a dereliction of their sacred duty to neglect the precept of the Divine Founder of their Faith, “Heal the sick!” Most of them had some knowledge of simples at least; and in every monastery there were persons of experience to prescribe for the poor and afflicted. We owe to the Jesuits of Paraguay one of the best febrifuges in the

Materia Medica—the Peruvian Bark. On its first introduction, the leading Anatomists of London scouted the Bark as the most dangerous of remedies. So much for Anatomy and the Anatomists. My Lord Bishop of Exeter, we wish prosperity to you and your “Medical Diaconate.”

In each of the three so called “liberal professions,” very great changes of opinion are at this moment manifesting themselves. Whether as regards the Church, the Bar, or the Medical Profession, the necessity for reform is every day becoming more and more urgent; and it is gratifying to know, that in each of these professions, something has already been done to forward the march of improvement. The men who live by the Law, more particularly, have lately, to a certain extent, been compelled, however reluctantly, to bend to the intelligence of the age. In the establishment of the County Courts, England has obtained the first instalment of a great beneficial legal change—a change, which at no distant day, must be made to extend to the iniquitous proceedings of our so called “Courts of Equity.” The good example America has so recently set us in that respect, cannot much longer be resisted by any interest, or combination of interests, however powerful. Speaking of the new order of procedure, which has been so successfully introduced into the Courts of Law of New York, Judge Brown makes the following observations:—

“The Code, in the first period of its being, has been met by great opposition—not unnatural or unreasonable by any means—which every just and beneficial reform encounters, and which every measure of reform should be prepared to encounter upon its first application to the affairs of men. It necessarily unsettled many questions touching the practice of the Courts. It temporarily embarrassed the judges, perplexed the lawyers, and sub-

jected both to some inconveniences. It rendered the learning, labour, and experience of many years in the practical part of their profession in a measure useless—and required them to give up their time and attention to the study of an entirely new system. In this respect, men of the largest experience, and men just on the threshold of professional life, were reduced to a common level. Yet I venture to doubt whether there is an intelligent man amongst them all, who has witnessed its operation from the Bench or the Bar, who will deny to the Code of Procedure very great merit and superiority in many particulars over the old practice.”

Mutatis mutandis, how completely every word of these observations apply to the Chrono-thermal System of Medicine, and the changes which that system has already worked in the medical practice, whether of the old world or the new: for, in America, as in England, a great revolution is now taking place in the opinions and practice of the regular physicians.* From the universal darkness

* Ten years ago, Professor Draper, in his Introductory Lecture at the Medical College of New York, made the following extraordinary admission:—“So rapid is the advance of the great sciences—Anatomy, Chemistry, and Physiology—that most assuredly in less than twenty years the Great Physician will have come.—*The man is now born who will seize the grand prize.* Even those amongst us who have most upheld our old professional theories, and have tried to keep in reverence the old opinions and the old times, find that under the advances of the exact sciences our position is becoming untenable. The ground is slipping away from beneath our feet. *We are on the brink of a great Revolution.* Go where you will amongst intelligent physicians, you will find a deep, though it may be an indistinct perception, that a great change is imminent. In politics and religion, every crisis finds its representative and embodiment in some man. Is it too much to hope that in this nation of practical men, one may be found who will stand forth the teacher and master of Physicians—the greatest of all the benefactors of our race, who will do for Medicine what NEWTON did for Astronomy? And oh, what a glory if he should do it in these walls!”

On this patriotic wish the Editor of the *New York Sunday Despatch*,

which prevailed throughout the medical profession before the announcement of Dr. Dickson's discovery, that announcement fell upon the doctors like a thunderbolt. If to some it gave light instantaneous, the greater number were only stupified by the suddenness and intensity of the blaze. Indeed, for the first few years after its introduction, the chrono-thermal discovery was still a dead letter to the mass of professional men.—It was not the interest of the medical press to give it currency. Directly, or indirectly, the English medical periodicals are the mere organs of so many London medical cliques—they support the men who support them. During the life-time of Dr. Todd, the conductors of the medical press were very shy of naming the “Tonic and supporting Practice” at all; but after his death, in the face of the facts with which the reader is familiar, one and all of them—with the single exception of the *British and Foreign Medical and Chirurgical Review*—ascribed the honour of the recent changes in Medical Practice to the “improved pathological views of the King's College Professor.”—Invaluable “pathological views” those, wherein the nervous or pathetic system is almost entirely ignored, and a figment of Dr. Todd's own brain—“blood-poison”—substituted for the Law of Periodicity!

Many persons only know the Chrono-thermal System through the distorted representations of men interested in keeping up the reign of Corruption. In the words of from which the above extract is taken, makes the following significant remark:—

“He has come already, Dr. Draper!—He has been on hand ever since 1836, when he, Dr. DICKSON of London, announced his discovery of the Law of the Periodicity of all Diseases—a law which was taught most impressively from the very chair you sat in when you made the above confession, by Dr. S. H. Dickson, now of South Carolina; but who was *crowded out of his Professorship in your Institution*, because of his teaching that important medical truth, a truth so unpalatable to those steeped to the lips in error.”—*New York Medical Despatch*, 1850.

St. John's Gospel, "The light shineth in darkness, and the darkness comprehendeth it not." So far as regards the great mass of professional men, these now secretly acknowledge that the science and the learning, on which in their early years they were so accustomed to pride themselves, were, all through, the greatest mistakes. Few of the seniors, even when admitting this, will forgive the individual who compelled them to lower their pretensions to superiority as men of Science. It would indeed be wonderful if they did; for, we have yet to learn that any men, or body of men, have ever been remarkable for magnanimity under such circumstances. What marvel, then, if the so-called Heads of the Profession should still exhibit the most determined hostility to the author of their humiliation—a humiliation so complete, that the practitioner of thirty years' standing found himself all at once reduced to the level of the last arrival from the medical schools! From Sir B. Brodie and Dr. Watson to the Graduate of a year, all were compelled to learn and unlearn; and some, as we have seen, to write down almost all they had previously written up! The greater number have done this with no very good grace. Pretending every kind of excuse for their change of practice but the true one, few or none now bleed or leech as they were accustomed to do during the first twenty or thirty years of their "early life." Here and there some grey-headed individual may possibly be found who still pours out the heart's blood as if it were so much ditch-water. Before the announcement of Dr. Dickson's discovery of the Remittency of all Disease, that practice was universal. But much still remains in the *practice* of physic to make it utterly nugatory as a Conservative Art. Before Medicine can be what it pretends to be—the art of shortening the sufferings and lengthening the lives of the

sick—the mode of remunerating the medical practitioner must be completely changed. His interest and the interest of the patient must not be as they are at present, in direct opposition. Skill and reward should go hand-and-hand here as in other professions. It is quite the reverse now; and yet, while human nature continues to be what it is, to make men of business prefer the interests of others to their own is impossible.

Until the medical profession are paid for talent instead of for time, the doctor, like the lawyer, will look for his reward more to the insidious procrastination of the diseases of those who employ him, than to any amount of benefit he may confer on them by his science and skill. Without such procrastination, as things are now managed, four-fifths of those who at the present time contrive to live by physic, would be doomed to starvation. Hence, with medical men now, procrastination is the soul of business. The public have only to will a change in the mode of remunerating their doctors, to produce such a change in the practice of physic as would ultimately secure the interests both of patient and practitioner. Until that is done, Quackery, both in and out of the profession, will ramp and flourish. The only possible manner in which the regular physician can compete with the homœopathists, and others of that class, by whose invasions his means are now so crippled, is to embrace the Chrono-thermal System in its entirety—not secretly and by stealth, like Sir B. Brodie, Sir H. Holland, and others—but openly, honestly, and unreservedly, giving to Cæsar what is due to Cæsar. This System is catholic and eclectic. It rejects no remedy, old or new, which can be shown to act as a remedial force. On the contrary, it gives a ready welcome to any new medicinal agent of a soothing, supporting, or revulsive

character. It moreover points out the true principle of the action and application of all febrifuge medicines, namely, attention to Temperature and attention to Time. When the chief business of the physician shall be to prevent the recurrence of the paroxysm of disease, whatever be its name or supposed nature, he need have no fear of any class of quacks. The increasing intelligence of the nation will bear him up against all dishonest opposition. But this, it is obvious, cannot be done without an alteration in the mode of remunerating him for this right application of his zeal and real science. The Public must make it his interest to shorten sickness. They should pay their ordinary attendant so much for yearly attendance, whether sick or well; when calling in other assistance they should pay for skill and the case—the quicker the cure the better the reward!

It is the fashion of the schools to hold up great medical discoverers—HARVEY and JENNER more particularly—to the imitation of their respective pupils. *Cui bono?* Harvey and Jenner, while they lived, were bitterly persecuted by their professional brethren. The rancorous opposition both encountered at the hands of the College of Physicians, only ceased with their deaths. Whether or not the Faculty may yet relent in their persecution of the discoverer of the Chronometry of Life, remains to be seen. Dr. Dickson has at least lived to accomplish one of his principal objects—the banishment of Blood-letting. Blood-letting and other exhaustive measures are now all but abandoned in practice. He still hopes to see the day when his efforts to shorten sickness may be equally successful. Professional bigotry and self-interest on the one hand, and the supineness of the English people on the other, have hitherto been the chief obstacles to a consummation so desirable.

London, November, 1860.

APPENDIX.

PERIODICITY.—“ But for this, the husbandman would neither know when to sow nor when to reap. Knowing this, the astronomer calculates and foretels to the day, hour, and even minute, the return of eclipses and comets. Without a knowledge of the Periodic Law in Disease, the man who undertakes the practice of Physic is little better than a Charlatan. Yet, in the cases detailed in the medical journals of the day, there is seldom or never any allusion to Periodicity. The Editor of the *Lancet*, on one occasion, went so far as to say, that the Periodicity of Disease is of little importance as a guide to treatment. If that be true, why count the pulse watch in hand ?

During Health the periodic repetitions of the movements of the Body are, with little exception, uniform in all. During Disease, on the contrary, the interval of paroxysmal recurrence, so far as different individuals are concerned, is as various as there are varieties in faces and forms. But whether in Health or Disease, the order of return, whatever the duration of the interval, is strengthened by habit. Each successive repetition of a movement, wrong or right, strengthens the disposition to a return of the same movement at the same period of *time*—more especially if the subject continues to reside in the same *place*. Some diseases, indeed, cannot be cured till the patient removes from the place where his disease originated : and every now and then instances occur where the tendency to paroxysmal repetition may, from neglect or otherwise, become so completely the law of the individual life, as to defy all the resources of the most enlightened physician to subdue it. Epilepsy, perhaps, more frequently than any other form of disease, affords an exemplification of this rebellion against the best resources of the Healing Art. The disposition to recurrence in all our vital movements, whether morbid or otherwise, applies to everything human. We trace it throughout the whole of Society—in our customs, crimes, prejudices, and every other good or evil involved in the destiny of man. In cities and communities man is a mimic—each individual is more or less the ape of each. His periods of movement and repose are regulated by the movements of the mass of which he is an atom ; and in the paroxysmal aberrations to which the body *corpore*, like the body *individual*, is from time to time liable, man performs almost unconsciously his atomic and inevitable part. At such times public opinion and public action are as the action and opinion of one man ; hence our national wars, rejoicings, panics, and all the other passionate outbreaks observable in the Social system !

“ So far as relates to disease, the period of return, regular for the most part in the individual body, differs with different people in almost every case of the same disorder. Take the case of Ague, for example. The

paroxysmal repetition in one case will take place regularly every day at the same hour of the clock, unless arrested or interfered with by accident or art. In another it will come on with the same precision every alternate day. In a third case it may come on every third or every fourth day. Instead of one fit, certain individuals may have two fits on the day of recurrence. In particular cases the febrile revolution may recur once a week only; while in some the interval of immunity may be prolonged to a month or months. The disease, in certain instances, may return once a year only; and within a day or two of the same day of the same month on which it assailed the patient the previous year! I have met with cases where the disease returned every second year only. A gentleman applied to me with *Iritis* in one eye; the year before he had lost the sight of the other by a similar attack. For something like six years, in one of the autumnal months—I forget which—he had an annual attack of *Iritis*; but the disease each year alternated in the choice of the organ it assailed. This year it took the right eye, the next the left; and so on alternately during these six years, till one eye was completely destroyed. I was lucky in saving the eye for which he consulted me. He came to me from reading what I said on the subject of Periodicity, in the *Fallacies of the Faculty*. A young lady, for whom I was consulted for Pulmonary Consumption, had an attack of Fever, preceded by shivering, regularly every Sunday. The local disease was increased by each repetition of the Fever-fit, when medicine failed to keep it off. When I succeeded in that, there was improvement throughout. An old gentleman had a febrile fit, with symptoms of Insanity every second day, lasting from nine in the morning till three o'clock in the afternoon. The motion of a carriage broke it like a charm; but medicine had no power over it. A clergyman, subject to Epilepsy, had the disease regularly every third Sunday. A barrister had a return of the disease every fifteenth day.

“Some time ago I had myself the misfortune to be attacked with Neuralgia in my left arm. During all the time I suffered from it I fell asleep as soon as I got into bed; but at three o'clock in the morning, to the minute, I was attacked with excruciating agony in the muscles of the arm and shoulder, which forced me to get out of bed. On washing my hands and face, and taking a glass of cold water, I was so far relieved as to be able to lie down again; but the pain, though thus lessened, kept me from sleep. After eating I was much relieved. My breakfast did for me what nothing else would do. I was cured by large doses of Morphia, after having in vain tried Quinine, Iron, Arsenic, Prussic Acid, and other remedies, singly and in combination. During the year 1848, I had under my treatment somewhere about fifty cases of Neuralgia; all of which, with one exception, yielded to treatment; but no two in succession were cured by the same medicines.”—Dr. DICKSON, in the *Chrono-Thermalist*.

DR. DICKSON AND SIR HENRY HOLLAND.

STATEMENT BY DR. DICKSON.

“ Vilified and misrepresented by the medical press of the country, as the most ridiculous heresy of modern times, the Chrono-thermal Discovery, when first brought out, proved anything but a source of gratification to its author. I was, therefore, I confess, not a little agreeably startled to find so much of my own doctrines received with such complacency by Sir. H. Holland in his observations ‘ On Morbid Actions of an Intermittent Kind,’ as they appeared in his *Medical Notes and Reflections*, in 1839. But the disappointment which followed, when I saw no mention of my name in his volume, determined me at once to send the writer a copy of the ‘ *Unity of Disease.*’ A simple note of thanks told me of its receipt. It now became clear to me that Sir H. Holland wished to appropriate to himself the merit of a discovery that was even then beginning materially to change the medical practice of England. Being at the time engaged in writing the ‘ *Fallacies of the Faculty, with the Chrono-Thermal System of Medicine,*’ I took care therein to bring the conduct of the court physician before the world ; and as soon as my charge of plagiarism was in print, I thought it only just to send a copy to Sir H. Holland himself. A letter bearing his signature, marked ‘ *private,*’ came to me shortly afterwards by way of ‘ explanation :’—but it contained no explanation whatever—it was very full of civility, and fuller still of mystification. What right had Sir H. Holland, in the position of a man charged with a mean act, to address a ‘ private’ letter to the person who publicly denounced his conduct, in the expectation that his communication would be held as confidential ? I never was his confidant ; on the contrary, I was his accuser. At the bar of the profession—the extent of whose corruption I did not then know—I had openly charged Sir H. Holland with scientific larceny ; quoting in my printed charge the passages in his book which appear in these pages, and stating at the same time the dates of our respective publications in proof. Nevertheless, I have refrained from publishing his ‘ private’ letter. But this was what I said in my reply :—

“ ‘ If to YOUR OWN observations solely, or to the works of OTHERS, you, sir, owe the sentiments expressed in the quotations made from the *Medical Notes and Reflections*, I shall be too happy to retract any remarks of mine that may appear harsh or any way unfair. If, on the contrary, the passages I have quoted from your volume were SUGGESTED by MY writings, I think it would be creditable to yourself, and just to me, that you should still say so. In either case, I shall be glad to publish, in my next lecture, any statement you may wish to make to me on the subject.’

“ Sir Henry Holland’s rejoinder was as great a curiosity as the private letter with which he first tried to talk me over and bind me to silence.

Scrupulously evading all reply to my question thus clearly and categorically put, in respect of the *authorship* of the Periodic and Febrile doctrine of all disease, Sir Henry again adopted a style of friendship which it was impossible for me to believe sincere. Reader, this letter *not* being marked 'private,' I make no scruple in giving its concluding paragraphs here, with a few running comments of my own:—

“ ‘ Without expressing *any opinion* upon the General Doctrine *you* propose [I asked no *opinion* ; I asked a *question* !], I may simply state, that no closer relation occurred to me between *this* and any passages I recollected in my own volume, than might naturally be expected on points WHOLLY SUBORDINATE TO YOUR LARGER CONCLUSIONS [a most important *private* admission which he has never yet *printed*]. To the few sentences you quote *taken from amidst old notes* [By whom made, and from what author?], I attach importance only as briefly expressing what I think to be true, and as bearing upon the topics under discussion. I did *not introduce* them as *new views* [another important *private* admission on the part of one who, with silent complacency, sees them daily placed to his credit, by his friends, in the medical journals !], nor dwell upon them further than as *subservient* to those topics. I feel assurance that you will be satisfied on these points. But, nevertheless, I do not avail myself of your kind offer to retract anything in your lecture [That offer rested on a condition as yet unfulfilled—a specific answer from him on the score of the authorship of the 'views' in question]. I may repeat (what I said before in perfect truth), that I feel at any time most anxious to avoid any sort of controversial publicity [To provoke controversy is not the best way to avoid it—all delinquents, whether morally or legally such, shrink from publicity !] ; and I shall be satisfied in knowing that this topic will not come again into print in the same light [No doubt !]. It gives me pleasure to know that you find anything of truth, or useful *suggestion*, in what *I have published* [Where did I ever express myself thus?]; and I shall feel gratified by any opportunity which may hereafter occur, of talking with you on these subjects of common interest to us, *out of print*.

“ Ever, my dear Sir, yours faithfully, H. HOLLAND.”

“ Such is the pith and marrow of a letter Her Majesty's Physician in Ordinary thought it no degradation to address to a writer who had publicly charged him with the meanest thing of which a man can be guilty—literary larceny !

“ The reader may be curious to know how Sir Henry Holland demeaned himself towards the same accusing spirit when an opportunity did 'hereafter occur' to have a little pleasant chat 'on these subjects of common interest to us, out of print.' The very first time he was asked to meet 'us' in consultation, he declined ! And more clearly to mark his deter-

mination to avoid any 'controversial *publicity*,' on the score of 'the General Doctrine *you* (we) propose,'—to wit, the doctrine of the Periodicity, Intermittency, and Febrile Nature of ALL Disease—it was Sir Henry Holland's further pleasure utterly and entirely to ignore the 'proposer' of that doctrine on two subsequent and separate occasions, when he, Sir Henry, had the best opportunity of doing 'my dear sir' that justice in public he had, to a certain extent, though reluctantly, done him in *secret*. Having written and despatched that letter, he ought never, in common decency, to have published a *second* edition of his work, far less a *third*, without therein acknowledging openly, in the true spirit of 'ever, my dear sir, yours faithfully,' as he had already in his letter acknowledged secretly, that he, Sir Henry Holland, did 'not introduce' his observations '*On Morbid Actions of Intermittent Kind*,' as 'new views; nor dwell upon them further than as *subservient* to those topics'—'on points WHOLLY SUBORDINATE TO YOUR (OUR) LARGER CONCLUSIONS.'—*Destructive Art of Healing*.

THE MEDICAL DIACONATE.

To the Editor of the Exeter and Plymouth Gazette.

"SIR,—Having already expressed to you my reasons for believing that a clergyman does not necessarily forfeit respect by combining in certain cases secular with spiritual duties, I now proceed to consider the dicta of the British Medical Association, that 'The attainment of medical knowledge is in itself a matter of a lifetime,' and that any one (a clergyman especially), venturing to relieve the bodily disorders of his poor neighbours, 'runs the risk of killing more than he cures.'

"It is doubtless quite true, that the observant medical practitioner may through life find many opportunities of adding to his knowledge, and in this sense the attainment of medical knowledge may be the matter of a lifetime. But if, by this dictum, it be meant to assert, that none can with any safety minister to the relief of bodily ailments but such as have made medicine their professional and well-nigh exclusive study, then, sir, I own, this appears to be but a piece of the same '*Red Tapism*' which led so many military authorities to ridicule the present great Volunteer movement for the defence of the country. I would willingly yield the palm of knowledge upon every subject to those who have studied it the most deeply and philosophically; but this need not make it impossible for others to have acquired at least a very useful degree of knowledge on these same subjects. The *really liberal minded* and well-educated man, who devotes his life to that study, will always retain his position, and possess the largest power in ministering to the cure of bodies. But this is hardly the question at issue, but rather, whether it be not possible for the generally well-educated

gentleman to possess such a knowledge of man's constitution, and of those means which Providence has placed within his reach for the preservation of health, as will enable him to relieve his own ailments and those of his poorer neighbours, to a very considerable extent; and perhaps with as much success as those who, though legally qualified to practise medicine as apothecaries, may not always have carried their researches much beyond this starting-point in their profession.

“Of course, there will always be cases of incurable disease, and others such as to call forth the utmost skill of the most talented physician; but the successful treatment, after all, of the great mass of disease, does not seem so great a mystery as some would have us suppose.

“In 1836, if I mistake not, Dr. Dickson published his conviction, that there is a *unity* in all disorders, of which *ague* or *intermittent fever* is in his judgment the *type*. That again, all disorders, at least in their earlier stages, have periods of *remission* recurring with more or less regularity.

“And hence his simple method of treatment, which advises in every case, to take advantage of these periods of remission, to support and strengthen the patient for a successful struggle with the paroxysm of disorder, should it recur, and to *postpone* or *prevent* the recurrence of the paroxysm, by administering the various well-known remedies for fever.

“The simple question is (and it is one which every man of common sense can answer for himself), will this theory of the *unity*, *remittency*, and *periodicity* of all diseases, stand the test of experience?

“Let me ask, does not every one, on the approach of disease, use some such language as this: ‘I am sure I shall be ill, I don't know what is come to me; I am so cold and chilly, or I am so hot and burning in my skin,’ according as the hot and cold stage is present, and this *without the least reference to the peculiar development of the disorder* which may follow? It was by asking myself this and similar questions, that I first convinced myself that Dr. Dickson's theory was true; and by following the advice which, some two or three years since, he most kindly gave me, in favour of my poor neighbours, I may safely say that I have not practically found, novice as I was in the healing art, that I have ‘run any risk of killing more than I cured’—although the diseases of my somewhat numerous patients have been pretty various, and not unimportant in their character.

“But, sir, one principal reason for this happy success has been, that my poor neighbours come to me as soon as ever they are ill, and do not wait for the development of their disorders. This, alas! they too often do, before applying to a medical man. They are afraid of the expense. They have no messenger to send to the distance at which he resides. The overseer is from home, and they cannot get an order for the medical officer of their union, and thus most valuable time is unfortunately lost.

“ Now, the parson has none of these difficulties in his way, and thus is enabled to administer his simple remedies at the very earliest moment, and consequently with the best possible prospect of success.

“ Dr. Dickson’s instructions were given me during the short period of a professional visit to my wife, and have called forth great thankfulness to ‘ The London Doctor,’ as they call him, from my poor neighbours.

“ Where, then, is the impossibility of good and great results from a regular instruction of the clergy, especially of the country clergy, in the healing art ; or, at all events, of such of them as are conscious of any aptitude for such a study ?

“ I believe among our own poor at home, quite as much as among the heathen inhabitants of other lands, the gospel truths will not be less readily listened to from the lips of the Ministers of God, whose head and hands have contributed to the alleviation and the cure of bodily disease.—I am,
&c.,

“ W. H. KARSLAKE.

“ *Meshaw Rectory, Southmolton, October 3rd, 1860.*”

EVIDENCES OF MILITARY MEDICAL OFFICERS AND OTHERS, IN FAVOUR
OF THE CHRONO-THERMAL SYSTEM.

Dr. HUME, Principal Medical Officer at Fort Pitt, Chatham, writes thus :—

“ Deny it who please, Dr. Dickson’s writings have forced—though not to the full extent—a change upon the practice of the men who conspire to cry him down. They have all but worked a complete revolution in *Army* practice ; and when I look to what is going on in *Civil* life, I may say the same of the whole medical world. It is as difficult at this moment to find a doctor or apothecary under forty who bleeds at all, as it was to find one who did not bleed in almost every case when Dr. Dickson first startled the profession with the announcement of his new manner of treating diseases. All now plagiarize him more or less—even those who abuse him most. My various Annual Reports to the Director-General of the Medical Department of the Army, testify to the success of the Chrono-Thermal practice, and to its immeasurable superiority over all other modes of treatment.”—Dr. HUME, in *Chrono-Thermalist*.

Dr. DARTNELL, Inspector-General of Hospitals, thus writes to Dr. Dickson from Chatham :—

“ The profession, for some years past, have been gradually adopting

your views without having the honesty or manliness to acknowledge them I can assure you that since I read your '*Fallacies of the Faculty*,' in 1843, I have never used a lancet; and my only regret now is that I had ever used one at all. Shortly before I left India, in 1831, I was bled largely myself, contrary to my own earnest entreaties, and the effect upon me was such, that from that time I very rarely used the lancet for others; and after reading your book, I gave it up altogether. In Canada I was once called to see an officer who had fallen down in an apoplectic fit—a powerful young man, of full robust habit. His family stared in astonishment and alarm when I declared that I should not bleed him, and even hinted that if I did not do so, they would lay his death to my door. I did not bleed him, and fortunately for me, as well as for my patient, he recovered. I treated him on your plan. His feet were put in a mustard bath while I poured a stream of cold water on his head. I have done the same many times since, and have not lost an apoplectic patient."

Dr. MACKINTOSH, Principal Medical Officer of Ordnance, Southsea, thus writes to Dr. Dickson:—

"Southsea, May 18th, 1857.

"MY DEAR SIR,—I have just re-read, with renewed interest and benefit, your '*Fallacies of the Faculty*,' and I fully subscribe to the value of your ideas and practice therein contained.

"I have been now seventeen years a Surgeon of Artillery, and have had extensive practice in different parts of the world. For the last sixteen years I have been practising medicine after your own model, and always with the most marked success. I was one of the first who decried *blood-letting*, leeching, cupping, and other butcher-like practice in our extensive Military Hospital at Woolwich, and fully proved to all who looked on, that your Chrono-Thermal treatment, more especially in the acute cases of young recruits, so abundant in that hospital, was the only scientific, and the most successful treatment.

"At page 193 of the '*Fallacies*,' you mention the name of my father (the late Dr. Mackintosh, of Edinburgh) in connection with blood-letting, in 1825. I used to attend cases with him in his after years, and I well remember that, although he never gave up the *lancet*, he used the cold douche, emetics, opium, and other remedies of your Chrono-Thermal System; and I am sure that had he read your '*Fallacies of the Faculty*,' he would willingly have admitted the great and valuable services you have rendered to mankind, by your fearlessness and talent.—Yours very truly,

"W. H. MACKINTOSH, M.D., Surgeon; Royal Artillery.

Dr. Dickson, 28, Bolton Street, Piccadilly.

Dr. JOHN FINDLEY, Surgeon, Royal Navy, while stationed off the African Coast, thus wrote in praise of Chrono-thermalism, in the treatment of the fevers of the tropics :—

“ Epidemics we do not lack, and, though not molested with influenza, or cholera, we have a fiercer enemy to contend with in the shape of Bilious Remittent Fever, peculiar to the tropics. During the last three months, I have had *sixty-six* cases without losing one. I have stuck entirely to DICKSON’S practice. None of your bleeding, leeching, salivating, and drugging; but QUININE in large doses! This knocks the disease on the head at once, and your patient recovers, not a blanched and wretched remnant of humanity, but in a few days is as useful as ever.”

Dr. MOFFIT, H.M.S. *Arethusa*, in corroboration of Dr. Findley’s statement, writes thus to Dr. Dickson :—

“ I must first tell you I was first led to employ Chrono-thermal medicines in a case of Remittent Fever, in Rio Janeiro, by one who had, without acknowledgment, adopted your practice; and the effects were so startling that I never dared return to the old practice; had I got your book then, it would have saved me a world of trouble, for I had all my old prejudices to contend with. A subsequent commission of nearly five years on the West and East coasts of Africa, brought me in contact with the Fever peculiar to these coasts; and although I had many very bad cases, all terminated favourably; and the great dread I felt of the African Fever gave way to the delightful feeling, that at last a remedy was found for this hitherto fatal disease, in Chrono-thermal treatment, which I look upon as the true KEY TO OPEN AFRICA to the commerce of the world. It affords me much pleasure to add, that I have been enabled to inoculate many of my brother officers with your doctrines; and I hope the day is not far distant, when the medical officers in Her Majesty’s Navy will be Chrono-thermalists to a man. I know well, if they once give the system a fair trial, they will never leave it off again, until the last trace of the bleeding, blistering, and calomelizing system is purged from their minds. During the whole of my practice in Her Majesty’s service, I am not conscious of having slain any one; and I think, under God, I am indebted to you for this happy result; and I will ever feel much pleasure in acknowledging you as my chief in the healing art, and sitting at your feet for further instructions.”

Dr. LACOMBE, Physician to the Military Hospital of Puerto Cabello, Venezuela, writes to Dr. Dickson under date 2nd April, 1850 :—

“ The Chrono-thermal practice is indubitably the most efficacious in

every kind of fever, as will be readily admitted by all capable of forming a fair judgment—should *interest* not interfere. In former years, the general practice of this country, in fever, was bleeding in the first stage of the disease; and the average of deaths was from 20 to 30 per cent. The average of deaths now, since bleeding is less used, is only from $2\frac{1}{2}$ to 4 per cent. Dr. Otto Urich, a respectable medical gentleman, of the Island of Trinidad, told me—some years ago, in Caracas—that the average of deaths, in the above island, when bleeding was profusely used there, was 48 per cent. in cases called ‘Fever.’ If the approval of your system of medicine, by one so out of the world, can be of any service to its extension, pray use this letter as you think proper.”

Dr. BRETT, a medical officer, attached to the Fever Hospital, Brownlow Hill, Liverpool, where fever is generally of the Typhoid form, under date November, 1847, writes thus:—

“ I have treated 700 cases of the worst form of FEVER, Chrono-thermally, with extraordinary success. The general mortality of Liverpool has been 1 in 6. My deaths have been only 1 in $10\frac{1}{2}$. This is a great difference.”

Dr. DUNCAN, of Lochalsh, thus writes to Dr. Dickson:—

“ *Lochalsh, Ross-shire, N.B., 4th Feb., 1859.*

“ SIR,—I feel I owe you a debt both of honour and of duty, which I ought to have discharged long ago; however, it is ‘better late than never.’

“ I have read several of your valuable medical works, with as much pleasure as I did Robinson Crusoe, or Don Quixote, in my school-boy days; and with infinitely more profit, in a practical point of view, than the most elaborate treatises on disease. I have in my possession the ‘*Fallacies of the Faculty*,’ the ‘*Unity of Disease*,’ the ‘*Chrono-Thermalist*,’ and ‘*The Destructive Art of Healing*;’ and have read them all over and over again, and each time with increased delight and instruction.

“ I happened, one lucky day, to be ransacking the library of an old medical friend, in search of medical works, and accidentally came upon the gem—hidden amongst a lot of rubbish, ancient and modern—your *Fallacies of the Faculty*. ‘*Fallacies of the Faculty!*’ I ejaculated; ‘that’s surely a strange work.’ And having naturally a great liking for anything in the shape of satire, I promised myself some amusement from the perusal of it, conceiving that it must be full of jokes at the expense of the doctors, but not anticipating profit as well as pleasure.

“ As I had no disposition to put implicit faith in the teachings of my

professional preceptors, and wished to reserve to myself the right of honest doubt, I can assure you that its doctrines and precepts fell like good seeds on a genial soil ready for their reception; and they have sprung up, and yielded me a crop of very precious fruits. I have ever since been a willing disciple and faithful follower of the system, and my success has been commensurate with its sense and simplicity. I have never once used a lancet or a leech in my practice.

“ In conclusion, allow me, sir, to express my great respect for you as the first reformer of medical abuses in this country; nay, more, as a general benefactor to mankind. I feel myself under many and great obligations to you, as the person who first taught me how—

“ ‘ To render with my precepts less
The sum of human wretchedness,
And strengthen man with his own mind.’

Your writings were the means of strengthening my heart and hands, dispelling my doubts, and allaying my fears; so that my hopes are no longer vain, nor my efforts fruitless.—I am, honoured sir,

Most respectfully yours, “ GEO. DUNCAN, M.D.

“ *Samuel Dickson, Esq., M.D., Piccadilly, London.*”

Dr. EMERSON KENT thus writes to Dr. Dickson, from Rhode Island, 13th February, 1853 :—

“ MY DEAR SIR,—It affords me much pleasure to inform you that, at a meeting of the Board of Corporators and the Faculty of the Penn Medical College of Philadelphia, you were unanimously elected Professor (Emeritus) of the Principles and Practice of Medicine.

“ In communicating to you the above, believe me, dear sir, I only express the feelings of every member of the Faculty of the Penn Medical College of Philadelphia, when I assure you that your acceptance of the position to which you have been so unanimously elected will be a source of unalloyed pleasure to those whose teachings and practice are only the reflection of those great truths, for which we and the world are indebted to the author of ‘ *The Fallacies of the Faculty.*’ You will receive, ere long, from the secretary, an official certificate of election, attested by the corporate seal of the College. Wishing you health and long life, and hoping soon to see you face to face, I am, my dear Doctor, most truly and most respectfully yours,

“ J. EMERSON KENT, -

“ *Prof. of Mat. Med. and Gen. Therapeut. in
the Penn. Med. Col. of Philadelphia, and
Chairman of Com. Correspondence.*

“ *Samuel Dickson. Esq., M.D., Bolton Street, London.*”

As the Penn Medical College is empowered by the Legislature of the State of Pennsylvania to grant degrees in medicine, the English reader may possibly peruse with some interest the following extract from the first announcement of an Institution which examines in physic on the Chrono-Thermal principles and practice:—

“The Faculty of the Penn Medical College believe in the Unity of ALL Diseases, as characterised by Intermittency and Periodicity;—a principle to be distinctly avowed and sustained as a fundamental principle in medical science; a principle first suggested by Hippocrates, more than twenty-three centuries ago;—a living principle in harmony with the harmonies of nature, and without the acknowledgment of which no system of medicine can possibly be of universal application.* The teachings of the Professors of the New College, so far as the subject comes within the province of the *proper chairs*, will fully develop, maintain, prove, and defend that harmonious system of medicine, which embraces the *Unity* and *Integrity* of the living body, the Intermittency and Periodicity of its functions, and the intermittency, periodicity, and changes of temperature which mark the revolutions of universal nature. *Time* or *Period* (Chronos) and *Temperature* or *Heat* (Therma) are elements of every system in nature; yet these universal elements are nowhere found in any system of medicine hitherto taught in the Schools. Such a system nevertheless exists, and for its development we are indebted to that master-mind—SAMUEL DICKSON, of London—a system which, in harmony with the universal harmony of all nature, acknowledges every power and principle in creation, and avails itself of all natural means in the treatment of disease; a system which boasts the fertility and not the paucity of its resources; which appeals from *authority* to *examination*, and, rejecting antiquated dogmas and conflicting theories, demands statistics; a system which employs little medicine, saves an immense amount of suffering, greatly shortens the duration of disease, and effects an unparalleled reduction in the number of deaths; a system from which the bleeding lancet, leeching, and every other form of blood-letting, is rejected, and rejected for reasons which are based upon indisputable truths. In proof of the safety and universality of the application of the Chrono-Thermal System, its supporters are ever ready to compare its results—its numerical cures—with the curative results of all other systems—disease for disease, case for case, period of continuance with period of continuance,” &c., &c.

* On which statement Dr. Dickson makes this remark:—“The only allusion to Periodicity that I can find in Hippocrates, is his doctrine of “critical days” in Fevers—days on which, according to him, when these diseases do not terminate fatally, a tendency to cure may be expected. In my own experience, I have failed to discover any such. The tendency to cure differs with almost every individual case. It may, moreover, be hastened or retarded, according to the treatment employed.”

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FALLACIES OF THE FACULTY.

LECTURE I.

INTRODUCTION—PHENOMENA OF HEALTH AND SLEEP—DISEASE
AND ITS TYPE—CAUSES.

GENTLEMEN,

WE daily hear of the march of intellect, of the progress or perfection of many branches of science. Has MEDICINE kept pace with the other arts of life,—has it fallen short or excelled them in the rivalry of improvement? This question will be variously answered. The more youthful and inexperienced members of the profession will naturally assign a high degree of excellence to their favourite pursuit; some of them may even smile at a question which they suppose has been long settled: but these rely for the most part on two great sources of error, the boasting assertions of disingenuous teachers, and the misrepresentations of the medical press; the greater number of which publications, like the newspapers of the day, being nothing more than the mere organs of party, have an object in crushing down and mystifying every truth that might militate against the interests of particular colleges and schools. The late Sir William Knighton was at the head of his profession—he was moreover physician to George the Fourth; and as he joined to a great deal of worldly wisdom and sagacity a competent knowledge of the medical science of his age, may I beg you to lend me your attention while I give you his opinion of the later state of our art: “It is somewhat strange,” he says, “that though in many arts and sciences, improvement has advanced in a step of regular progression from the first, in others it has kept no pace with time, and we look back to ancient excellence with won-

der not unmixed with awe. Medicine seems to be one of those ill-fated arts, whose improvement bears no proportion to its antiquity. This is lamentably true, although Anatomy has been better illustrated, the *Materia Medica* enlarged, and Chemistry better understood." So much for the honest declaration of one eminent physician. Take the equally candid opinion of another. You have all heard of the celebrated Dr. Baillie, of whom his cotemporary Gregory said, "he knows nothing *but* Physic,"—meaning, that he cultivated it to the neglect of every other branch of knowledge. Well, when he was in full practice, what did he do? Why, he humbugged the multitude, and made them believe he knew a great deal, but when he left off guinea-taking and retired into the country, he had no scruple in declaring he had no faith in Medicine whatever! Gentlemen, you must not suppose from this that the fortunate doctor meant that people had been all along dreaming when they believed opium could produce sleep, mercury salivate, and rhubarb purge. No such thing; he only confessed that he knew nothing of the manner of action of these substances nor the principle upon which they should be used. Now, what would you think of a sailor who should express himself in the same way, in regard to the rudder and compass,—who should tell you that he had no faith in either instrument as a guide to steer a vessel by? Why, certainly that he knew nothing of the profession by which he gained his living. And such really was Dr. Baillie's case. The great bulk of mankind measure the professional abilities of individuals solely by their degree of reputation—forgetting Shakspeare's remark, that a name is very often got without merit and lost without a fault. That Baillie actually attained to the eminence he did, without any great desert of his, what better proof than his own declaration?—a declaration which fully bears out what Johnson tells us in his life of Akenside, "A physician in a great city (he says) seems to be the mere plaything of fortune; his degree of reputation is for the most part totally casual: they that employ him know not his excellence—they that reject him know not his deficiency." But still, some of you may very

naturally ask, how did Dr. Baillie, in such a blissful state of ignorance or uncertainty, contrive to preserve for so long a period his high position with the *professional* public? This is the answer: The profession being, every man of them, as ignorant as himself, were easily stultified by his greater pretension to sagacity, to say nothing of the dexterity with which he employed a long farrago of medical jargon—jargon, which, though not one of them understood, not to appear fools they all pretended they did understand! Dr. Baillie was a man of the world, and he took advantage of its two great weaknesses—ignorance and vanity. When the apothecaries called him in, he praised their skill and flattered their prejudices. A little attention to their interests in the quantity of physic he ordered, was also a ready way of succeeding as a London doctor. To impose upon mankind is to secure your fortune; to tell them a truth they did not know before, is to make your ruin equally sure. How was the exposition of the Circulation of the Blood first received? Harvey, its discoverer, was persecuted through life; his enemies in derision styled him the *Circulator*, a word in its original latin, signifying “vagabond” or “quack;” and their efforts to destroy him were so far successful, that he lost the greater part of his practice through their united machinations. You all know that when a limb is amputated, the surgeons, to prevent the patient bleeding to death, tie the arteries. Before the time of Francis the First, they were in the habit of staunching the blood by applying boiling pitch to the surface of the stump. Ambrose Parè introduced the *ligature* as a substitute—he first tied the arteries. What was the reward of Ambrose Parè? He was hooted and howled down by the Faculty of Physic who ridiculed the idea of putting the life of man upon a thread, when boiling pitch had stood the test of centuries! In vain he pleaded the agony of the application—in vain he showed the success of the ligature. Corporations seldom forgive merit in an adversary,—they continued to persecute him with the most remorseless rancour. Is there a physician now-a-days who would dispute the value of Antimony as a medicine? Who first introduced it

into practice? Paracelsus. But Paracelsus was not a fellow of the College of Physicians of Paris; the Parisian doctors were therefore, by the rules of their order, bound to oppose the introduction of antimony as a crime. A crime it was accordingly voted; and the French parliament, at the instigation of the college, passed an act which made it penal to prescribe it. To the Jesuits of Peru, Protestant England owes the invaluable bark. How did Protestant England first receive this gift of the Jesuits? Being a popish remedy, they at once rejected the drug as the invention of the father of all papists—the devil. In 1693, Dr. Groenvelt discovered the curative power of Cantharides in dropsy. What an excellent thing for Dr. Groenvelt!—Excellent indeed; for no sooner did his cures begin to make a noise than he was at once committed to Newgate by warrant of the president of the College of Physicians for prescribing cantharides internally. Blush, most sapient college of physicians—your present president, Sir Henry Hallford, is a humble imitator of the ruined Groenvelt! Before the discovery of *Vaccination, inoculation* for small-pox was found to mitigate greatly that terrible disease. Who first introduced small-pox inoculation? Lady Mary Montague, who had seen its success in Turkey. Happy Lady Mary Montague! Her rank, sex, beauty, genius, all doubtless conspired to bring it into notice. Listen to Lord Wharnccliffe, who has written her life, and learn from his story this terrible truth—that *persecution* ever has been, and ever will be the only reward of the benefactors of the human race. “Lady Mary,” says his lordship, “protested that in the four or five years immediately succeeding her arrival at home, she seldom passed a day without repenting of her patriotic undertaking; and she vowed she never would have attempted it if she had foreseen the vexation, the persecution, and even the obloquy it brought upon her. The clamours raised against the practice, and of course against her, were beyond belief. The faculty all rose in arms to a man, foretelling failure and the most disastrous consequences; the clergy descanted from their pulpits on the impiety of thus seeking to take events out of the hands of Providence; and

the common people were taught to hoot at her as an unnatural mother who had risked the lives of her own children. We now read in grave medical biography, that the discovery was instantly hailed, and the method adopted by the principal members of that profession. Very likely they left this recorded—for, whenever an invention or a project, and the same may be said of persons, has made its way so well by itself as to establish a certain reputation, most people are sure to find out that they always patronized it from the beginning, and a happy gift of forgetfulness enables many to believe their own assertion. But what said Lady Mary of the actual fact and actual time? Why, that the four great physicians deputed by government to watch the progress of her daughter's inoculation, betrayed not only such incredulity as to its success, but such *an unwillingness to have it succeed*,—such an evident spirit of rancour and malignity, that she never cared to leave the child alone with them one second, lest it should in some secret way suffer from their interference.”

Gentlemen, how was the still greater discovery of the immortal Jenner received—Vaccination? Like every other discovery—with ridicule and contempt. By the royal college of physicians, not only was he persecuted and oppressed, but the pedants of that most pedantic of bodies, declined to give him their license to practise his profession in London, because, forsooth, he, a man of deeds not words, very properly declined to undergo at their hands a schoolboy examination in Greek and Latin. But, even religion and the Bible were made engines of attack against Jenner. From these Errhman of Frankfort deduced his chief grounds of accusation against the new practice; and he gravely attempted to prove from quotations of the prophetic parts of Scripture, and the fathers of the church, that vaccination was the real *antichrist*! How can you wonder that medicine should have made so little progress, if those only make fortunes by means of it who know nothing more than the jargon and crudities which pass for medical science with the vulgar? The sight which two thousand years ago Solomon saw, *you*, gentlemen, with your

own eyes have seen, "he returned and saw *under the sun, that there was neither bread to the wise, nor riches to men of understanding, nor favour to men of skill.*"

Gentlemen, the ancients endeavoured to elevate physic to the dignity of a science, but failed. The moderns, with more success, have endeavoured to reduce it to the level of a trade. Till the emoluments of those who chiefly practise it cease to depend upon the quantity of useless drugs, they mercilessly inflict upon their deluded patients—till surgeons shall be other than mechanics, and physicians something more than mere puppets of the apothecary—till *the terrible system of thimblery and collusion* at present prevailing in our cities and towns be exposed, the medical art must continue to be a source of destruction to the many—a butt for the ridicule of the discerning few. The Wits of every age and country have amused themselves at the expense of the physician; against his science they have directed all the shafts of their satire; and in the numerous inconsistencies and contradictions of its professors they have found matter for some of their richest scenes. Moliere, so long the terror of the apothecaries of Paris, makes one of his *dramatis personæ* say to another,—“Call in a doctor, and if you do not like his physic, I’ll soon find you another who will condemn it.” Rousseau shewed his distrust of the entire faculty, when he said, “science which instructs, and physic which cures us, are excellent certainly; but science which misleads, and physic which destroys, are equally execrable; teach us how to distinguish them.” In the early part of his life, Lord Byron suffered from a severe fever—how was he cured? “By the blessings of barley water, and refusing to see his physician!” Such was his own reply to a friend to whom he wrote an account of his illness. When compelled at a future day to adopt a more orthodox treatment *for an attack precisely similar*, his lordship was not equally fortunate. On that last sad occasion, as we shall too surely prove, he fell a victim to the fallacy of the medical art, as taught in our schools.

So completely at variance with each other are the greatest medical authorities on every subject in medicine, that I do

not know a single disease in which you will find any two of them agreeing. Take the subject of Pulmonary Consumption, for example. "One physician (Stohl) attributes the frequency of consumption to the introduction of the Peruvian bark. Another (Morton) considers the bark an effectual cure. A third (Reid) ascribes the frequency of the disease to the use of mercury. A fourth (Brillonet) asserts that it is only curable by this mineral. A fifth (Rush) says, that consumption is an inflammatory disease, and should be treated by bleeding, purging, cooling medicines and starvation. Whilst a sixth (Salvadori) says it is a disease of debility, and should be treated by tonics, stimulating remedies, and a generous diet. Galen recommended vinegar as the best preventive of consumption. Dessault, and others, assert that consumption is often brought on by a common practice of young people taking vinegar to prevent obesity. Dr. Beddoes recommended foxglove as a specific in consumption. Dr. Parr found foxglove more injurious in his practice than beneficial."—[*Sir Arthur Clarke.*] Now what are we to infer from all this? Not, as some of you might be tempted to believe, that the science is deceptive or incomprehensible throughout, but that its professors to this very hour have neglected to make themselves acquainted with the true principles upon which remedies act, and know as little of the true nature of the diseases whose treatment they so confidently undertake. And what is the daily, the hourly result of this terrible ignorance and uncertainty? In the words of Frank, "*thousands are slaughtered in the quiet sick-room.* Governments (he continues) should at once either banish medical men and their art, or they should take proper means that the lives of people may be safer than at present, when they look far less after the practice of this dangerous art, *and the murders committed in it, than after the lowest trades.*"

We are told by the ingenious John Brown, that he "*wasted* more than twenty years in learning, teaching, and scrutinizing Medicine. The first five years passed away in hearing others, studying what he had heard, implicitly believing it, and entering upon the possession as a rich and valuable

inheritance. His mode of employment the next five years was to explain more clearly the several particulars,—to refine and give them a nicer polish. During the next equal space of time, because no part of it had succeeded to his mind, he became cold upon the subject, and with many eminent men, even with the vulgar themselves, began to deplore the healing art as altogether uncertain and incomprehensible. All this time passed away without the acquisition of any advantage, and of that which of all things is most agreeable to the mind—the light of truth; and so great, so precious a portion of the fading and short-lived age of man was lost. It was only betwixt the fifteenth and twentieth year of his studies that, like a traveller in an unknown country, wandering in the shade of night, after losing every trace of his road, a very obscure gleam of light, like that of the first break of day, dawned upon him.”

Gentlemen, it was my fortune to be more early staggered with the inadequacy of received doctrines either to explain disease or cure it. I therefore determined to read anew the Book of Nature, and study it by the light of such common sense as God had given me, rather than trust any longer to the reports of fallacious commentators. To this investigation I came with a different spirit from that with which I entered the schools of physic. In my noviciate I yielded implicit faith to my teachers. In my later researches after truth, I have had to guard myself as much against a too rigorous scepticism of their facts as a too great contempt of their opinions. In the words of Lord Bolingbroke, I can truly say, “few men have consulted others, both the living and the dead, with less presumption and in a greater spirit of docility than I have done; and the more I have consulted the less I have found of that inward conviction on which a mind that is not absolutely implicit can rest. I thought for a time that this must be my fault. I distrusted myself, not my teachers—men of the greatest name, ancient and modern; but I found at last it was safer to trust myself than them, and to proceed by the light of my own understanding, than to wander after these *ignes fatui* of philosophy.”

After a long and diligent scrutiny of nature in this spirit, I have at last been enabled to place before the profession a doctrine of disease, which, when its unity of principle and universality of application have been fairly tested, will not only contrast somewhat curiously with the contradictory opinions and pretensions of the schools, but will, I hope, by the superiority of its practical results, tend to rescue physic and physicians from the obloquy and contempt with which the more thinking part of the public have too long looked upon both.

The object of these lectures is to prove the UNITY or IDENTITY of all morbid action, and the unity and identity of the source of power of the various agencies by which it may be caused or cured. "The universe," says an eminent foreigner, "to him who should have sufficient comprehension to behold it at a single view, would only appear one great fact—one mighty truth." And in the same spirit, Sir James M'Intosh observes, "the comprehensive understanding discovers the *identity* of facts which seem dissimilar, and binds together into a system the most apparently unconnected and unlike results of experience."

The most perfect system has ever been allowed to be that which can reconcile and bring together the greatest number of facts that come within the sphere of the subject of it. In this consists the sole glory of Newton, whose discovery rests upon no higher order of proof. How was his discovery received on its first announcement? In the words of Dr Chalmers, "authority scowled upon it; and taste was disgusted by it; and fashion was ashamed of it: and all the beauteous speculation of former days was cruelly broken up by this new announcement of the better philosophy, and scattered like the fragments of an aerial vision over which the past generations of the world had been slumbering their profound and their pleasing reverie." For upwards of ten centuries had the false philosophy of Aristotle enslaved the minds of civilized Europe, thus at last to perish and pass away! So that time itself is no sure test of a doctrine, nor ages of ignorance any standard by which to measure a system. To

nature, eternal nature, must truth ever make her first and last appeal. By this, and this only, am I willing that the new fabric of medicine which I have presumed to erect upon the ruins and reveries of the past, should be tested and tried. Till the world shall detect one real—one indubitable fact militating against the views I am now about to develop, let not innovation be charged against me as a crime. Hippocrates, Galen, Boerhaave, Cullen, medical giants in their time, were all innovators, nay, revolutionists in physic. The revolution I meditate, unlike those of some of my predecessors, is at least free from the imputation of being either painful or sanguinary in its character. The only agents it rejects are the leech, the lancet, and the cupping instrument. Let us now enter upon the development of this NEW, but NATURAL SYSTEM.

Man, who in those higher powers of reflection, inference, and direction, which we term *Intellect* or *Mind*, stands pre-eminent above all other animals, is yet, in so far as regards the more immediate observation of things around him, excelled in some respects by many. The eagle has a finer and farther sight; the hearing of the mole is more acute; the dog and the vulture distinguish odours wholly inappreciable by him; not a few of the wilder denizens of the forest have even a keener sense of taste and touch. In perceptive power, then, the beasts of the field are in some things permitted to surpass him,—while the sagacity of the elephant, the foresight of the ant, and the social and building habits of the beaver, declare to him, however displeasing the announcement, that his great general superiority over all of them, consists principally in the possession of a more *complex cerebrum*; with a corresponding increase of the intellectual faculties. But the rudiments of many of these faculties variously developed, may be detected in numerous links of the great chain of animated beings of which he is confessedly the head. To every variety of race that animates the globe, whether in external or internal configuration, we have undeniably many features of relationship; nor let us spurn even the meanest and most shapeless as beneath our

notice ; for of every organic production of their common Maker, man, while yet in the womb of his parent, has been the *type* !—his fœtal form successively partaking of the nature of the vegetable, worm, fish, and reptile, and rapidly traversing still higher gradations in the scale of organized existence, to burst at last upon the view in all the fulness and fairness of the perfect infant. Like theirs, his body built up from the external world, grows, decays, and dies. When injured in any of its parts, it has similar powers of repair and reproduction. Strange that such powers should be greatest the farther we descend the scale ! In the crab and lobster, for example, whole limbs may be severed and reproduced ; in the worm, the regeneration of half the body may take place ; while in man, the highest of the chain, only limited portions of a tissue can be materially injured and recover. Disease, like death, is the lot of all. To understand either aright, we must first know what Health is. In the state of

HEALTH,

an equable and medium temperature prevails throughout the frame. The voluntary and other muscles obey with alacrity the several necessities that call them into action. The mind neither sinks nor rises but upon great emergencies ; the respiration, easy and continuous, requires no hurried effort, no lengthened sigh. The heart is equal in its beats, and not easily disturbed ; the appetite moderate and uniform. At their appointed place and *period* the various secreting organs perform their office. The structures of the body, so far as bulk is concerned, remain to appearance, though not reality, unchanged ; their possessor being neither encumbered with obesity, nor wasted to a shadow. His sensorium is neither painfully acute nor morbidly apathetic ; he preserves in this instance, as in every other, a happy moderation. His sleep is tranquil, dreamless.

If we analyze these various phenomena, we shall find that they all consist in a series of alternate motions—motions, for the fulfilment of which, various spaces of time are requisite ; some being diurnal, some recurring in a greater or less num-

ber of hours, while others exhibit a minutory or momentary succession. At morn, man rises to his labour ; at night, he returns to the repose of sleep ; again he wakes and labours—again at the appointed *period* he “steeps his senses in forgetfulness” once more. His lungs now inspire air, now expel it—his heart successively contracts and dilates—his blood brightens into crimson in the arterial circle of its vessels—again to darken and assume the hue of modena in the veins. The female partner of his lot—she, who shares with him the succession of petty joys and sorrows, hopes and fears, which make up the day-dream of life, has yet another revolution, the *catamenial* ; and *parturition*, or the process by which she brings their mutual offspring into the world, is a series of pains and remissions.

Every atom of the material body is constantly undergoing a revolution or alternation ;—fluid or aëriform one hour, it becomes solid the next—again to pass into the fluid or aëriform state, and ever and anon varying its properties, colours, and combinations, as in brief but regularly *periodic* succession it assumes the nature of every organ, tissue, and secretion entering into, or proceeding from the corporeal frame. “It is every thing by turns, and nothing long.”

Gentlemen, there can be no motion in matter *without change of temperature*, and no change of temperature *without motion in matter*. This is so indisputable an axiom in physics, that Bacon and others supposed motion and change of temperature to be one and the same. You cannot, for example, rotate a wheel for a few seconds, without heat being produced and the iron that binds it becoming expanded ; in other words, it exhibits a motion *outwards* ;—when the same wheel is allowed to stand still, the temperature falls, and the iron hoop decreases in size. There is in that case motion *inwards*. By the same law, if, even in the middle of winter, you run for any length of time, you shall become heated and bloated ; and you again shrink in size when you stand still to cool yourselves. Those who ascribe the source of animal heat exclusively to the lungs, seem to have forgotten these facts ; they have forgotten, that in the constant mutation of

its atoms, every organ, nay, every atom of that organ, being ever in motion, must equally contribute to this end; for to this common law of ALL matter, every change in the body is subjected. The powers by which the corporeal motions are influenced, are the same that influence the motions of every kind of matter, namely,—the electric, mechanical, and chemical forces, and the force of gravitation. When rightly considered, the whole of these powers resolve themselves into ATTRACTION and REPULSION. It is by *attraction* that the fluid matter of the blood first assumes the solid consistence of an organ; again to pass by *repulsion* into the fluidity of secretion. *From* the earth and *to* the earth, the matter composing our bodies comes and goes many times even in the brief space of our mortal existence. In this, the human system resembles a great city, the inhabitants of which, in the course of years, are constantly changing, while the same city, like the body, betrays no other outward appearances of change than what naturally belongs to the periods of its rise, progress, maturity, or tendency to decay.

The last, and one of the most important of the revolutions of the healthy state, is

SLEEP.

Philosophers of all ages have made this an object of their most anxious study, its relation to death perhaps being their chief inducement to do so. "Half our days," says Sir Thomas Browne, "we pass in the shadow of the earth, and [sleep] the brother death extracteth a third part of our lives." In the state of perfect sleep, the pupil of the eye will not contract on the approach of light—the skin has no feeling—the ear no sense of hearing—the taste and the smell are not to be roused by any of the ordinary stimuli. What is this but a periodic death—a palsy or cessation of internal motion of the nerves by which we maintain a consciousness of existence and perceive our relationship with the world around us? Broken sleep consists either in brief remissions of the whole sleeping state, or in a wakefulness of one or more of the five senses. There are individuals, for example, who always sleep

with their eyes open, and who should see you, were you to enter their chamber with the most noiseless tread. These tell you they are always half awake. In the condition of body termed *nightmare*, there is a consciousness of existence with a wakefulness of the nerves of sight or feeling; but with a total inability to influence the voluntary muscles by any effort of the will. The subject of it can neither sleep nor turn himself. The dreamer, portions of whose brain think, and therefore act or move, is partially awake. The *somnambulist* and *sleep talker*, are dreamers, who, having portions of the brain in a state of action, and others torpid, perform exploits of deed or word, that bring you in mind of the maniac and the drunkard, whose powers of judging are defective. A man may be entirely awake with the exception of a single member; and this we still refer to a torpid state of some portion of the brain. Such a man will tell you that his arm or leg is asleep or dead. And here I am reminded of a medical officer of the army, who told me the following anecdote of himself: While serving in the East Indies, he awoke one night suddenly, and his hand came in contact with a cold animal body, which his fears magnified into a cobra capel. He called out accordingly, as lustily as he could, "a snake! a snake!" but before his servants appeared, he found he had mistaken his own sleeping arm for this most unwelcome of oriental intruders!

Let us now speak of

DISEASE.

Till the hour of sickness comes, how few non-medical persons ever think of a subject which ought to be of interest to all. The same men who discuss with becoming gravity the artificial inflections of a Greek or Latin verb, neglect to inform themselves of the natural laws that govern the motions of their own bodies! No wonder that the world should be so long kept in darkness on medicine and its mode of action,—no wonder that even educated persons should still know so little of the proper study of mankind—MAN! In the throes of disease, the early priests imagined they detected the workings

of demons. The medical theorists, on the contrary, attributed them to morbid ingredients in the blood or bowels. One age bowed the knee to an "acrimony" or "putridity." Another acknowledged no cause but a "crudity," an "acidity," or a "humor." The moderns hold the notion that a mysterious process, which they term "inflammation," is the head and front of all offending. How absurd their doctrines will appear in the sequel! Meantime, we shall consider the more simple deviations from health. Whatever be the cause or causes of corporeal aberration, in obedience to the law of all matter, the first effect is a *change of temperature*. The patient accordingly has a feeling of heat or cold. His muscles, less under the controul of their respective influences, become tremulous, spasmodic; or wearied, palsied, the functions of particular muscles cease. The breathing is hurried on slight exertion, or it is maintained slowly and at intervals, and with a long occasional inspiration and expiration—familiar to you all in the act of sighing. The heart is quick, palpitating; or languid, or remittent in its beats; the appetite craving, capricious, or lost. The secretions are either hurried and increased in quantity; or sluggish, or suppressed. The body shews a partial or general waste; or becomes in part or in whole preternaturally tumid and bloated. Alive to the slightest stimulus the patient is easily impassioned or depressed; his mind comprehending in its various relations every shade of unreasonable sadness or gaiety, prodigality or cupidity, vacillation or pertinacity, suspicious caution or too confident security; with every colour of imagination, from highly intellectual conception to the dream-like vagaries and reveries of hallucination. His sensations are perceptibly diminished or increased. Light and sound, for example, confuse or distract him; like the soft Sybarite, a rose leaf ruffles him. With the smallest increase in the medium temperature of the atmosphere, he becomes hot and uncomfortable, and the slightest breeze shivers and discomposes him; or, as you may sometimes observe in the case of extreme age and idiotcy, he becomes equally insensible to excess of light, sound, heat and cold.

Contrast, if you please, these simpler forms of Disease with what we have said of Health, and you will at a glance perceive that the difference betwixt the two states consists in mere variation of the sum or amount of particular corporeal motions, and in a difference of effect of external agency on the matter and functions of the body. Structural change, or tendency to decomposition of any part of the frame, so frequently but erroneously associated with disease as a cause, is not even necessary to the production of disorder; nor is it an element always entering into fatal result. What are *toothache*, *consumption*, *rheumatism*, but developments of constitutional change?—they are phenomena which may or may not arise out of general corporeal disturbance, according to particular habits and predispositions. By predisposition, I mean the readiness or fitness of one part of the body more than another to be acted upon by influences from without,—occasioned by a weakness in the cohesive power of the atoms of that part to each other. We have all our particular predispositions.

What are the

CAUSES OF DISEASE?

The Causes of disease are infinite: they comprise every thing that connects us, directly or indirectly, with the external world, acting upon us, in the first place, through the different modifications of nervous perception. The causes of disease then never originate in any one organ of the body, except in so far as that organ may be predisposed by an inherent weakness of the attractive power of the atoms of its parts to receive grave impressions from agencies that affect the more stable portions of the same body in a slighter manner. I conceive with Hobbes, that “nothing taketh beginning from itself, but from the action of some immediate agent *without* itself.” If this be true, how delusive the idea of those professors who look for the causes of disease in the bodies of the dead! In the schools we constantly hear that Anatomy is the foundation of medical science. Sydenham, on the contrary, held it so cheap, as to say, “Anatomy is a fit study for painters;”—he might have added, and also for surgeons; but so far

as Medicine is concerned, the best anatomists have been seldom good physicians. They have been all too mechanical in their notions. Seriously, what advantages have centuries of dissection contributed to the healing art? We hear of a great many; but lungs decomposed, livers enlarged, bone, muscle, and viscus in various stages of corruption would seem to comprise the whole. These are nevertheless what modern professors exultingly call "beautiful specimens!" "superb collections!" pointing them out at the same time to their credulous pupils as the trophies of science, when they might better describe them as the triumphs of death over their vaunted skill; or,—in the words of Gray,

*" Rich windows that exclude the light,
And passages that lead to nothing !"*

Now, what has the most patient study of these done for physic? has it given us one new remedy, or told us better how to use our old? Where were the virtues of bark and opium ascertained? In the dead house? No certainly! The one was discovered by a Peruvian peasant who cured himself of the ague by it: what had anatomy to do with that? For the other, we may thank the Brahmins of Hindustan, who hold the dissecting-room in horror. Antimony, rhubarb, mercury,—whence got we our knowledge of these?—From the quack and the old woman—individuals who will ever successfully compete with physicians, while the latter busy themselves with dead bodies, to the neglect of the powers and principles that affect the living. "A cripple in the right way," says Lord Bacon, "will beat a racer in the wrong."—So great a stumbling-block to a proper knowledge of medicine has been this exclusive and too minute attention to dissection, that Dr. Baillie, its greatest patron, confessed, as I have already told you, his total want of faith in physic,—in other words, he admitted his entire ignorance of the principles of a profession by which he had amassed a fortune. The experience of his whole life was equally a satire on anatomical knowledge, and the value too often attaching to a medical reputation.

Gentlemen, we have already analyzed the Life of Health.

If, in the language of Shakspeare, it be indeed a "*fitful fever*," what can the morbid modifications of that Life be, but modifications of FITFUL OR INTERMITTENT FEVER? "All diseases," says Hippocrates, "resemble each other in their form, invasion, march, and decline." "The type of all diseases," he adds, "is one and the same." What then is that type? If we succeed in proving to you that asthma, epilepsy, tooth-ache, gout, mania, and apoplexy come on in *fits*; that all have febrile chills or heats; that *remissions* or periods of immunity from suffering, are common to each; and that every one of them moreover *may* be cured by any one of the agents most generally successful in the treatment of INTERMITTENT FEVER—popularly termed AGUE;—to what other conclusion, can we possibly come, but that this same AGUE is the type which pervades, and the bond which associates together every one of these so called different diseases! But if in the course of these lectures, we further prove that what are called "inflammations" also come on in fits; that they have equally their periods of immunity from pain, and yield with equal readiness to the same remedial means,—who can be so unreasonable as to doubt or dispute that AGUE IS THE TYPE OF ALL DISEASE?

The human body, whether in health or disorder, is an epitome of every great system in nature. Like the globe we inhabit, it has in health its diurnal and other revolutions, its sun and shade, its times and seasons, its alternations of heat and moisture. In disease, we recognise the same long chills and droughts, the same passionate storms and out-pourings of the streams, by which the earth at times is agitated;—the matter of the body assuming, in the course of these various alternations, changes of character and composition, such as tumors, abscesses, and eruptions, typical of new formed mountain-masses, earthquakes, and volcanos;—all these too, like the tempests and hurricanes of nature, *intermitting* with longer or shorter periods of tranquillity, till the wearied body either regains, like our common mother, its wonted harmony of motions; or, like what we may conceive of a world destroyed, becomes resolved into its pristine elements.

In the language of the schools, the phases of disease are termed the *paroxysm* and *remission*—the first, or period of suffering, being synonymous with exacerbation, throe, fit;—the second, as we have already seen, meaning the period of comparative freedom from disorder. So far however from having been recognised as a law of universal occurrence, and harmonizing with everything which we know of our own or other worlds, *periodic return* has been vaguely supposed to stamp the disorders where it was too striking to be overlooked, as the exclusive offspring of a malarious or miasmatic atmosphere! But, gentlemen, there can be no greater error than this. The actions of life in health are all periodic, and however, or by whatever caused, disease is periodic also. All diseases have remissions or periods of comparative immunity from pain; and “this,” says John Hunter, “is an attribute belonging to life, and shews that life cannot go on the same continually, but must have its hours of rest and hours of action.”

What are the remedies most influential in preventing the return of Ague? The profession will answer, and rightly answer—the Peruvian BARK, or its better substitute QUININE, in fact, its essence,—ARSENIC and OPIUM.—To which you will permit me to add Hydrocyanic or Prussic Acid, Iron, Silver, Copper, Strychnia, Musk, Valerian, Colchicum, Zinc, Bismuth. These agents, gentlemen, are generally most effective when taken during the remission; and from the relation which their influence bears to *time* or period, and *temperature* or heat, I term them CHRONO-THERMAL—*χρόνος* being the Greek word for time, *θέρμη* for heat. But as some of you, like Baillie, and not a few others in the profession, to say nothing of the many out of it, may be sceptical in regard to the power of medicine in disease, I will here tell you the way I lately settled the matter with a young barrister, who thought he should be able to prove physic all nonsense. Let me premise that the most sceptical people upon the subject of medicine, generally are barristers; and when they take up the argument against you, whether from pride or the desire of victory, they seldom or never *give in*. “Do you mean to tell me,” said the gentleman in question, “that putting little bits of pounded stick or stone into a man’s stomach, will cure any disease whatever?”

“ Oh ! certainly not,” said I ; for when you find people obstinate, it is better to humour them a little at first ; “ but you *may* perhaps be disposed to admit, that little bits of pounded stick and stone *may* cause disease, and even death, otherwise you must be ready to swallow hemlock and arsenic in any quantity required of you.” To this the man of law at once put in a *demurrer*. The causing and killing part of the business he could not by any sophistry get rid of. So I then thought it time to explain to him, as I now do to you, that the principle upon which these substances can cure and cause disease is ONE and the SAME ; namely, their power, for good or for evil, as the case may be, of *electrically* altering the *motive* state of certain parts of the body, and of altering at the same time their *thermal* conditions.

Gentlemen, turn over the history of medicine, and mark well the remedies upon which authors dilate as being most beneficial in any form of disease ; you will find them to be one and all agents having either the power of *controlling* or *preserving* temperature,—of exalting or depressing this in the stages of exacerbation, or of continuing and prolonging the more healthy and moderate degrees of it, characteristic of the period of remission.

For this latter indication, the most generally efficient of all remedies is the Peruvian Bark, or Quinine ; but it is not specific, nor is there such a thing as a specific, for this or any other purpose, in physic ; arsenic, opium, hydrocyanic acid, all proving better or worse than another in particular cases of disease, and this less with reference to the disorder and its cause, than to the constitution or peculiarity of system of individual patients. Upon the action of these and all other remedies, we shall enter at length at a more advanced period of the course. In our next lecture we shall consider the phenomena of AGUE, and shew you its relation to Spasmodic disease,—Asthma, Epilepsy,—to Palsy, Curved Spine, Squint, &c. These disorders we shall prove are merely so many developments occurring in its course,—*analytically*, by rigidly scrutinizing their symptoms ; *synthetically*, by detailing to you cases of each cured on CHRONO-THERMAL principles.

LECTURE II.

AGUE—SPASMODIC AND PARALYTIC DISEASE—DISORDERS OF
SENSATION.

GENTLEMEN,

THERE was a time when the better ranks of people imagined that the only thing worth acquiring in this life, was a knowledge of the dead languages. A new era has since sprung up, and mankind have begun to appreciate the advantages to be obtained from an acquaintance with the chemical and physical sciences. They now prefer the study of the natural bodies around them, to pedantic discussions about Greek articles and Latin verbs. It is only in the cloisters of Oxford and Cambridge, that men turn up their noses at "utilitarianism," or in that antiquated off-shoot of these monkish institutions—the *College of Physicians*. Railroads, steamboats, galvanism, and gas, have all come to light within the last half century. A revolution in thought and action has been the result; petty objects have given way to comprehensive views, and petty interests have been destroyed by the general improvement that has already been accomplished. Is Medicine the only branch of human knowledge destined to stand still, while all around it is in motion? Are the principles of its application already so perfectly explained, that neither time nor study can bring a new light to bear upon them! Is the march of intellect to sweep on and on, and leave behind it this so-called science, untouched and unimproved in its progress? When the monarchs who have successively wielded the medical sceptre—who each in their day were looked upon as demigods in physic, have in turn declar-

ed that all that they knew of it was that "they nothing knew," shall blame be attached to him who would attempt to rescue his profession from this worse than darkness visible? If, by their own confession, the Knightons and Baillies were ignorant of the first principles of correct practice, surely it were but charitable to suppose that men so intelligent and sagacious on most other matters may have, in this instance at least, pursued a deceptive mode of investigation? Like the racer on the wrong road, how could they in that case get to the end of their journey? According to the fashion of their time, these men passed whole nights and days in the dead house,—forgetting that medicine has no power over a corpse. The reflections which I shall have the honour to submit for your consideration, were the result of observations made on the ever-shifting motions of the living! Who will tell me that this kind of study is only proper for medical persons? Who will say that this description of knowledge may not be made interesting to the world at large? Shall the motions of moths and butterflies, and the vegetation and germination of plants claim your sole attention, to the exclusion of the revolutions and constantly changing relations of the matter of your own bodies? Without *this* knowledge, how can you possibly put in practice the Greek maxim "Know yourselves?"

At our former lecture you will remember that after analyzing the various motions of the healthy body, and shewing the periodic manner in which every part of it, however minute, performs its functions, we endeavoured to convey to you some notion of those more simple deviations from healthy corporeal motion, which, in the language of the schools, constitute "functional" *disorder*. The general mode in which remedies act, namely, by the electric source of their motive power, we shall have the pleasure in a future lecture to demonstrate. That such motive power reduces itself simply to *attraction* and *repulsion*, we shall have numerous opportunities of explaining;—nay, we shall prove that LIFE itself comes at last to a periodic alternation of attractive and repulsive motions! What are the successive conversion of the food into blood, of the blood

into the matter of organ, tissue and secretion, but so many instances illustrative of this proposition? What are the alternate contraction and dilatation of the heart—the inspiration and expiration of the lungs—sleep and wakefulness, but modifications of attractive and repulsive power? We constantly hear of the word *independence*. Such and such a person, we are told, is so very independent; but this is a mere figure of speech, for there is no such thing as an independent body in nature. Every thing in the universe has a relation to some other thing. Living bodies more especially are only so many parts of a great whole, and they are in such close connexion *with*, and dependence *on*, the things around them, that the deprivation of a certain element in some instances causes life to cease. Deprive man of food or air, or take from beneath his feet the earth which sustains him, and the various parts of his body immediately lose the respective motive relations which they maintained to each other during life—they separate and may assume every form which inorganic matter may possibly take on.

We have already proved, we hope, that healthy life is a FITFUL FEVER; and we now propose, as matter for our future argumentation, that INTERMITTENT FEVER OR AGUE is the type OR LIKENESS of all the various maladies to which man is liable. Is this the doctrine of the schools? No certainly. To some professors, such simplification might look like a poverty of comprehension. But if, according to Lord Bacon, “disciples do owe unto masters only a temporary belief, and a suspension of their own judgment, until they be fully instructed, and not an absolute resignation or perpetual captivity,” I may be pardoned for hoping to be able to prove to you in the words of the same great philosopher, that “all things do by scale ascend to UNITY; so then, always that knowledge is worthiest which is charged with least multiplicity.” I come now to consider in detail, the phenomena of

AGUE.

I have already told you that there can be no disease, no

morbid motion without change of temperature. The ague-patient accordingly, among other sensations and changes, successively experiences a Chill and Heat, followed by a profuse Perspiration. These three *stages* constitute the PAROXYSM or FIT, so that the patient, during each stage, is in a different condition of body from any of the others; his sensations moreover, are different during each of them. To the stage of perspiration which terminates the fit, a REMISSION or comparative state of health succeeds; and this lasts for one or more days before the recurrence of another similar fit,—such fit generally making its invasion at the same hour of the clock as the former; again to be followed by a remission of the symptoms of equal length as before. During the paroxysm, every function of the body is more or less disturbed; the muscles become tremulous or spasmodic—the senses, secretions, appetite, and mental powers depressed, vitiated, or even preternaturally exalted. A gentleman who was recently my patient, informed me, that during the cold stage, his intellectual powers were more than usually clear, and his sensations throughout highly pleasurable—he felt like a person under the influence of opium. But this kind of delirious feeling is more frequently an accompaniment of the hot stage. During the excitement of this, individuals have been known to become poetical, musical, oratorical, and to exercise other talents which they were never known to manifest in health.

It is now the universal belief of medical professors, that Ague is always caused by emanations from the fens, from the complaint being very common in fenny countries; but this is only one of the numerous fallacies still taught in our schools and universities. There is no agent in nature which may not cause ague, from a blow to a passion. Lord Byron's mother, according to Mr. Moore, died of a "fit of ague brought on by rage or vexation, caused by reading her upholsterer's bill." The bill was enormous, and the lady a Scotchwoman. This analogy subsisting betwixt ague and the passions has not escaped the observation of the poets. Shakspeare, as I shall afterwards shew you, often alludes to it; and Coleridge says, in his usual felicitous manner,

“ There's no philosopher but sees
That Rage and Fear are *one* disease,
Though this may burn and that may freeze,
They're both alike the AGUE.”

You see, then, there can be no corporeal agitation, no constitutional revolution, without a change of temperature of some kind. Butler in his *Hudibras* tells us, that

“ Love's but an ague fit reversed,
The *hot* fit takes the patient first.”

Seriously, you will do well to ponder on the relations which the effects of the various passions bear to ague. Throughout them all we have the same tremor and thermal changes; and in many cases the diseases which they may cause become equally periodic and recurrent. A young lady was to have been married on a particular day; but on the very morning of that day the bridegroom was accidentally killed. The grief of the lady ended in insanity. The *fit* in this case, came on every day at the same time; but during the remainder of the twenty-four hours, she had, in scholastic phrase, a “lucid interval.” She was then perfectly sane. Now are not the lucid intervals of mania—remissions? Prolong these to an indefinite period and you produce sanity!

What are the constitutional effects of a fall or a severe blow? Have we not the same tremor in the first instance—the same palor and loss of strength so remarkable in the cold fit of ague? Have we not the same hot or febrile fit succeeding? “The fevers,” says Mr. Abernethy, “produced by local disease [local injury?] are the very identical fevers which physicians meet with when there is no external injury.” How can they be otherwise? since it is only by the matter of the body changing its motive relations and consequent thermal conditions in an identical manner in both cases, that we obtain the group of symptoms which we included under the abstract word “fever.” The agents which cure fever from a blow, are the same agents which cure fever from a passion, a poison, or a viewless and unknown cause. When a man is hot, and his skin dry all over, no matter what the cause be, you may bring his condition to the state of health by throwing cold water over him. You may do the same by an emetic! Oh! an

emetic has a wonderful power in the case of fever ; and the old physicians treated all fevers in the first instance by emetics. They did not bother themselves about the cause. The *state* of the patient was all they cared about. When he was cold, they warmed him, sometimes with one thing, sometimes with another. When hot, they cooled him—not in the Sangrado fashion of these days, by draining him of his life's blood ; but by the employment of an emetic, or by sponging him over with cold water ! By bleeding a man in the hot stage of fever, you may cool him certainly ; but unless you cool him to death, you cannot thereby keep the fit from returning. When it does return, you may bleed him again, it is true ; but how often may you do this safely ? So far as my experience of medical matters goes, few people in these times are *permitted* to die of disease. The orthodox fashion is to die of the doctor. There never was a fever without a *remission*, without a *period of comparative immunity* from suffering. Every writer, from Cullen downwards, admits this. Prolong that period then, to an indefinite time, and you have health. By bark, opium, and the various chrono-thermal medicines, you may in most cases do that. But instead of trying to prevent recurrence, practitioners now-a-days only temporize during the fit ; and this is the most *profitable* practice, for a long sickness makes many fees ! The *honest* physician will do his best to keep the fit from returning. Now if blood-letting were certain to do that, how could we possibly hear of people being bled more than once for fever ? Do we not hear of repeated applications of the lancet, and of the patient dying notwithstanding ? When I come to speak of inflammation, you shall find how little that instrument is to be relied on in fever, or rather you shall find that its employment at all, is one of the greatest and most terribly fatal of medical mistakes ! How then is it, that this practice has so long maintained its ground ? By the influence of authority and custom simply. In the schools of Physic, as in other schools, the mass of mankind (in Bolingbroke's words) are “ bred to think as well as speak by rote ; they furnish their minds as they furnish their houses, or clothe their bodies, with the fan-

cies of other men, and according to the age and country. They pick up their ideas and notions in common conversation or in their schools. The first are always superficial, and both are commonly *false*." The first step that I myself made in rational medicine, was to unlearn all I had been taught; and that at the beginning was difficult. How I ever came to believe one half the rubbish propounded by medical teachers, I cannot now understand; for the whole doctrines of the schools are a tissue of the most glaring and self-evident absurdities. The Roman Catholic doctrine of transubstantiation is nothing to them. At a future period of this course I shall prove my assertion; but before you can detect error, you must first know truth. In the dark, you may mistake a stone for bread; with the light shining full upon you, you are less likely to be imposed upon.—Proceed we then, with our subject.

The propriety of adopting any remedial measure has in every case more or less relation to time and temperature. But the beneficial influence of the Peruvian BARK, and its preparation *quinine*, would appear, more than any other agent, to depend upon the period in which we administer it. The proper period for its exhibition is during the remission. With the exception of opium, (also most influential during the *remission*) it is more strictly a *preventive* than any other known agent. So generally, indeed, has it been found to answer this purpose in the treatment of Ague, many teachers of medicine vaunt it as a specific for this distemper; but as we stated to you in our former lecture, there is no such thing as a specific in nature for any disease whatever. Had there been a specific for ague, do you think Oliver Cromwell would have been permitted to die of it? Whatever be the agency by which this or any other disease has been cured, you shall find in the course of these lectures, ample evidence that its influence relates in every case to change of temperature. Sir R—A—, while serving in Portugal, became the subject of severe ague, which resisted a host of remedies prescribed for him by numerous medical friends—bark among the number. One day when riding out, he was

seized with a paroxysm. The inmate of a little shop, where he dismounted till the fit should be over, suggested to him to try the barber-surgeon of his neighbourhood. Willing to be cured by any body or by any thing, Sir R. at once agreed. The ambidexter man of medicine came, ordered him a large plaster to his back, and the ague was forthwith cured! Gentlemen, to what, but to the improvement of the *temperature* of the spine must we attribute the success of that plaster? The general good effect of *quinine* in keeping off the ague-fit, when it proceeds from viewless causes, is sufficiently well-known to every member of the profession; but it is not so generally understood that the same agent may be equally serviceable in cases produced by local injury. Of this, however, I will give you a proof. A gentleman shortly after having had a bougie passed, was seized with ague of the most perfect kind; two days after at the same hour, he had a return, and every alternate day it recurred, till he had experienced about twelve paroxysms; then for the first time he took quinine, and he had no repetition. He never had ague before that, nor ever afterwards, unless when compelled to use the bougie.

I do not know that I could better commence my proof of the remittent nature of disease generally, than by entering into a short consideration of what are termed

SPASMODIC COMPLAINTS.

Such complaints being unattended with any structural change, are termed by the profession **FUNCTIONAL**; a word expressive of their simplicity. What is the meaning of the term *spasm*? It means the unnatural contraction of some muscle of the body, and in the case of the voluntary muscles, you cannot by any effort of the will, control or counteract it. By rubbing and *warming* the part, you may sometimes succeed, and there are a great many medicines, by which, when taken internally, the same effect may be produced; but what will answer in one case, may not answer in another. The disease is sometimes termed *convulsion*, and *cramp* also, the more especially if the spasm be painful. The difference of locality in which spasm takes place in different persons, has afford-

ed professors an excellent opportunity of mystifying the whole subject. When it happens in the membranous lining of the lachrymal duct, you shall see the tears accumulating at the inner angle of the eye, the passage to the nose being closed up by the contracting spasm. This disease is called *Epiphora*, and sometimes *Fistula Lachrymalis*. The *Sneeze*, *Hiccough*, and *Yawn*, are also effects of spasmodic action. Occurring in the muscular apparatus of the windpipe, or its divisions, spasm is familiar to you all in the word *Asthma*; and it is also termed *dyspnœa*, or difficult breathing, which it certainly occasions. When this irregular action of muscles is manifested about the jaws and throat, with convulsions of the face and limbs, there is usually loss of consciousness, and the patient falls down. This is the *Epilepsy* or “falling sickness.” Taking place in the ilium or small intestine, spasm is termed *Iliac Passion*; in the colon or great intestine, *Colic*; in the urethra, *Spasmodic Stricture*. The *Lockjaw* affords yet another example of spasm. That all these various diseases are merely modifications of the same action, is proved by each and all of them having been known to assume the most perfectly *periodic type* in individual cases, and by all being more or less amenable to the same class of remedies most generally influential in keeping off the ague-fit.

I have already stated to you, that all remedial powers act by *attraction* or *repulsion*, and strange to say, every remedy can act both ways in different individuals. They are all capable of producing inverse motions,—in one case *curing*, in another *causing* disease. Opium, for example, will set one man to sleep, and keep another wakeful. Arsenic has cured the tremor and heat of ague, and set up both in a previously healthy person. Opium, bark, copper, have done the same. Moreover, all four have produced diseases with fits and remissions.

A girl took a large dose of arsenic (sixty-four grains) for the purpose of suicide; her design was discovered in sufficient time to prevent her death; but a periodic epilepsy ushered in by chills and heats was the result. A man of the 30th foot, after a course of hard drinking, became epileptic; his disease

came on every second day at the same hour. Quinine, silver, and calomel, were tried without success. I then gave him arsenic, after which he never had another fit. In these two cases then, arsenic produced inverse motions, causing epilepsy in the first, and curing it in the second. When I come to treat particularly of the Passions, I shall shew you that the same passion which has caused an ague or an epilepsy, may cure either. In truth, I scarcely know a disease which the passion *fear* has not cured and caused, according to its *attractive* or *repulsive* mode of action.

I have said that ASTHMA is a remittent disease. "The fits of convulsive Asthma," according to Dr Darwin, "return at periods, and so far resemble the access of an *intermittent fever*." This disease I have very generally cured with one or other of the chrono-thermal remedies; and with two or more in combination, I have seldom been compelled to complain of ill-success in its treatment. In one case, however,—that of a gentleman who had the disease every second night,—after having nearly exhausted all my best resources, I succeeded in curing him by the application of a warm plaster along his spine. Here you again see, in the most direct manner, the advantage of attention to temperature: the spine, in this case, was always chilly, but became warm and comfortable under the use of the plaster. Many medical writers have detected the analogy which subsists betwixt *spasm* and *tremor*, without being at all able to explain in what it consists. Analyze tremor, and you will find it to be merely a rapid succession of incomplete spasms. In *St. Vitus's dance*, or as it is sometimes called, "the leaping ague," which is also a periodic disease, you may see every variety of spasmodic and tremulous action. It is a disease which I have often met with in children, and in most cases I have speedily cured it by the exhibition of minute doses of some of the chrono-thermal remedies; one remedy answering better in one case, another in another.

With the same agents, prescribed upon the same principle, I have been equally fortunate in the treatment of Urethral Stricture—a disease for which the bougie, in general practice,

is far too indiscriminately employed. You all know the beneficial influence of *warm* baths in this affection, and some of you may have heard of the advantages to be obtained from the internal exhibition of *Iron*. But the still greater influence of *Quinine* over stricture is not so generally known. It is unnecessary for me to give any case of my own in evidence of this, Sir Benjamin Brodie having detailed at length the instance of a gentleman affected with spasmodic stricture of the tertian type—that is to say, which came on every alternate night about the same hour,—and which yielded, in his hands, to quinine. The marked periodicity of this case pointed out the proper treatment; but in cases where this is less striking, you have only to ask the patient if there are times when he passes his water better than at others; and if he answers in the affirmative, you may be sure the stricture depends upon no permanent thickening of the mucous membrane of the urethra, but on a remittent spasmodic action of its muscular apparatus. Such a patient, on coming out of a warm room into a *cold* one, will find himself, all in a moment, unable to pass a drop of water. See then the effect of thermal change in producing spasm,—and hence too the benefit to be derived from the warm bath in the treatment of spasm generally. In the great majority of stricture-cases, you may save yourself the trouble, and the patient the torture, of passing the bougie, by treating the disease chrono-thermally; that is, if you prefer his interest to your own, which last manifestly points out to the number of dishonest persons who infest the profession, that such a mode of preventing the return of disease is less lucrative than that which enables them to give temporary relief at the expense of a long attendance.

We now come to

PALSY OR PARALYSIS,

a loss of muscular power greater than either of the two states just considered. It is a common error of the schools, to suppose that such disorder is always the effect of PRESSURE on the brain or spine. Paralytic disease has often been produced by a *purge* or *loss* of blood simply; and many weakly persons on sudden-

ly rising from their chairs, have lost the use of a leg or arm. Moreover, in a number of cases, palsy is an *intermittent* disease, being preceded by chills and heats, and going off with a return of the *proper* temperature of the body. How can you reconcile the idea of pressure with such phenomena?

The following case of periodic *Aphonia*, or paralysis of muscles necessary for the proper performance of the functions of speech, will shew you how Palsy, like every other form of disorder, may exhibit the most perfect intermissions. It is from a foreign journal. "A peasant girl was attacked in the following manner:—speechlessness came on every day at four o'clock, P.M., accompanied by a feeling of weight about the tongue, which remained a quarter of an hour. The patient, while it lasted, could not utter any sound, but occasionally made an indistinct hissing noise. Consciousness did not seem impaired during the fit. She ascribed her inability to speak to a feeling of weight in the tongue. The paroxysm went off with a large evacuation of watery urine, accompanied by perspiration and sleep. Ten such attacks had occurred, when Dr. Richter of Wiesbaden was called to see her; he ordered her considerable doses of sulphate of quinine with immediate good effect from the first day. The attack returned, but in a mitigated form, and on the second day no trace of it was visible, except a certain degree of debility and fatigue felt at the usual hour of its coming on."—(*Hecker's Journal, and Dublin Journal.*)

Here the corporeal temperature is not stated, but the periodic remission and manner of its cure are sufficiently illustrative of its nature. Not long ago, I was consulted in a similar case, which was moreover complicated with palsy of one side. Sarah Warner, aged 25, married, had suffered periodically from loss of speech, and inability to move the leg and arm of one side. Various remedies had been ineffectually prescribed by her medical attendants, who all looked upon her disease as apoplectic—supposed to be caused by *pressure on the brain*; one of them indeed proposed to bleed her, but she would not consent. When she applied to me, I ordered her a combination of quinine and iron, after which she never had another fit.

I shall now give you the details of a case of Palsy which I treated successfully after it had been long considered hopeless:—

Mrs. Sargent, aged 40, a married woman, and the mother of several children, had kept her bed for EIGHT years, on account of paralysis of the lower extremities; during which period she had been under the treatment of eight or nine different physicians and surgeons of a provincial dispensary. Such at least was the woman's own statement, confirmed to me by many people of respectability, who had visited her from the commencement of her illness. When I first saw her, she could not move either leg; her voice was an almost inaudible whisper; she was liable to frequent retchings, and she complained of spasms with much pain of the loins and limbs. She had irregular *chills* and *flushes*, and some days had more power in her legs than others. Her last dispensary medicine, mercury, which she believed had been given her by mistake, had produced salivation, but with decided aggravation of her symptoms. In this case, I prescribed a combination of remedies, the principal of which were hydrocyanic acid and tincture of cantharides. Under this treatment, her voice returned in about a week; her recovery from every symptom was complete in six weeks, and she has had no return in the three years since she was under my care.

The next case, is still more interesting. Charles Overbury, aged 10, had been in an extraordinary state for some months previous to my first visit. I found him, lying upon a couch, every muscle of his face in such curious repose, that his countenance seemed quite idiotic; his arms and legs were completely powerless, and if you held him up, his limbs doubled under him, like those of a drunken person. Upon whichever side you placed his head, he was unable to remove it to the other; his deglutition was rather difficult, but the heart and respiratory muscles performed their respective offices with tolerable correctness. The patient laboured under complete loss of speech the entire night, and nearly the whole day. About the same time daily—noon—he could utter the monosyllables *yes* and *no*, but this power remained with him for half an hour only. The remedies to which I resorted in this

case were minute doses of calomel, quinine, and hydrocyanic acid,—all of which improved him, but the last proved the most effectual. In less than three weeks he was running about, well in every respect, and the change in his countenance, from apparent idiocy to intelligence, was as perfect a transformation as it is possible to imagine. This case, was the complete converse of that of the celebrated Madame Malibran, who, you may perhaps remember, became, at particular times, quite stiff and rigid in every muscle of her body. In Overbury's case you marked, I hope, the periodic, though imperfect, remissions which it exhibited.

A young female was lately carried into my room by two of my servants. Her mother brought her to me, at the request of the Rev. Edward Murray, brother of the bishop of Rochester. Not only had this girl lost the use of one side, but her reason was gone; in fact, her appearance was quite silly, and she was utterly helpless in every way. She had moreover an *Epileptic fit* every night when she was put to bed. In this case, I prescribed a combination of copper, silver, strychnia and quinine. What a medley! you will say. Well, but mark the result. In about six weeks afterwards, a young person walked into my room with a letter, "from the Rev. Edward Murray." It was the same girl, looking quite intelligent, and speaking and walking as well as she had ever done in her life. Her epileptic fits had become faint, few, and far between, and she was then the monitor of her class! Now, this girl, Mr. Murray informed me, had been ill four years, and had been dismissed the Middlesex Hospital "incurable."

I was suddenly called to see Mrs. T——, of Clarges Street, whom I found with complete loss of the use of one side, and partial palsy of the muscles on the same side of the face. The night before, she had been suffering from domestic affliction, and the next morning while entering her own door, she fell as if she had been shot. When I saw her, her face was pallid, and her feet were cold. The people about her were urgent that she should be bled, but I ordered her warm brandy and water instead. A gentleman, who was formerly her medical attendant, was sent for, and agreed with me that she should not be bled. Under the use of Quinine and

strychnia, continued for about six weeks with country air, she recovered the use of her side so far as to be able to walk without a stick; the use of her arm has also since returned. Had this lady been bled or leeches, she would now in all probability be in her coffin!

I will now give you cases exemplifying the cure of palsy of a single limb.

Case 1.—Mary Boddy, 18 years old, from the age of eleven, had weakness of the back and loins, and she gradually lost the use of her right leg. In this state she remained for three years; sixteen months of this period she was an in-patient of the Gloucester Infirmary, in which establishment her mother held the situation of nurse. But cupping, bleeding, leeching, blistering, were all ineffectual. The patient complained of having suffered from shivering fits, followed by heats, and sometimes, perspirations. The same mode of treatment as in Mrs. Sargent's case, with the addition of a galbanum plaster to the loins, in which she complained of coldness, was adopted, and followed with like success. She had scarcely been a fortnight under my care, before she completely recovered the use of her paralysed limb, and she has had no relapse during the last four or five years.

Case 2.—Esther Turner, aged 30, when in the service of Mr. Ward, the master of a respectable Boarding School, at Painswick, fell down stairs, and from that moment, lost the use of her left leg. After a period of eleven years, during which she had been ineffectually under treatment in various hospitals and infirmaries, she came on crutches to my house. She explained that she was subject to severe shivering, with occasional convulsions. Her leg, she said, had more feeling on certain days than others. After trying her for some time with a combination of hydrocyanic acid and tincture of cantharides, without any improvement, I prescribed a pill, containing a combination of quinine, silver, and colchicum, night and morning. She progressed from that day; and in about six weeks, I had the satisfaction to see her in possession of the complete use of her limbs; nay, she returned to her service at Mr. Ward's which she only left to get married.

I could here give you numerous other cases, all more or less explanatory of the manner in which palsy of almost every muscle of the body may be developed and cured. For the present, I shall content myself with recording my experience of a disease, which, so far as I am aware, has never before been viewed in this light, the *Curved* or *Crooked Spine*. By most authors, this disorder has been supposed to be, under all circumstances, an affection of the bones. Some have vaguely referred it to peculiarity of nervous action; while others have theoretically traced it to looseness of the ligaments. When the late Mr. Abernethy said it was owing to a "rancour in the muscles," he only used an unmeaning phrase to conceal his ignorance of the entire matter. Yet, to the care of this otherwise accomplished man, was almost every case of spinal curvature, among the higher ranks, at one time entrusted. What the disease really is, we shall now proceed to demonstrate.

The mast of a ship is kept erect by the *stays* and *shrouds*; if you divide or loosen these on one side, the mast falls more or less in an opposite direction. The human spine is kept upright by a similar apparatus—the *muscles*. If any of these muscles become paralysed on any side, the spine, from the want of its usual supporting power, must necessarily, at that particular place, drop to the other side. But being composed of many moveable pieces, or joints,—the *vertebræ*—the spine, unlike the mast, cannot preserve its form, but must take the shape of a curve or obtuse angle; and the degree and situation of this curvature will depend upon the number and particular locality of the muscles so paralysed. The disease, or "deformity," (for Mr. Abernethy would not allow it to be anything else) under all its uncomplicated variations of external and lateral curvature, is the result of palsy; which palsy, for the most part, is a feature or association of general remittent disorder; and whether complicated with vertebral disease or not, is no more to be influenced by issues, setons, moxas, &c. except in so far as these almost invariably confirm it by further deteriorating the general health of the patient.

In the commencement of most cases of this kind, the patient is taller one day than another,—a proof of remission; and

I have never had such a patient who has not confessed to heats and chills. I will give you two cases in which these phenomena were observed.

Case 1.—A young lady, aged 16, had a lateral curvature of the dorsal vertebræ, causing the inferior angle of the shoulder-blade to protrude. I prescribed for her calomel and quinine, in small doses, and directed her to have her spine rubbed night and morning with soap liniment. In less than a month, the patient had gained three inches in height, and in two months more, she was erect.

Case 2.—A lady, 45 years of age, the mother of children, had her spine so much curved at the lower part of the loins, that to use her phrase “her hip grew out.” I ordered a warm plaster to be applied to the spine, and prescribed hydrocyanic acid and quinine. In three weeks she stood upright. Four years afterwards she had a return, when the same means were again successfully put in practice.

But you must not always expect to find curved spine without vertebral disease at the same time. I will give you two cases illustrative of this complication.

Case 1.—Mrs. Craddock, aged 25, had, for upwards of eighteen months, great weakness in the upper third of the back, where a swelling made its appearance, gradually increasing in size. According to the statement of this woman, she had been an in-patient of the Gloucester Infirmary for seven months; during which, she had been treated by issues and other local measures, but with no good effect. When I first saw her, she could not walk without assistance. Upon examination, I found a considerable excurvature, involving the third, fourth, and fifth vertebræ of the back,—which vertebræ, were also painful and enlarged, and the skin which covered them was red, and shining. The patient was extremely dispirited, shed tears upon the most trifling occasion, and was subject to *tremblings* and spasms. She was generally chilly, and suffered much from coldness of feet. Some days she thought the “swelling” in her back was not so great as upon others; and upon those particular days, she also remarked, her spirits were not so low. I directed the issues to be dis-

continued, and ordered a combination of hydrocyanic acid and tincture of cantharides, to be taken three times a-day. These medicines she had scarcely continued a fortnight, when the improvement in her general appearance was most decided; the protuberant part of her spine, had in that period considerably diminished—her health daily became better, and, in less than a month, her cure was accomplished. A permanent curve, slight when compared with her former state, still remains.

Case 2.—A young gentleman, 9 years of age, had external curvature of the dorsal vertebræ; one or more of which, were in a diseased and even ulcerated state, as was obvious, from the discharge which proceeded from an opening connected with the spine. His mother observed, that he stood more erect some days than others. When I was first consulted, he had an issue on each side of the spine; but these, as in the former case, having been productive of no good, I ordered to be discontinued. Keeping in view the remittent and constitutional nature of the disease, I prescribed small doses of calomel and quinine. The very next day, the discharge was much diminished, and a cure was obtained in about six weeks. The ulcer in that time completely healed up, but a permanent curve, of course, remained—trifling, when compared with the state in which I first found him. I might give you many other such cases, but my object is to illustrate a principle, not to confuse you with too much detail. These two cases, gentlemen, are sufficient to show you the nature and best mode of treating, what you may call, if you please, *Vertebral Consumption*, though I am not so sure the schools will agree with you in the designation. The one case was in its incipient state, the other fully developed.

It occasionally happens that the matter proceeding from a diseased *vertebra*, instead of making its way out by the back, proceeds down the loins *internally*, till it reaches the groin, where it forms a tumour; this tumour is what is called *lumbar*, or *psoas* abscess. With the exception of opening the tumour when large, this disease, like the cases just detailed, should be treated almost entirely by constitutional measures—such measures as tend to the improvement of the health

generally. It has been for some time the fashion to confine *all* patients with spinal disease, to a horizontal posture; and a rich harvest, machine and bedmakers of every kind have derived from the practice. In the greater number of cases this treatment is erroneous. Confinement to one posture is alone sufficient to keep the patient nervous and ill; while his own feelings and wishes are, for the most part, the best guide as to whether he should rise, walk, sit, or lie down. In this *he* has no theory—the doctor, too often has nothing else.

Equally effectual have I found this principle of treatment in that particular palsy of one or more muscles of the eye-ball, which gives rise to SQUINT or STRABISMUS, as the Faculty term it. Parents who have children thus affected will tell you that the little patients some days scarcely squint at all. You see then that this affection, in the commencement at least, is in most instances a *remittent* disease. Can such remission, like that of ague, be prolonged to an indefinite period by bark, opium, &c.? Oh, I could give you half-a-hundred instances where I have cured it by these remedies. In a case lately under my care, the squint came on regularly every alternate day at the same hour, and lasted an hour. The subject of it, a boy of eleven, after taking a few minute doses of quinine, never squinted more. In another case, as nearly as possible the same, I ran through all the chronothermal medicines ineffectually; but succeeded at last with musk. I was lately consulted in the case of a young gentleman, affected with squint and a tendency to curved spine. A few doses of calomel and quinine cured him of both. The subject of all these cases had corporeal chills and heats,—shewing clearly that the local affections were merely developments of remittent fever. Were medical men only to attend a little more to constitutional signs, they would not, I am sure, leech, blister, and cup away at localities as they are in general too fond of doing.

There is yet another paralytic affection of the eye which I must explain to you. I allude to what is called *amaurosis* or nervous blindness. In this case, a non-medical person could not tell that the patient was blind at all, the eye being to all appearance as perfect as the healthy organ. Now, this affec-

tion, in the beginning, unless when caused by a sudden blow or shock, is almost always a remittent disease. Some patients are blind all day, and others all night only. Such cases, by the profession, are termed *hemeralopia* and *nyctalopia*, or day and night blindness. These, then, are examples of intermittent amaurosis; and they have been cured and caused like the ague, by almost every thing you can name. You find them frequent in long voyages,—not produced, in that case by *marsh* or fenny exhalations, but by depraved and defective food, with exposure to wet, cold, and hard work; perhaps, besides. In the *Lancet*, [8th Dec. 1827,] you will find the case of a girl twelve years of age, who had intermittent blindness of both eyes, palsy of the limbs, phrenzy, and epilepsy, from all which she recovered under the use of ammoniated *Copper*—a chrono-thermal remedy. This case fully establishes the relations which these various symptoms all maintain to each other; and their remittent character, together with the mode of cure, explains the still greater affinity they bear to ague.

The remedies which I have found most efficient in *permanent* amaurosis have been the chrono-thermal or ague-medicines, occasionally combined with mercury, or creosote. I will give you a case which I treated successfully by an internal remedy. Charles Emms, aged 25, stated to me that he had been completely blind of both eyes for upwards of nine years, four of which he passed in the Bristol Asylum, where, after having been under the care of the medical officer of that establishment, he was taught basket-making, as the only means of earning his subsistence. He had been previously an in-patient in the Worcester Infirmary, under Mr. Pierrepoint, but left it without any benefit. Some days he perceived flashes of light, but could not even then discern the shape or shade of external objects. Before he became completely blind, he saw better and worse upon particular days. When he first consulted me, his general appearance was very unhealthy, his face pale and emaciated, his tongue clouded, appetite defective and capricious, and he described himself as being very nervous, subject to heats and chills, palpitations

and tremblings; his spirits were depressed. My first prescription, quinine, disagreed; my second, silver, was equally unsuccessful; with my third, hydrocyanic acid, he gradually regained his vision—being, after an attendance of four months, sufficiently restored to be able to read large print with facility. Such has been his state for upwards of two years. I need not say his general health has materially improved—his appetite, according to him, having become too good for his circumstances.

If patients who are subject to DEAFNESS, be asked whether they hear better upon some days than others, the great majority will reply in the affirmative. So that deafness is also for the most part a remittent disease. That it is moreover a feature or development of general constitutional disorder is equally certain, from the chills and heats to which the great body of patients affected with it, acknowledge they are subject. Deafness from organic change of the ear, is infinitely less frequent than that which arises from nervous or functional disorder. Hence the improvement to be obtained in the great majority of diseases of this organ, by simply attending to the patient's general health. By keeping in view the chronothermal principle, I have been enabled to improve the hearing in hundreds of cases. The like good effects may also be obtained by the same treatment in ringing of the ears, &c. Indeed very few people get out of health without suffering more or less from noise in the ears.

Cases of loss of the sense of TOUCH, and also those of partial or general numbness will, in the greater number of instances, be found to exhibit remissions in their course. So also will almost every instance of that exalted degree of sensibility known by the various names of *tic douloureux*, *sciatica*, etc. according to the locality of the various nerves supposed to be its seat. Look at the history of these diseases. What have your surgical tricks done for their relief,—your moxas, your blisters, your division of nerves! The only measures to which these diseases have yielded, have been the chrono-thermal remedies, bark, arsenic, iron, prussic acid, etc., the remedies, in a word, of acknowledged efficacy in ague. I shall here present you with a case

from the London Medical and Surgical Journal, illustrative of the nature of *Tic* when involving the nerves of the face. The pain first supervened after a fright, it returned every day at two o'clock, commencing at the origin of the suborbital nerve, extending along its course, and lasted from half an hour to an hour. Two grains of sulphate of quinine given every two hours for three days produced in so short a period a complete cure. The same prompt and favourable effects, were observed in another case of frontal tic, that appeared without any known cause. Now, this *frontal tic* is commonly known by the name of *brow-ague*. Why then mystify us with *neuropathy*, *neuralgia*, and a host of other jaw-breaking terms, that, so far from enlightening the student upon the subject of medicine, do nothing but lead him into darkness and confusion. All these are mere varieties of *Ague*; the place of pain making the only difference.

Cases of Depraved Appetite, and also of Loss of Taste, all equally depend upon constitutional integrity of state. An example of what is called *Bulimia*, or excessive appetite, occurs in the lectures of Mr. Abernethy. "There was a woman in this hospital, who was eternally eating; they gave her food enough, you would have thought, to have disgusted anybody, but she crammed it all down; she never ceased but when her jaws were fatigued. She found out that when she put her feet into *cold water*, she ceased to be hungry." What could be this woman's inducement to put her feet in cold water, in the first instance? What, but their high temperature—the fever under which she laboured? A gentleman, who was fond of play, told me, that when he lost much money, he was always sure to become *ravenously hungry*; but that when he won, this did not happen. The temperature of his body must have been different at these different times.

To the state of corporeal temperature, we must also refer the various degrees of *THIRST*, from which so many invalids suffer. This, like hunger, is a depraved sensation. If we have intermittent fever, so also must we have intermittent hunger and thirst among the number of morbid phenomena. Colonel Shaw, in his "*Personal Memoirs and Correspond-*

ence," has this remark: "I had learned, from my walking experience, that to *thirsty* men, drinking water only gives a momentary relief; but if *the legs* be wetted, the relief, though not at first apparent, positively destroys the pain of thirst."

We have, hitherto, Gentlemen, confined ourselves to simple or "functional" diseases, with the exception of Vertebral Consumption, which I thought it best to arrange with curved spine generally, and thereby make that subject more perfectly understood. In our next Lecture, we shall enter into a consideration of those disorders which manifest more or less *change of structure* in their course. Such diseases are termed "organic," by medical writers, and to a certain extent they are more complicated than those we have just left. To a certain extent, too, they admit modification of treatment. In most cases of this kind, though not in all, it is my custom to prescribe one or more powers, having a general chrono-thermal influence, with one or more having a special local bearing. I have necessarily, on occasion, combined remedies which may partially decompose each other. In continuing still to do so, I am justified by *successful results*, the only test of medical truth—the ultimate end and aim of all medical treatment. A charge of unchemical knowledge has been occasionally urged against me for this, by chemists and drug compounders. But what says Mr. Locke?—"Were it my business to understand physic, would not the surer way be to consult nature itself in the history of diseases and their cures, than to espouse the principles of the dogmatists, methodists, or *chemists*?" This charge, then, I am willing to share, with numerous medical men, whom the world has already recognised as eminent in their art. By such, the answer has been often given, that the human stomach is not a chemist's alembic, but a living organ, capable of modifying the action of every substance submitted to it. And here I may mention, that Sir Astley Cooper, when I sent him my work, entitled "The Unity of Disease," with that candour and gentleman-like feeling by which he is not less distinguished, than by his high eminence as a surgeon, wrote me as follows:

"Dear Sir, I thank you most sincerely for your valuable

work. I have not the least objection to being *unchemical*, if I can be *useful*; and I agree with you, that the living stomach is not a Wedgewood mortar. Yours truly,

ASTLEY COOPER."

"DR. DICKSON, Clarges Street, Piccadilly."

LECTURE III.

HEREDITARY PREDISPOSITION — APOPLEXY — HÆMORRHAGES —
HEART-DISEASE — PULMONARY CONSUMPTION — GLANDULAR COM-
PLAINTS — CONSUMPTIVE DISEASES OF JOINTS.

GENTLEMEN,

WE have hitherto derived our illustrations of the Unity and *intermittent* nature of Disease, almost entirely from such forms of disorder, as, by the profession of the present day, are termed FUNCTIONAL; that is to say, such as are uncomplicated with organic decomposition or any marked tendency thereto. Now, in the commencement, all complaints are simply functional; I do not of course include those organic diseases that have been the immediate effect of mechanical or other direct injury—such as the passing of a small sword through the lungs or liver. I speak of disease in the *medical* acceptation of that term—disease in which one or more constitutional paroxysms occur before organic change becomes developed. Enquire the *Sequelæ* of those agues for which the usual *routine* of medical treatment may have proved unavailing. Do not these comprise every structural change to which nosologists have given a name?—hæmorrhage, or rupture of blood vessels wherever situated,—diseased lungs by whatever termed; with all the various visceral alterations which have obtained designations more or less expressive of the localities in which they become known to us—the enlarged, softened, or otherwise disorganized heart, liver, spleen and joint—the indurations and other changes which take place in the several glands of the body, whether called

scrofulous or consumptive, cancerous or schirrous. When patients thus afflicted complain of the *ague-fits*, from which they suffer, their medical attendants too often point to the local disease as the cause, when in reality, such local disease has been a mere feature or effect of repeated paroxysms of this kind. Even John Hunter, with all his acuteness, fell into this error, when he said, "We have ague, too, *from* many diseases of parts, more especially of the liver, as also the spleen, and *from* induration of the mesenteric glands." It is only of late years that the better informed members of the profession have begun to suspect that these structural alterations, instead of being the causes of the "constitutional disturbance," are the results. But this phrase, in most instances, they use without any very definite idea of its meaning—and when questioned in regard to it, either confuse the matter with the mixed-up jargon of incompatible theories, or frankly confess that they entertain notions which they feel themselves unable by any form of speech to impart to others. Gentlemen, "constitutional disturbance," when analyzed, will be found to consist of neither more or less than an *excess* or *diminution* of the healthy temperature and motions of various parts of the body,—amounting, when the disease is *recent* (or "acute") to the bolder features of INTERMITTENT FEVER—and in cases of longer standing (or "chronic") coming at last to the more subdued symptoms of that universal disease. Betwixt these two extremes you have every kind of intermediate shade,—which shade sometimes depends upon duration, sometimes upon individual constitution.

Every child of Adam comes into the world with some weak point—a *predisposition* to disease of one locality or tissue of the frame rather than another; but many persons, from accidental causes, have also their weak points. Of this kind are such parts of the body, as after having been externally injured, get so well, that while you continue in health, you suffer no inconvenience; but as old age steals upon you, or when your general health gives way, you are reminded by certain feelings of weakness in the parts injured, of the accidents that have happened to you, and that to keep the affected parts in

tolerable strength, you must not play tricks with your constitution. Individuals so situated can predict every change of weather; they are living barometers, and can tell you what kind of a day it shall be, before they rise in the morning. They obtain their knowledge of this from the experience of their feelings in their old wounds and fractures. Now, Gentlemen, this is just what you ought to be prepared to expect;—the atoms of *repaired* parts must always have a weaker attraction to each other, than the atoms of the other parts of the frame—and they must, therefore, in the very nature of things, be more liable to be influenced by external agency—by everything, in a word, that has the power to put matter in *motion*. Whatever, under ordinary circumstances, shall slightly shake or affect the whole body, must, under the same circumstances, be a subject of serious import to its weaker parts; and this argument also applies with equal force, to the atoms of those parts of individual bodies, which, by hereditary predisposition, manifest a similar weakness in the attractive power of their atoms to each other. As the child is but an extension of the living principle of the parents, its frame must naturally, to a certain degree, partake of the firmness and faults which characterised its progenitors, whether mental or corporeal—resembling them, not only in external features, but copying them even in their inward configuration. Such similitude we see extending to the minutest parts, whether such parts be fully developed, or defectively, or even *superfluously* constructed. As instances of these last, I may mention, that I have known particular families, where the frequent repetition of six fingers to the hand has taken place in successive generations, and others, where the same members have been as hereditarily reduced beneath the correct human standard. Then in regard to hereditary *mental* resemblances, you will see children, whose father died before they were born, manifesting the same facility or stubbornness of temper, the same disposition to moroseness or jocularity which characterized the authors of their being. Friends and relatives will sometimes hold up their hands with astonishment at this mental likeness of children to their parents; and that “he is just

his father over again," is a common and correct remark of the least observant. In the doctrine of *hereditary predisposition*, then, the profession and the public, I believe, are equally united in opinion ;—but whether they be so or not, is of very little import, while you have eyes to look around you, and can be yourselves convinced of it. I must, however, tell you, that in cases of hereditary predisposition, much will depend upon circumstances, whether or not such predisposition be actually and visibly developed in the individual members composing a given family. A person, for example, in whose family the heart or lungs is the weak point—by guarding himself against too rapid changes of temperature—and availing himself of a fortunate position in society as to pecuniary and other means, may so controul numerous exciting elements of disease, as to pass through life happy, and comparatively healthy ;—while his less fortunate brother, worn down by an accumulated weight of domestic and other trouble, shall not only suffer in his general health, but shall as surely have the weak point of his family's constitution brought out in his individual person. We are all, then, more or less the "sport of circumstances."

Among the various diseases, which, from their frequency, are justly recognized as the most prominent and important that affect the inhabitants of these islands, I may mention, Spitting of Blood, Consumption and Glandular disorders. The rapid transitions of temperature, so characteristic of this climate, certainly predispose us to these complaints ;—for while in the warmer countries of the East, Dysentery and Abscess of the Liver carry off the greater number of the various races that compose the population,—the natives of India, who have died on our shores, have generally fallen victims to Glandular and Chest-Disease. Even the monkey acknowledges the baneful effects of such rapid thermal transitions on his respiratory organs. More than one half of this class of animals, that come to England, die of pulmonary consumption. Diseases of the chest and glands, certainly become hereditary ; but under that head, you may include a great many others,—epilepsy, apoplexy, palsy, mania,—and,

perhaps, every purely constitutional complaint, which has obtained a name. Could the breeding of mankind be as closely watched and as easily controlled as the breeding of our domestic animals, incalculable advantages, moral, as well as physical, might be the effect of judiciously crossing particular races with each other. The tendency to the particular passions and diseases, which characterize nations and families, might, in this manner, be as certainly diminished, as the beauty of the face and form might be exalted in its standard;—for both depend greatly upon hereditary configuration, or that particular atomic association of certain parts of the body, which you find prevailing in families—other external modifying circumstances being, at the same time, kept in view, such as climate, temperature, social and political relationship, &c. But be this as it may, whatever will agitate the whole frame of an individual,—whatever will in any manner touch the stability and strength of the corporeal totality, must affect most severely the weakest point of his body, whatever that point be. This doctrine I now mean to apply to

APOPLEXY.

Suppose the *Blood-vessels* of a part to be the least strongly constructed tissue of a given individual, can you doubt that any thing which might injure his health generally, would among other phenomena, develope such original weakness in his vascular structure? Suppose you were to starve a person slowly, or to bleed him day by day, would you not in that case be sure to break down his whole health? Would you not also weaken the coats of the blood-vessels generally by what so palpably weakened every tissue of the frame? Now, suppose one or more vessels of the *Brain* to be the least strongly constructed parts of an individual body, would not such starvation or such blood-letting be sure to produce so great a weakness of the coats of these vessels as to give them a tendency to rupture, the consequence of which would be effusion of blood upon the brain,—in other words, Apoplexy? I think you must even in theory come to that conclusion. But, Gentlemen, I will give you a fact, which is better than

a thousand theories. The inmates of the Penitentiary, by very gross mismanagement, were all but starved. They were put upon a diet from which animal food was almost entirely excluded.—“An ox’s head weighing eight pounds was made into soup for one hundred people, which allows one ounce and a quarter of meat to each person. After they had been living on this food for some time, they lost their colour, flesh, and strength, and could not do as much work as formerly.” “The affections which came on during this faded, wasted, weakened state of body, were headache, vertigo, delirium, convulsions, and Apoplexy.” Now, as this statement is from the pen of Dr Latham, the physician who was deputed by government to inquire into the diseases of the Penitentiary, you cannot for a moment doubt its truth. You see, then, that the apothecary-practice of starving and bleeding to prevent or cure apoplexy is the most certain mode of producing this disease in persons predisposed to it, and of confirming it in such as have already shewn the apoplectic symptoms. What, then, are we to do in cases of this kind? How are we to prevent the accession of the fit? How, during its invasion, are we to produce amelioration or cure? That apoplexy like every other disease is a development of general constitutional disturbance,—that it is a remittent disease, and curable by the remedies most influential in the treatment of intermittent fever, according to the various stages of that complaint, I could give you a host of proofs. But there is a case in the Medical Gazette which bears so strongly upon this point that I will give it to you at length. It is from the pen of Dr. Graves of Dublin.—“I was sent for,” says that physician, “in a great hurry, to visit a gentleman in the neighbourhood of Donybrook. He had slept well till four o’clock in the morning, when he was awakened by a general feeling of malaise, shortly after which he complained of chilliness, some nausea, and headache. [Here then was the cold stage.] After these symptoms had continued about an hour, his skin became extremely *hot*, the pain of the head intense, and drowsiness was complained of, which soon ended in perfect coma, with deep snoring and insensibility;—in fact

he appeared to be labouring under a violent apoplectic fit. He *seemed* to derive much advantage from bleeding and other remedies, and to my surprise was perfectly well when I visited him in the evening. The day but one after, at the very *same hour*, the very same symptoms returned and were removed by the very same remedies. [So at least the doctor thought.] I must confess," he continues, "that I could not explain in a satisfactory manner the perfect freedom from all cerebral and paralytic symptoms after two such violent attacks of *apoplexy*. But when a *third* attack came on, I then saw it was a case of the *tertiana soporosa* of nosologists, [what jargon !] and I *prevented the return* of the fit by the exhibition of *quinine*." The quinine, you see, proved at once an efficient preventive of the returning fits, while repeated blood-letting, whatever might have been its effects in shortening them, had not the slightest influence in that more salutary respect. But when Dr Graves supposed that his bleedings did actually shorten the duration of the fits, may he not have been deceived by the approaching *remissions* of the disease,—may he not have mistaken these natural phenomena of all disorder for the effects of his remedies? All I know is this, that since I gave up the practice of bleeding in apoplexy, I have found that disease as generally curable as any other. Mr Smith of Cheshunt lately informed me that he had cured several cases of apoplexy without bleeding. How did he do that? Simply by dashing cold water over the patient's head. Mr Walter, a surgeon of Dover, has successfully treated apoplexy by the same practice. "The application of your theory," he writes to me, "has lately saved me from bleeding in *two* cases of APOPLEXY, both of which did well without it." That you may cure the disposition to

HÆMORRHAGE, OR RUPTURED BLOOD-VESSEL

in other parts of the body in this manner, I could give you an infinity of proofs. What is the old woman's practice in bleeding from the nose? To put a cold key down your back, and thus by the suddenness of the shock change in a moment the whole corporeal temperature. The principle is

the same, and the good effects of that measure ought to have long ago suggested a better practice in apoplexy and other hæmorrhages than is at present the fashion with fashionable doctors. Cold water, Gentlemen, has many virtues, but a great deal depends on the mode of its application. The suddenness of the dash is the chief thing to be attended to in cases of this nature. So much then for the proper treatment of the patient during the fit of bleeding; but what is to be done to prevent its return? English practitioners almost to a man bleed and purge you. The following case may open their eyes; and as it is not from my own experience, but from a German Medical Journal of repute, it may perhaps carry more weight with it on that account. “A strong man, aged 27, suffered on alternate days from very violent bleeding at the nose, which continued from four to six hours, and could neither be stopped nor diminished by the usual styptics, nor by any of the other means commonly employed in similar cases. Taking into account the remarkable periodicity of the bleeding, the treatment was changed for a large dose of sulphate of *quinine* with sulphuric acid. During the twenty-one days following, the bleeding recurred but twice, and was then readily stopped. The patient subsequently continued quite well.”—[*Med. Zeitung*, No. 33, 1836.]

In the case of a young lady afflicted with periodical *Vomiting* of Blood, for which she had been repeatedly bled without the smallest advantage,—or rather to the great injury of her general health,—I effected a rapid cure with a combination of Quinine and Alum. The same disease I have again and again cured by Arsenic, Opium, and Prussic Acid.

You will now, I have no doubt, be prepared to question the propriety of the usual murderous treatment adopted for Spitting of Blood.—Is not the lancet in almost every such case, the first thing in requisition, and death the almost as invariable result of the measure? What say the older authors upon this matter?—Listen to Heberden, a physician, who, for upwards of thirty years, had the highest and most extensive practice in London: “It seems probable,” writes this veteran in medicine, “from all the experience I have had

of such cases, that where the hæmorrhage proceeds from the breach of some *large* vein or artery, *there* the opening of a vein will *not* stop the efflux of blood, and it will stop *without the help of the lancet*, when it proceeds from a small one. In the former case, bleeding does no good; and in the latter, by an unnecessary waste of the patient's strength, it will *do harm*. But if the opening of a vein be intended to stop a hæmorrhage, by deprivation or revulsion, may it not be questioned whether this doctrine be so clearly established, as to remove all fears of hurting a person who has already lost too much blood, by a practice attended by the certain loss of more?" With which reasoning, I hope you are all, by this time, prepared to agree. But men who know nothing of the economy of the Human System, will sometimes dispute this matter with you, by saying, that their patients make blood so fast, that they must periodically bleed them, to keep down the disposition to hæmorrhage. Gentlemen, these practitioners deceive themselves; they are deluded into this false and fatal practice by the returning *febrile fit*—a fit that will recur and re-recur at more or less regular periods, while there is blood and life in the body; and the more frequent the bleedings practised in the case, the more frequently will this febrile fit come on, and with it, the very hæmorrhage which it is the object of their solicitude to prevent. Does it not stand to reason, that the more you debilitate the *whole body*, the more certainly you must confirm that **ORIGINALLY WEAK CONSTRUCTION** of the **VASCULAR COATS**, which constitutes the tendency to hæmorrhage? Instead of being the consequence of any constitutional plenitude of the blood itself, hæmorrhage is only a natural effect of real weakness of the coats of the containing vessels of a part; so that not only is the theory of making too much blood absolute nonsense, but the measures which medical men have been putting in force, for centuries, in their treatment of hæmorrhagic diseases, have been every one of them as fatal in their tendency, as the theory that led to them was, in principle, false. Look at the pale and exsanguined countenances of the unfortunate individuals, who, in either spitting of blood or apoplexy, have been subjected to such cruel discipline, and tell me, if these

poor creatures make too much blood?—Too much blood!—only place your finger on the artery of the wrist, and you may feel it jerking, and compressible, like that of a female who has suffered from repeated floodings. Even during the febrile paroxysm, you may see by the circumscribed flush of the face, that the patient is actually dying of hectic or inanition. What fatal mistakes have not originated in the notion of making too much blood!—To bleed in cases of ruptured blood-vessels, then, is positive madness. If you open a vein in the arm of any patient, and let blood, will the opening of another vein stop the flow? So far from this, both veins will go on bleeding till the patient either faints or dies! Should not this fact have long ago opened the eyes of the profession to the fallacy of their practice! Gentlemen, how can you doubt, for a moment, that the coats of the blood-vessels, like every other tissue of the body, *must be* equally implicated in the *general debility* that cannot fail to be produced by whatever abstracts *from*, or prevents the entrance *of* the material necessary to the healthy organization of every part of the human frame? To bleed or starve a person having a hereditary predisposition to spitting of blood or apoplexy, is the most certain method to develop these diseases in their worst forms!—Yet this is the daily practice of the most eminent physicians! one among many proofs, that in the medical profession, eminence is less frequently attained by *successful results* in practice, than by the dexterous employment of all those mean arts and petty intrigues which tell best with weak minds in the ordinary game of life. So far as practice is concerned, the eminent physician generally confines himself to the fashion of the day—the more especially, if that fashion be profitable to the apothecary; for in such case he is sure to become the fortunate *puppet* of those whose bread depends, not so much upon the cures they shall effect, as the quantity of physic they shall manage to sell. What a happy nation of fools must that be, which supposes that any class of mankind will put the interests of the public in competition with their own. Benighted and misguided people! you call upon men to relieve you from your sufferings, while you hold out

to them the most powerful of temptations to keep you on your sick-beds ! You pay for physic, what you deny to talent—for *long illnesses*, what you refuse to a speedy recovery ! Do you think medical men angels, that you thus tamper with their integrity ? Your very mode of remunerating them forces them to be corrupt—and that too, at a moment when their numbers are so great, that could even one half of them live honestly, the other half must starve ! Hear Mr Abernethy on this subject:—"there has been," he says, "a great increase of medical men, it is true, of late years ; but upon my life, *diseases have increased in proportion* ;—that is a great comfort !"—To whom is it a comfort ?—to the public or the profession ?—When you call in the physician recommended by your apothecary, how can you be sure that he is not a confederate ? or, that when the *farce* of a "Consultation" is gone through, you are not the dupes of an intrigue to plunder you ? Uncharitable man ! I hear some of you say ! how can you thus malign the members of your own profession ?—Gentlemen, when so many of *my* profession descend to practices which degrade medicine into the vilest of trades ; when hundreds of them enter into systematic collusions and conspiracies for the purpose of robbing the unfortunate victims who too confidently repose on their honour and integrity ; when their conduct in this respect is so gross and glaring, that even the editors of the Medical Journals are forced to notice the letters they receive in its exposure, is it not time that the too credulous public should be put upon their guard ? You may believe me or not as you please ; but so notoriously prevalent is this kind of medical collusion at the present moment, that the practitioner who should have the hardihood to deny its existence, may very safely be looked upon as one of the most deeply implicated of the corruptionists. That I am not alone in this belief, I may quote Dr. Forth :—"A monarch," he says, "who should free his state from this pestilent set of physicians and apothecaries, and entirely interdict the practice of medicine, would deserve to be placed by the side of the most illustrious characters who have ever conferred extensive benefits on mankind. *There is scarcely a more dishonest*

trade imaginable than the art of medicine in its present state."
—[*Rhapsodien über Medizen.*]

But to return to the subject of Ruptured Blood-vessels. You will find them in every case except where they have not been produced by mechanical or other local agency, to be the effects or developments of general intermittent disease ;—curable like other fevers, during the hot fit, by the cold dash or an emetic ;—and to be prevented during the intermission by the chrono-thermal system of treatment—in one case yielding to opium or arsenic, in another, to copper, quinine, or prussic acid—for what will agree with one constitution, may, as we have too often seen, disagree with another. I could give dozens of cases of every kind of constitutional hæmorrhage cured in this manner ; but the details of one would be the details of all. Yes, Gentlemen, by the proper application of heat and cold in the different morbid conditions of the body constituting the *febrile fit*, and by the judicious exhibition of the chrono-thermal medicines during its remission, I have successfully treated every kind of hæmorrhagic disease. The same system of treatment has enabled me effectually to cure many cases of Varicose Veins—and the mention of this recalls to my recollection the case of an aged female who had a painful *varicose* ulcer, for whom I prescribed the internal use of arsenic with almost immediate relief to her pain, and the subsequent cure of her ulcer. From the happy result of that case, the surgical mechanic may learn that there are other and better modes of treating “ varicose veins,” than by bandages and laced stockings. Well, then, I have said all I mean to say upon the subject of Hæmorrhage, and anticipated something of what naturally belongs to the treatment of diseases of the CHEST. Of that I must now speak at some length.

It has ever been the policy of teachers and professors to affect to penetrate further into a millstone than their pupils ; and, seeing that for the most part they know as little of their particular subject as those they pretend to enlighten upon it, so far as their own reputation is concerned, they are doubtless right ! The great millstone of the present day is the CHEST, —and Laennec’s bauble, the divining-rod by which our mo-

dern sages tell us they have obtained their knowledge of it. If you believe them, the *Stethoscope* is the greatest invention of these times. By means of it you may discover every motion and change of motion that ever took place in the organs within the thoracic cavity, and some that never could take place in them at all. What an invaluable instrument must it be—that stethoscope! The enchanter's wand was nothing to it! Aaron's rod perhaps came the nearest to it! But seriously speaking, just observe how gravely your hospital tyros hood-wink and hocus each other with the phrases “hypertrophy” here, and “atrophy” there; “caverns” in this place, and “congestions” in that—to say nothing of “rhoncus” and “rale,” “egophony” and “sybilus”—and Heaven knows what other sounds and signs besides—sounds and signs which, in the greater number of cases, have as much of truth and reality as the roar of the sea with which the child deludes his fancy when holding a shell to his ear!

Let me first speak to you of

DISEASES OF THE HEART.

Do not the subjects of every kind of Heart-affection tell you they are one day better, another worse? How shall we speak of diseases of this organ?—of palpitation and temporary cessation or remission of its action?—disorders constantly misunderstood, and as constantly maltreated. Complain but of flutter or uneasiness in any part of the Chest, the stethoscope—the oracular stethoscope is instantly produced. Astonished—in many instances terrified, the patient draws his breath convulsively—his heart beats rapidly—and the indications obtained by means of this instrument, at such a moment of doubt, anxiety, and fear, are registered and recognized as infallible. “Have we not,” asked the late Dr Uwins, “had too much talk of Heart-Disease since the stethoscope has come so generally into vogue?” Dr James Johnson, of whom we shall hereafter have occasion to speak, forgetful of some previous abuse which he took the trouble to bestow upon me for condemning the instrument as useless, is reported

(LANCET) to have delivered himself in the following words at a Medical Society :—“ It was a common error in young practitioners to consider the heart as organically diseased when its functions only were much interfered with, and *this error* has become *more general*, he was sorry to say, *since the STETHOSCOPE has come into use.*” Dr Johnson confines his observation to *young* practitioners—himself not coming under that head,—but I have seen men as old as he make the same mistake, and those, too, enjoying a great reputation for stethoscopic sagacity.—Gentlemen, I have seen cases in which he himself made this mistake ! and if he wishes me, I shall publish them.

Patient after patient—medical as well as non-medical,—have come to me with the *fatal scroll* of the stethoscopist—their hearts palpitating, their limbs trembling, as they gazed in my face, expecting to read there nothing short of a confirmation of their death-warrants ;—yet of these patients, many are now living and well, and laugh, as I hope to make you laugh, at both the instrument and its responses. How little must that man know of his duty as a physician, who would deprive a fellow-creature in distress of the balm of hope ?—how little can he appreciate the influence of the depressing passions on the bodily sufferings of the sick ! Yet with these eyes have I seen, in the hands of the patient, the written announcement of his doom, which afterwards turned out to be as utterly unprophetic and false in reality, as in any case it would have been unwarrantable, whether in moral or medical ethics.

Let the practitioner withdraw his eye, for a time, from a mere symptom ; let him observe how other muscles of his patient palpitate at times, like the heart, and act like that convulsively—finding these symptoms to be remittent in every case, and complicated with others, all equally remittent, would he still persist in his small bleedings, his repeated leeches, his purges—*measures of themselves* sufficient for the production of any and every degree of organic change he already fancies he has detected ! Would he not rather reflect with horror on his past treatment, and endeavour, by another

and a better practice, to enable his patient to escape the sudden death to which, in his imagination, he had devoted him? How many a physician, by such a prognostic, has obtained unmerited credit for foresight and sagacity, while he only taught the patient's friends to be prepared for an event *he himself was materially contributing to hasten!* Truly, in this case at least, prophecies do tend to verify themselves!

Gentlemen, I have seen two stethoscopists examine a patient with supposed Heart-disease, and come to the most opposite conclusions,—one declaring the organ to be enlarged, the other assuming, with equal confidence, that it was the reverse! The utter absurdity of attempting to distinguish during life, one form of Heart-affection from another by any particular sign or symptom, is sufficiently proved by this one fact, namely, that the constitutional symptoms of every case resolve themselves into the symptoms or shades of symptom of ague. But even could such distinction be effected to the nicety of a hair, the knowledge of it would *not* be worth a rush for any *practical purpose*—inasmuch as the remedies for every kind of chest-disease come at last to the same agency, whether that agency be directly applied to the surface of the body in the shape of cold or heat; or be internally administered in the form of medicines that electrically influence internal motion and temperature through the medium of the nerves. By the chrono-thermal system of practice, I have successfully treated every kind of Heart-disease which ever came, or could come, under the notice of the physician—setting aside, of course, original malformation of the organ. I will give you some cases in illustration:—

A gentleman, aged 30, had been ill for a long time, particularly complaining of his heart, the action of which organ was generally below the healthy standard, and it also palpitated occasionally. So great was his mental depression, that the smallest trifle produced tears. The temperature of his body generally was below that of health, and he suffered much from coldness of feet—of course, he had remissions, being better at particular times. As he did not improve in the country, he thought he would try a London doctor; so he came to town, and con-

sulted Dr H——, a gentleman, who having written a tolerably thick tome, entitled “Diseases of the Heart,” must necessarily be a great authority in such cases ! The stethoscope was, *of course*, applied to the chest,—its annunciation was sepulchral. HOPE in this instance told no “flattering tale,” for not only was the heart pronounced to be enlarged, but the fatal result was prophetically expressed. A mode of treatment was nevertheless prescribed—*carscarilla* and ammonia,—with aperients ! and a *bleeding* every month or six weeks !! So far, however, from deriving benefit from this practice, the patient’s health, as you may readily suppose, got worse and worse daily,—he became much emaciated in his person, and completely prostrate in mind. To sum up all, he had a tendency to fainting fits. In this state, by the advice of Dr Selwyn of Ledbury, he came to me. You already guess the practice I adopted—*chrono-thermal*, of course. Yes, gentlemen, I ordered him first a combination of prussic acid and creosote, which I afterwards followed up by arsenic and quinine. I also prescribed a generous diet, with wine. Well, what was the effect of this ?—Why, notwithstanding the depletion to which he had been subjected, he improved daily, and in about six weeks had become so well as to be able to resume his profession—the law. At the hour I speak, he follows it with ardour, and without a complaint of any kind. Indeed, a letter which I recently received from Dr Selwyn, gave me the news of his marriage. Yet this patient, according to the stethoscope, should have been dead and buried long ago !

Gentlemen, in confirmation of the value of Arsenic in disease of the heart, the details of a case from Darwin, who wrote, be it remembered, in the last century, may not be deemed unimportant :—“A gentleman, 65 years of age, had for about ten years been subject to an intermittent pulse, and to frequent palpitations of his heart. Lately the palpitations seemed to observe irregular periods, but the intermission of every third or fourth pulsation was almost perpetual. On giving him four drops of a saturated solution of *Arsenic* about every four hours, not only the palpitation did not return, but

the intermission ceased entirely, and did not return so long as he took the medicine."

The following cases are three of many such which have occurred in my own practice :—

CASE 1.—A young lady was afflicted with palpitation of the heart, occasional cough, and so great a difficulty of breathing as to be unable to sleep, except when supported with pillows. She had frequent shivering fits; her abdomen and legs were much swelled, and her symptoms altogether so distressing as to leave her friends with scarcely a ray of hope. Nevertheless by the employment of silver, quinine, and prussic acid, she did eventually recover, to the surprise of all who knew her. Remissions were well marked in this case.

CASE 2.—A young gentleman, aged 16, had violent palpitation of the heart, much headache, craving appetite, and some thirst, with great depression of spirits. He was much emaciated, and had a tendency to eruption of the skin. His hands and feet, which were generally cold by day, became during the night so hot, as frequently to keep him from sleeping. By a course of cold plunge-baths, alternated with the shower bath, and by the use at the same time of quinine and iron in combination, he was completely restored to health—every one of the above symptoms having disappeared in a few weeks.

CASE 3.—Major M·P——'s heart palpitated so violently at times, that you could see the motions in a distant part of the room. This was the case when I was asked to see him. I ordered him prussic acid and musk, which stopped the palpitation in about two minutes after he took it. In the middle of the night he had a threatening of the complaint, but it was at once stopped by the same medicines. A continuation of them for about six weeks cured him completely.

We now come to consider

PULMONARY CONSUMPTION, OR PHTHISIS.

When you see a person harassed with cough, and losing his flesh, and if, at the same time, he complain of shortness

of breath and pain of the chest, and begin to expectorate a purulent looking matter, you may certainly set his disease down as *consumptive*; for not only is his general health in that case manifestly wrong, but his lungs are more or less implicated,—and what does it signify in which of their tissues? what does it signify whether it be their mucous membrane, their glands, or their interstitial substance. If his general health, from the time he becomes your patient, improve, he will naturally live as long as it continues to do so,—if not, and if it as progressively continue to get worse, he must die! Any further discussion of the matter, *quoad hoc*, resolves itself into the interminable question of Tweedle-dum and Tweedle-dee!

“Can Consumption be cured?” asked Mr. Abernethy, adding in his own sarcastic manner, “Odd bless me! that’s a question which a man who had lived in a dissecting-room would laugh at. How many people do you examine who have lungs tubercular which are otherwise sound. What is Consumption?—It is *tubercle* of the lungs—then if those tubercles were healed, and the lungs otherwise sound, the patient *must get better*; but if the inquirer shift his ground and say ‘It was the case I meant of tubercles over the whole lungs,’ why then, he shifts his ground to no purpose, for there is no case of any disease which, when it has proceeded to a certain extent, can be cured.”

The next question is, what are tubercles? I take this to be the true answer,—and I wish you to consider it well, for it is, or, I should rather say *was*, totally at variance with the notions of the profession, some of whom even *now* believe them to be parasitical animals!—For the requisite lubrication of the mucous membrane of the pulmonary cells and other air-passages, there must be a certain amount of secretion. To supply this secretion, a number of minute and almost imperceptible *Glands* intersperse the entire pulmonary tissue, but abound more particularly in the *upper portion* of it—that identical portion in which pathologists have detected the *commencement* of Consumption! Now, during constitutional disorder, these glands, like every other gland in the body, are liable

to become diseased, and even to run into abscess. This abscess, Gentlemen, is "tubercle;"—and the consequent disorganization of portions of the lungs, by the successive enlargement and coalescence of a number of such abscesses, constitutes *Tuberculous Consumption*—the various stages of which are more or less gradually produced in the course of repeated *paroxysms* of general remittent disorder. The matter expectorated by the patient consists of the contents of these tubercles, and it is often mixed with blood; while the cough is sometimes the effect of a lodgment of matter in the air passages, and sometimes of the cold air coming in contact with the ulcerated surface of the diseased lungs,—though at other times it is *periodically* spasmodic. To understand this subject in all its bearings, you have only to observe the more palpable changes which take place in the glands of the neck of certain patients. These glands, in the *healthy* living subject can neither be seen nor felt; but apply any general influence that shall excite *fever* in an individual predisposed to glandular disorder,—such as starvation, exposure to cold, or the abuse of mercury, and what do you find? Why, these very cervical glands gradually enlarge, form tumors, become decomposed, and finally terminate in abscesses, the contents of which, so far as appearance is concerned, are the identical contents of pulmonary tubercles, or *vomicæ*, as these tubercles are sometimes called. In the one case, the patient is said to have the "Evil" or "Scrofula," in the other Phthisis or Consumption;—the difference of place, and the degree of importance of this in the animal economy, making the only difference between them. In still farther proof of the correctness of this explanation, I may mention, that Louis and others have detected *tuberculous* matter in various other parts of the body of patients who have died consumptive.

We now come to the question of Cure, and from what we have already said, you must be aware, that however curable Pulmonary Consumption may be in the commencement, in the later stages—that is, where a very considerable portion of the lungs is destroyed—it cannot possibly be cured, though even in this case, the disease, by proper management,

may sometimes be arrested. But here, instead of confusing you with fine-spun distinctions, the delight of the schoolmen, I shall try to explain my meaning to you by *similitudes*; for these, in the words of Fuller, are after all “the windows that give the *best light*.”—Many of you doubtless have had a certain portion of a tooth slowly *consumed* by disease, which disease, [tooth-consumption ?] by some change in your manner of living, or otherwise, has all of a sudden stopped, and the remaining sound portion of that identical tooth has continued to be useful to you for years! Such arrest of the consumption of a tooth, I have often myself obtained by quinine internally administered, and Dr Irving of Cheltenham, some time ago detailed to me two cases in which he succeeded with that remedy. Well, then, with medicines of this class, and sometimes even without any medicine at all, the same thing may take place in the lungs; and I have known persons reach a good old age, who had portions of their lungs destroyed, but who, by proper medicine, and attention to the temperature of their chambers, preserved the sound parts from going into further decay. Such persons, at greater or less intervals of time, may even be free from almost every symptom of consumption, and shall only commence to expectorate during some change of weather, when they have slight febrile attacks, but these will leave them again on the return of warm weather.

I have no wish to puff myself off as the only person in the world who has cured consumption. The disease, as I shall shortly shew you, has been cured by others, though I am not so sure that the persons who cured it, knew the principle upon which their remedies acted. The real nature of the complaint, I am satisfied no author has ever explained *before me*;—and my explanation is now, I believe, pretty generally admitted to be the correct one. The same power that will set a ship on the right course, improperly applied will set it on the wrong. This is exactly the case with medicine; the same power that will cure a disease in one person, may cause or aggravate it, according to circumstances, in another. How frightful then that such a power should be daily wielded by medical men, who have not the smallest idea of the principle

upon which their remedies act! No wonder we have such contrary accounts of the action of remedies in pulmonary consumption. A case of the disease, which *was cured*, I will now read;—it is from the pen of the patient, himself a physician,—I believe the late Dr Currie of Liverpool,—and it is given by Dr Darwin in his *Zoonomia*. “J. C. aged 27, with black hair, and a ruddy complexion, was subject to cough from the age of puberty, and occasionally to spitting of blood; his maternal grandfather died of consumption under thirty years of age, and his mother fell a victim to this disease, with which she had been long threatened, in her 43d year, and immediately after she had ceased to have children. In the severe winter of 1773-74, he was much afflicted with cough, and being exposed to intense cold in the month of February, he was seized with peripneumony. The disease was violent and dangerous, and after repeated bleedings, as well as blisterings, which he supported with difficulty, in about six weeks he was able to leave his bed. At this time the cough was severe, and the expectoration difficult; a fixed pain remained in the left side, where an issue was inserted. Regular hectic came on every day, about an hour after noon, and every night, heat and restlessness took place, succeeded towards morning by general perspiration; the patient having formerly been subject to AGUE, was struck with the resemblance of *the febrile paroxysms, with what he had experienced under that disease*, and was willing to flatter himself, it might be of the same nature; therefore he took Bark in the interval of the fever, but with an increase of his cough.” This patient eventually recovered by change of air and horse-exercise,—the last, a remedy held in high repute by Sydenham. What first induced Sydenham to prescribe horse-exercise for pulmonary consumption? Was it any knowledge he had obtained in the dissecting-room? No, gentlemen, it was the same kind of experience that first taught the Peruvian peasant the value of bark, as a remedy for ague; namely the observation of its good effects upon the living. You might dissect diseased bodies for ever, without even once guessing that either the one agency or the other could beneficially influence any kind

of disorder. See, then, the difference betwixt watching the action of external influences on *living bodies* and dissecting and hair-splitting the broken down organs of *dead ones*! Yet Lord Brougham on one occasion in the House of Peers, with a schoolboy simplicity, declared that the only good medical education is to be got in the dissecting-room!

The relationship existing between Phthisis and Ague is not only established by the heats, and the remissions and exacerbations of the above case, but also by the remedies that proved successful in its treatment,—horse-exercise, and change of air having cured agues, which had resisted every kind of internal medicine, bark among the number;—so that Bark is no more a specific for Ague, than for any other disease. Were you to judge solely from the experience of the above case, in which the bark not only failed, but actually aggravated the symptoms, you might be led to conclude, that it ought never to be exhibited in consumption; but you will remember that the same is every day the effect of its employment in ague,—in which latter disease, we therefore dismiss it for arsenic, opium, iron, or some other agent, which may better answer the peculiar habit of the patient, and which we cannot know until we try. Never take your estimation of a remedy from its success or failure in one case.

In the 13th volume of the Medical Gazette, you will find the detailed case of a man labouring under Consumption, for whom Mr Maclure, the gentleman who narrates it, prescribed generous diet and quinine. Dr Marshall Hall examined the patient with the stethoscope, and pronounced an unfavourable prognostic. Even after commencing the quinine, and when a considerable improvement had taken place in the appearance of the patient, Dr Hall still held that the case would be fatal;—"again the stethoscope was consulted—again it uttered the same sepulchral responses; and according to it, the poor patient ought by this to have been moribund, his pulse, good looks, muscular firmness, appetite, and high spirits notwithstanding. I need hardly add," says the narrator of this case, "that our judicious friend the doctor, was much surprised, as well as gratified, to witness his ap-

pearance"—alluding to the change after the cure had taken place. Justice to Dr Hall compels us to say, that in another number of the same journal, he questions the *cure*. But it is enough for our present purpose, that he admits *suspension*; and if this suspension continued for a series of years, it is not worth while to inquire whether the patient was cured or not. In fact, the matter would resolve itself into a mere dispute about words.

With quinine and other chrono-thermal medicines, I am satisfied I have cured or arrested at least five hundred cases of consumption, many of them too, in apparently very advanced stages. The stethoscopists will of course question this, and ask how I could know, without using their instrument. I shall therefore give them a case of this kind in which it was employed, not by myself, but by men who have the reputation at least of being wonderfully quick in the use of it:—A pianoforte maker, aged 36, came to me much emaciated: he complained of shiverings, chills, and heats, night sweats, cough, and expectoration of matter, tinged with blood occasionally; he informed me that he had been a patient at a provincial dispensary, from which, after having for some months taken much medicine, and been repeatedly blistered, he was discharged as incurable. The stethoscope, he informed me, had been consulted in his case by Drs. M. and A., both of whom told his wife he was in the last stage of consumption, and there was no hope. I prescribed hydrocyanic acid, two drops to be taken three times a-day, and ordered him to take a pill, containing a combination of opium and quinine, at that period of the day when he should find himself most free from the symptoms of his disease. From that day, he began to recover his flesh and spirits; his pulse, which was 120, gradually fell to 80, his appetite improved daily, his expectoration diminished in proportion, and in about three months he returned to his work, without any complaint whatever. I must not omit to add that I ordered him to apply a galbanum plaster to his spine, in which he had suffered from chills, and which it effectually stopped. A year afterwards, I saw him again,—when, in the presence of

Dr. Selwyn of Ledbury, he told me he was quite well, and was still at his work, and he expressed to me his gratitude for my successful efforts in his favour. Now, some will say this case was consumption and some not,—for when the patient dies nobody disputes it, but when he gets well every body does ;—some again may learnedly give us to understand that the disease might break out again at some future period, say five or six years after,—which I am ready to grant ; and what is more, to admit may happen after a cure in any disease whatever ; and so may a fractured bone that has united in the best possible manner, and got well, become in the course of years and constitutional change, disunited again ; as you may find, if you will read the accounts of the diseases of the sailors who accompanied Lord Anson in his voyages.

I will just give one case more, illustrative of the success attending the chrono-thermal mode of treating phthisis. A maid-servant, 25 years of age, the subject of consumption, had been an out-patient at the same dispensary for several months, during which she had been bled, leeches, and blistered, but as she found herself daily getting worse, she came to me ; she was then spitting blood and matter ; her pulse was quick and small ; she had chills, and heats, and night sweats, with severe cough. I prescribed hydrocyanic acid, as in the above case, with opium and quinine during the remission ; with this treatment she recovered completely, and though several years have now elapsed, she has had no return of her disease.

When I first entered into private practice in this country, I was much abused for giving prussic acid, and that too by individuals who afterwards ordered it in their own prescriptions ! All I can say is, it is a most valuable medicine ; but like fire or hot water, it is not to be left at the mercy of fools or children ; inasmuch as, like either of these agents, it may *warm* you in one degree, and destroy you in another. Moreover, it will not agree with all patients, some complaining of increase of cough after using it. Well, this you cannot of course know till you try, and therefore you will suit your patient's constitution as best you can—for, in the words of Lord

Bacon, "a wise physician doth not continue still the same medicine to a patient, but he will vary if the first medicine doth not apparently succeed—for of those remedies that are good for the jaundice, stone, agues, &c., *that will do good in one body which will not do good in another—according to the correspondence the medicine hath to the individual body.*" Is not this matter of every day's experience? How can we tell before we try, whether opium will set a person to sleep or keep him awake all night? or that prussic acid will aggravate consumption in one case and cure or ameliorate it in another? The difference in the electric condition of the brain of different patients, I take to be the reason. At all events, whatever be the true explanation of these facts, they shew, at least, the utter impossibility of foretelling, in numerous cases, by what remedial agency you can accomplish a given object—and they must also demonstrate to all who have even the very least pretension to common sense, the imposture daily practised by the charlatan when he puffs his nostrum as a universal and infallible remedy. But so far as regards prussic acid, its good effects in numerous cases of consumption are unquestionable. On the Continent, Magendie, among others, "asserts and maintains" that, with this acid he has cured individuals "having all the symptoms of incipient phthisis, and even those in a more advanced stage." Dr. Frisch, of Nyborg, in Denmark, has also employed the remedy successfully in Consumption. But prussic acid is equally influential as a remedy for ague, and I have administered it with the most perfect success in cases of that disease, after they had resisted quinine and arsenic. Dr Brown Langrish, too, with laurel-water (the virtues of which depend upon the prussic acid it contains,) cured many cases of obstinate ague. The principle upon which this acid acts in both diseases I need not say is one and the same—namely, by its power electrically to influence the motion and temperature of certain parts of the body, through the medium of the brain and nerves. People who have accidentally taken an over-dose will tell you how they felt as if they had had an *electric shock*. Whatever produces a sudden impression upon the whole frame

causes such shock. Whatever acts upon it more slowly does the same *in effect* as galvanism or electricity slowly and gradually applied. How otherwise can you influence the body in disease

“ With drugs or minerals
That waken motion !”—SHAKSPEARE.

The action of such substances, I do not require to tell you, is any thing but *mechanical*. What, then, can it be but *electrical* or *galvanic*? To call it chemical or magnetic is only an admission of my position, for these have been proved by Mr. Faraday to be mere modifications of the same great principle. We can now understand how galvanism and electricity may be directly and advantageously employed in every disease which has obtained a name, ague and consumption among the number.

Before I quit the subject of consumption, I may mention that I have derived great benefit, in many cases of the disease, from arsenic and silver, and also from sub-carbonate of potass. In four or five cases which resisted many remedies, a combination of stramonium and belladonna arrested for a time, though it did not ultimately cure the complaint. In many cases in which we are consulted, the disease may have proceeded so far as to make cure impossible—in other cases, which might seem to admit of this desirable end, circumstances, over which we have no control, will prevent it. Do you think it possible to cure a person of any grave disease if he were everlastingly on the eve of bankruptcy,—or who lived in an atmosphere which disagreed with his health generally,—or who had a wife continually scolding him and making him miserable? In such cases need I say it will be difficult to give even a temporary benefit in consumption.

There is a phrase at present so much in fashion, that were I all at once to tell you it was absolute and indisputable nonsense, you would, in all probability, stare with astonishment. Gentlemen, did any of you ever hear of *Brain-cough*—or *Ear-cough*—or *Eye-cough*?—No!—But you have, of course,

heard two doctors discussing with the greatest gravity imaginable, whether a particular complaint was incipient consumption or "*Stomach-cough*," as if people in these days coughed with their stomachs instead of their lungs! Only let a fashionable physician give currency to this kind of false coin, and it will pass for genuine, till some suspicious character like myself shall submit it to analysis at the mint of Common Sense, and then—what then?—Why, people will scarcely even then believe the evidence of the whole of their five senses put together,—for, as some one says, when the gullible public "once get hold of a *lie*, they become so enamoured of it, that nothing but death will make them part with it." Who it was that first introduced the phrase "stomach-cough" I do not know, but Dr Wilson Philip, at all events, insists that "indigestion or dyspepsia is the remote cause of a variety of consumption;" and in proof of this he tells us he has cured it with minute doses of mercury. Now, if this were any proof of the *origin* of a disease, every disease in existence might be termed a "stomach affection;" for I scarcely know a complaint, however grave, which I have not myself cured by the same medicine;—aye, and seen aggravated by it too. In the latter case, of course, it could not be a "stomach disease." Direct your attention, says Dr Philip, to the digestive organs, and you will improve the subject of "*dyspeptic-phthisis*." And so you may if you direct your attention to any other part of the body of a consumptive patient,—for what part of the body of such a patient performs its functions correctly? Are not his feet and hands cold and hot by turns, his skin one moment harsh and dry; another, bedewed by a cold and clammy sweat? Are these *causes* or *coincidences*? May you not as well say, Cure the consumption, and the digestive powers will improve, as, Cure the digestion, and you will stop the phthisis? Medical men constantly talk of indigestion as an essence or entity having features separate and distinct from all other disorders. Can any person, I ask, be the subject of any disease without his digestion being more or less implicated? What becomes of your digestion in *fever*? Or when you get bad news just as you are about to eat your

dinner? Though you were as hungry as a hawk a moment before, your appetite would leave you then. Gentlemen, have we a *Brain* or have we not? Give a man a blow on that, and see what becomes of his digestion? How much the workings of this organ have to do with the functions of the stomach, we have a lesson in the play of Henry VIII. Mark what the fiery monarch says to cardinal Wolsey when surprising him with the proofs of his treachery—

——“ Read o'er this,
And after, this ; and then to breakfast
With what *appetite* you have.”

Do you doubt that the *breathing* of a man thus suddenly and unceremoniously surprised would be as much affected at such a moment as his appetite? See, then, the absurdity of placing naturally *coincident* circumstances in the light of cause and effect! Shakspeare knew the influence of a passion upon the *totality* of the body better than half the faculty; and I am not sure that he could not have prescribed to better purpose than them all put together. Do you think that in cases of this kind he would have troubled his head about the digestive organs, or that he would have said, like many of the great doctors of the day, “we must put the stomach and bowels to rights!” Certainly not; he would have made the brain his first care;—he would have first tried to soothe and comfort that, and then he would have expected the appetite to return. Now, that is what ought to be done in all complaints, indigestion and consumption included. Every organ of the body is of importance in our economy,—but the Brain is *so* important an organ that people cannot live a moment without it; and whatever affects it, for good or for evil, affects every other part of the body,—the lungs as much as the stomach. Now, it is only through the medium of the brain and nerves that mercury can influence the diseases of these two last mentioned organs, whether advantageously or the reverse; and, as I have told you before, it can do *both*,—according to the correspondence and *fitness* it hath for individual bodies, and the *scale* or *degree* in which it may be admi-

nistered. But upon the subject of appetite the greatest nonsense prevails, even in the profession. You hear that such a one is ill—very ill,—but, thank heaven! his appetite still keeps “good.” How, then, is it that the patient continues day by day to waste and become skeleton-like? It is because that man’s appetite, so far from being “good—nay excellent,” is *morbidly voracious* and craving, having as much resemblance to the appetite of health as the diabetic flow of urine has to a useful—that is, a moderate secretion—from the kidneys. No man can possibly be the subject of disease of any kind without his digestive organs partaking in the general *totality* of derangement. Whatever can improve the general health in one case may do the same in the other. Now, though the chrono-thermal remedies, judiciously administered *during the remission*, may of themselves singly cure almost every kind of disease,—yet it is my custom to combine and alternate them, as I have already said, with such medicines as experience proves have more or less affinity to the particular parts of the body most implicated in a given case,—mercury, iodine, aperients, and emetics, for example,—inasmuch as the cure may thereby, in many instances, be at least accelerated. The well-ascertained influence of mercury and iodine on the glandular and assimilative nerves, naturally points to those two medicines as being the most proper for consumption; and I feel it my duty to state to you that I have often availed myself of their beneficial influence in that disease. That they can produce it in cases where they prove constitutionally injurious, you will scarcely doubt, when you consider that whatever may injure the general health of persons predisposed to chest-disease, may as certainly bring out that weak point of their frame. Instances produced by both, more particularly mercury, I have too often been compelled to witness.

Medical practitioners, when detailing the most strikingly remittent phenomena, in general manage so to word them that you cannot distinguish whether they be remittent or not. The more intelligent non-medical writer will often convey in his unsophisticated English the precise bearings of a case.

Take an instance from Captain Hall's narration of the illness of the Countess Purgstall:—"Our venerable friend," he says, "though she seemed to rally, and was certainly in as cheerful spirits as ever, had gotten a severe shake; her nights were passed in coughing, *high fever*, and sharp rheumatic pains,—but in the *day-time she appeared so well*, that it was scarcely possible to believe her dying, in spite of her constant assertion to that effect." (*Schloss Hainfield.*) Now, in such a case as this, would not the responses of the stethoscope differ materially according to the time they were taken? The indications obtained through its medium could not possibly be the same by night as by day.

Connected with this subject, I may mention that it was the fate of a little *Work of mine** to be criticised in two medical periodicals, [*The Medico-Chirurgical Review*, and *The British and Foreign Medical Review*] the editors of which would appear to have rivalled each other in the scurrility of the language with which they thought it necessary to denounce my pages. Not content with misstating and misrepresenting the matter of the volume, they resorted to personal abuse of its author; my open contempt of their wooden idol, the stethoscope, would appear to have fired them with a common indignation,—for, while Drs. Conolly and Forbes, conductors of the one *Review*, with rare courtesy, made this a reason for pointing out to me "the advantages of common sense over the want of it," Dr. James Johnson, editor of the other, in an equally polite manner, charged me with "profound ignorance and inveterate prejudice."

This language, so evidently the offspring of bad blood and low breeding, I at one time determined to treat with contemptuous silence; but when I reflected how few, comparatively speaking, are aware of the manner in which the medical criticism of this metropolis is managed, and that the *Reviews* in question, are only part of the corrupt machinery by which Mediocrity and Mendacity have been too often enabled

* *Fallacy of the Art of Physic, as Taught in the Schools.* Longman and Co., 1836.

to usurp the place and grasp the emoluments of Genius, I took an opportunity of answering to the conductors of both publications, through the medium of the *Lancet*.* To that answer one only of the parties, Dr. James Johnson, put in a replication, but whether he gained or lost by the line of conduct he pursued, I leave to his own warmest advocates to decide. Drs. Forbes and Conolly to this hour have never attempted to invalidate either my facts or reasoning, though in a recent number of their periodical, they have taken care to repeat their abuse of me—a sure sign that they still smart under the effects of the castigation they received at my hands.

Having already proved the utter inutility of the stethoscope, as a diagnostic instrument in Diseases of the HEART, I shall now enter into some investigation of its merits, as connected with the subject of Pulmonary Consumption.

Permit me, I said to my very polite critics, to ask you a plain question.—Since this instrument came into fashion, has the physician been able to bring pectoral, or any other disease, to a more favourable termination than formerly? Hitherto, I never could obtain but one answer to this question, and that answer was always a negative. But softly, you will say—has it not taught us to discriminate and distinguish one disease from another? Admitting for the present, that such is the fact, (which, however, I shall shortly disprove) of what use, I again ask, is such discrimination, such change of one kind of *verbiage* for another, if it lead to no difference or improvement in practice—if our remedial measures, for all shades and variations of pectoral disorder, come at last to the same agency? What is it but a vain waste of time in splitting straws, to attempt to distinguish by some nice *auricular* sign, severe disease of *one* tissue of the pulmonary substance from another, if the proper treatment of every kind of chest disorder be the same? If you reply, it is

* For an exposure of the profligacy of these and other London Medical Reviews, see the *LANCET passim*.

a satisfaction to know whether the disease be *curable* or not, I give you for rejoinder the fact, that where the symptoms are so grave as to be with difficulty distinguished from tuberculous consumption, the disease, in that case, may either, like consumption, under certain circumstances admit of cure, or like the same disorder in its very advanced stages, as certainly terminate in death.

“Rush, Portal, and the most judicious physicians,” says Dr. Hancock, “have constantly regarded consumption to be a disease of the constitution, *not consisting merely of ulceration* or loss of substance in the lungs—of course not to be disposed of by stethoscopes or any oracular mummery. Hence too, we see the reason that consumption formerly, in the times of Morton, Sydenham, Bennet, and others, was not regarded as an incurable disease.” Let us nevertheless, for argument’s sake, allow that a knowledge of the exact amount of pectoral decomposition, could be turned to some useful or practical account; are my critics so certain that the stethoscope is adequate to the detection of this? Andral, an authority to whom “pathologists” on all occasions implicitly bow, candidly admits its deficiency. “*Without other signs,*” he says, “the stethoscope does *not* reveal with certainty consumption and inflammations of the heart.” And Dr. Latham, who has taken no small pains to advocate its employment, admits that the best auscultators even have been led to a wrong prognostic by it. “To most patients,” he adds, “I fear it is a *trouble and distress.*” Now this is just the reason why I repudiate its assistance;—whatever troubles and distresses the patient, must not only alter all his cardiac and respiratory movements, so as to neutralize the whole indications presented by them; but must actually aggravate the state of his system throughout, and, by consequence, instead of tending to the relief of the part most implicated, must further increase its diseased state. Well, then, as the information obtained from the stethoscope must, from the nature of things, be as hollow and empty as the toy through which it proceeds—and as the discovery of the degree of organic change, even could it be known to a nicety, can *in no instance* lead to prac-

tical improvement, I am content to judge of it from the patient's general appearance, the number of his respirations, and the sounds emitted, when he speaks, breathes, and coughs, as appreciable by the naked ear. From an instrument whose employment *troubles and distresses the majority of patients*, I look for no superior information.

Gentlemen, we are all liable to trust too much to our Ears, Depend upon it, it were better, in diseases of the chest, as on most other occasions, to examine things with our Eyes. When professional men are consulted about disorders of that cavity, they should watch well the physiognomy of the patient, they should mark whether his respiration be hurried, or the reverse, whether he has lost flesh or begins to gain it; and from whatever part of the lungs the matter expectorated may proceed, they can be at no loss for the proper principle of treatment;—their eyes will soon tell them whether he gets better or worse—whether a medicine should be continued or changed for another—more than this

———“ There need no words, nor terms precise—
The paltry jargon of the *teaching* mart,
Where PEDANTRY gulls FOLLY;—we have *Eyes*.”

Recur, then, to Nature, and you will find that chest-affections, like every other, are *remittent* disorders. Surely, under these circumstances, quinine and opium are of infinitely more avail than all the discussion and discrimination of all the doctors that ever mystified disease by their vain nosologies! What cares the patient about the alphabetical combination, by which you baptize his disease, if you cannot make him better; and if you succeed in curing him, what does it signify, whether you call it one name or another? Is it not enough to know that the disease was in the chest, and that your treatment was judicious? So far as result is concerned, the wise physician, even when despairing of success, will do well to guard himself against a too decided prognostic in any case. How often have I heard patients, who had formerly suffered from chest-disease, boast that they had *lived*

to cheat their doctor of the *death* to which he had theoretically doomed them—aye, and that doctor a stethoscopist !

It is truly amusing to find men playing the critic, without the smallest pretension to the knowledge requisite for such an office. So ignorant was my *Medico-Chirurgical* Reviewer, Dr. James Johnson, of one of the most universal laws, both of health and disorder, as to accuse me of a limited grasp of my profession, for making Fever,—“not fever in the large sense of the word, but only *remittent* fever,” my primitive type of all disease. He chuckled that he could confront me with the school-boy term, “*continued* fever,” “fever in the LARGE sense of the word ;” but according to a living professor, Dr. A. T. Thomson, “in *continued* fever, in almost every case, there is an exacerbation towards mid-day, and the REMISSION towards morning.” Another cotemporary, Dr Shearman, says, “an *Intermittent* is the most perfect form of fever, having the most complete periods of accession and intermission. The *Continued* fever, as it is called, differs from this only in its periods being less perfect and the stages of its curriculum less obvious.” Cullen, long ago, said the same thing in nearly the same words. But my preference of the *perfect* rather than the *imperfect* form of fever, for my type of all disease, was, in the eyes of Dr. James Johnson, so great a blunder, that he not only condemned my doctrine *in toto*, as a *Pyrexia-Mania*, or fever-madness, but assured his readers, that my madness had a method in it. Gentlemen, whether or not Dr. Johnson’s own practice does better deserve to come under the head of madness, savouring moreover of a rather *sanguinary* and homicidal type of it—I shall have an opportunity of shewing you, when we come to treat of Dysentery. Meantime I may observe, that,

“ Tho’ I hope not hence unscathed to go,
 Who conquers me shall find a stubborn foe ;
 The time hath been when no harsh sound would fall,
 From lips that now would seem imbued with gall,
 Nor fools, nor follies tempt me to despise
 The meanest thing that crawls beneath mine eyes ;
 But now so callous grown, so changed since youth,

I've learned to *think* and sternly *speak* the Truth,—
 Learned to deride the CRITIC's starch decree,
 And break him on the wheel he meant for me ;
 To spurn the rod a scribbler bids me kiss,
 Nor care if courts or crowds applaud or hiss."—BYRON.

Having already adverted to

GLANDULAR DISEASE,

I will just shortly observe that, whether involving some large gland, such as the liver, pancreas, or spleen,—if the last-mentioned viscus be indeed a gland,—or taking place in the glandular apparatus of canals, the lachrymal and biliary ducts, the eustachian, salivary, and urinary passages, for example,—such disorders may all be advantageously treated by the various chrono-thermal medicines, and more certainly so, if combined with minute doses of iodine, mercury, and other remedies which have a well-known glandular affinity. Disorders of the absorbent glands, whether situated in the neck, axilla, or groin, or in the course of the mesentery, are for the most part termed “scrofula,” and by some practitioners presumed to be incurable,—than which nothing can be more erroneous, unless it be the system which renders them so ;—namely, the application of leeches to the tumors, and the purgatives so unsparingly employed by many in their treatment. All these various diseases are features or effects of remittent fever ;—by controlling which with the chrono-thermal agents, they may all, in the earlier stages, be at once arrested, and some, even of a chronic character, perfectly cured by a combination of these remedies with mercury or iodine. I could give cases innumerable in proof of this, but as I have already so well established the principle in other cases of structural disease, and have still further to illustrate it in the disorders which we are about to enter upon, I shall not detain you further on this matter, than to state the fact as I have found it,—a fact which your own after-experience will enable you to confirm, with only a common-place share of observation and sagacity.

CONSUMPTIVE DISEASES OF JOINTS.

Very much akin to Consumption of the Lungs are various diseases which, from their external manifestations, have been too long left under the exclusive dominion of the surgeons, namely, those destructive affections of the joints, which so often bring the subjects of them to the amputating table. I forget the particular operative eminent who thanked God he knew nothing of physic! Such a confession was very proper for a butcher—for the barber-surgeons of former ages;—but the man who prefers the honest consciousness of saving his patient from prolonged suffering and mutilation, to the spurious brilliancy of a name for “Operations,” will blush for the individual whose only title to renown was the bliss of his boasted ignorance, and a mechanical dexterity of hand unenviably obtained by an equally unjustifiable waste of human blood. What would such a person say to the following cases?

CASE 1.—Harriet Buckle, seven months old, had what is called a scrofulous elbow. The joint was much enlarged, red, painful, and pervious to the probe, with discharge. The patient was the subject of *diurnal fever*. Notwithstanding the assurances of the mother that amputation had been held out as the only resource by two hospital surgeons under whose care the child had previously been, I confidently calculated on success. A powder containing calomel, quinine, and rhubarb, in minute doses, was directed to be taken every third hour. The case was completely cured in a fortnight without any external application.

CASE 2.—A young gentleman, aged 11, had enlarged knee, with great pain and heat, which came on in paroxysms. Leeches, blisters, and purgatives had all been ineffectually tried by his surgeon, who then proposed amputation; the boy's mother hesitated, and I was called in. I prescribed minute doses of calomel and quinine. From that time the knee gradually got better, but stiff joint was the result,—*anchylosis* or adhesions having taken place before I was consulted.

CASE 3.—A boy, aged 6, began to lose flesh, to walk lame, and to complain of pain of knee, stooping occasionally to place his hand upon it when he walked. There was some alteration in the appearance of the hip of the same side, when I was requested to see him. I adopted a similar treatment as in the above case, and the child rapidly recovered his health, with the complete use of his limb. He had been previously seen by a surgeon, who rightly pronounced the case to be one of *Hip-disease*.

CASE 4.—A girl, aged 12, had enlarged ancle, with an open ulcer leading into the joint. Amputation, according to the mother, was looked upon as the inevitable termination of the case by two surgeons, under whose care the patient had been for twelve months previously to my seeing her. With small doses of quinine and calomel, the girl regained her health, and the ancle got well in six weeks.

The curious in nosology might demand the names of these various diseases. Will they be content with the simplicity of JOINT CONSUMPTION? Truly in surgical authors they may find verbiage enough to distinguish them all, such as “scrofula,” “white-swelling,” “*morbis coxarius*,” “the evil,” &c., but whether or not these words be explanations, I leave to more learned heads than mine to decide.

There is not a disease, Gentlemen, however named or by whatever caused, of which the most perfectly periodic examples might not be given, and the only difference in them in this type, and the more apparently continued forms, is, that the periods of the latter are less perfect, and the stages of their curriculum less marked than in the former. No physician will doubt that a purely periodic disease, whatever be its nosological name, partakes of the nature, and is more or less amenable to the treatment successfully followed in ague. Why then deny that the same disease, when less obviously periodic, partakes of that variety of ague misnamed *continued Fever*, since all disorders like it have remissions and exacerbations, more or less perfect in character, throughout their whole course? What are such diseases but varieties of the more purely intermittent type? And what are the remedies found

to be most beneficial in their treatment, but the remedies of most acknowledged efficacy in simple ague.

Remission and Paroxysm are equally the law of what are termed *local* diseases, as of the more general symptoms which are supposed to be the exclusive province of the physician. John Hunter seems to be the only surgeon who has remarked this:—"Exacerbations," he says, "are common to all constitutional diseases, and would often appear to belong to many local complaints." Gentlemen, they belong to all. You may observe them even in the case of disease from local injury; and here I may give you an instance in illustration of this, contained in a letter to me from Mr Radley, of Newton Abbot, Devon, a gentleman well known for his improved method of treating fractures. It is as follows:—"Many thanks to you for the 'Unity of Disease,' which contains in it more of the true philosophy of medicine than any book I have ever yet seen. There are some passages that threw me into an ecstasy of delight on reading them. On the other side I send you a case strikingly illustrative of the truth of your new doctrine, and one that was presented to me in my own favourite class of subjects. It was not elicited by inquiry, but thrust most unexpectedly upon my notice; and had not your work prepared me for such a fact, I will be so candid as to say the fact would have been lost upon me:—G. Manning, aged 42, fractured the tibia on the 2d instant. It was a simple fracture, with much contusion. To soothe the pain, he had a solution of morphia after the limb had been laid on a pillow. When three days had elapsed, he still complained of pain, and on my inquiring when he suffered most, 'Why, zur, 'tis very curious to me, for the pain comes every twelve hours *quite regular*, about midnight; when it lasts one hour and a half or two hours, and again in the middle of the day.' The patient is now doing well under *bark*."

Every surgeon of experience is aware of the severe and occasionally fatal operations resorted to for the purpose of obtaining a reunion of fractured bones in particular constitutions,—of the setons which have been passed between their

ends, and of the knives and saws by which they have been scraped and pared,—those horrible local means for constitutional causes. Dr. Colles of Dublin, and Mr. Bransby Cooper of this city, deserve well of mankind for the introduction of a constitutional mode of treating such cases. In the hands of these surgeons, mercury internally exhibited has enabled patients of this kind to obtain a perfect reunion of their fractures. Several years ago, while in medical charge of Her Majesty's 30th Foot, in the East Indies, it was my fortune to obtain the same satisfactory result, in the case of a soldier of that regiment, by the exhibition of quinine. The man had remittent fever,—the true constitutional reason why fractured bones refuse to unite under ordinary means.

Gentlemen, inquire of the subject of Goitre or other tumor; question the unfortunate persons who ask your advice in cases of cancer; such as suffer from abscess or ulcer, or those even who consult you for the true aneurismal tumor of an artery, and each and all will admit that they are one day better, another worse; that their *swellings at intervals decrease*; that their ulcers become periodically more or less painful; that the size of both varies with the variations of heat and cold, damp or moisture of the weather; that their diseases are often materially influenced by a passion, or by good or bad news; that in the commencement, at least, there are days, nay hours of the same day, when they have a certain respite from their pain and suffering; and that they all experience in their bodies the thermal variations which we call fever,—some referring these last to the head or back, while others associate them with the chest, loins, arms, or feet. Gentlemen, can you doubt the advantage of pursuing a chrono-thermal system of practice in such cases?

For the present we must pause. Our next business shall be to explain the meaning of the word Inflammation, and to expose the terrible errors daily committed in the treatment of cases so called.

LECTURE IV.

INFLAMMATION—BLOOD-LETTING—ABSTINENCE.

GENTLEMEN,

When medical men hear that I am in the habit of treating all kinds of disease *without* Blood-letting, they generally open their eyes with a stare, and ask me what I do in INFLAMMATION. Inflammation!—who ever saw any part of the body *on fire*, or in FLAMES? for the word, if it means anything at all, must have something like that signification. To be sure, we have all heard of “spontaneous combustion,” but I confess I never saw it, and what is more, nobody that ever did! What, then, is this inflammation—this term which our great modern doctors so dogmatically assure us is the head and front of every corporeal disorder? It is a metaphor—a theoretical expression, which, torture it how you please, can only mean a quicker action and a higher temperature in the moving atoms of a given structure, than are compatible with the healthy organization of that structure. When you find a considerable degree of heat and swelling, with pain and redness in any part, that part in medical language is *inflamed*. Now, what are these phenomena but the signs of approaching structural *decomposition*? During the slighter corporeal changes, the coincident variation of temperature is not always very sensibly perceptible; but whenever there is the least tendency to decomposition, the thermal change is sure to be one of the most prominent features. The phenomena of inflammation, then, very closely resemble, if they be not indeed identical with, the chemical phenomena which take place preceding and during the decomposition of inorganic substances. Now, when this kind of action proceeds unchecked, the result in most cases is a tumor, containing

purulent matter, which matter being a new *fluid* product, differs entirely in its appearance and consistence from the original tissue, in which it chanced to become developed. This tumor we call *Abscess*. And how is it to be cured? In most instances, the matter, after working its way to the surface, escapes by an ulcerated opening of the integuments, while in others, such opening must first be made by the knife of the surgeon. In either case, the part in which the abscess was situated, generally recovers its healthy state by the reparative powers of nature. But there is yet another mode in which a cure may be effected, namely, by *Absorption*; that is to say, the matter of the abscess may be again taken up into the system, and by the inscrutable chemistry of life, become once more a part and parcel of the *healthy* fabric of the body!—being thus again reduced to the elements out of which it was originally formed. How analagous all this to the operations of the chemist, who, by means of the galvanic wire having first reduced *water* into its elemental gases, again converts these, by the very same means, into the water from whose decomposition they proceeded! Such, and many more chemical operations, Nature daily performs in the animal body; and that she does all this through the electric or galvanic medium of the *brain and nerves*, cannot possibly admit of dispute, when you come to consider that under the influence of a passion (the most unquestionable of *cerebral* actions), large abscesses, and even solid tumors, have often completely disappeared in a single night. Gentlemen, there is not a passion,—grief, rage, terror, or joy,—which has not as effectually cured abscesses and other tumors, as the most powerful agents in the *materia medica*. The writings of the older authors abound in instances of this kind. But there are yet other terminations to the inflammatory process. For example, after having proceeded, to a certain extent, in the way of change, but still falling short of actual purulent decomposition, the atoms of the inflamed part, by the renewal of a healthy condition of the body generally, or by the direct application of cold or other agency, may again, with more or less quickness, subside into the degree of motion and temper-

ature characteristic of their natural revolutions. This termination is called *Resolution*. When the inflammatory action is more than usually rapid, the result may be the complete death of the part implicated,—a black, inorganic mass being left in the place of the tissue which it originally composed. This last we term *Mortification, or Gangrene*.

But, Gentlemen, medical men extend the term inflammation to some other morbid processes, which, under the various names of Gout, Rheumatism and Erysipelas, we shall, in another lecture, have the honour to explain to you. A great many books have been written upon the subject of inflammation, but I must own I never found myself one whit the wiser after reading any of them. Their writers, in almost every instance, use language which they do not themselves seem to have understood, otherwise they would have confined themselves to one sense, instead of including under the same term, states the most opposite. Were I to tell you that the word “inflammation” is used by many writers when a part is more than usually *cold*, you would think I was laughing at you; yet there is nothing more true, and I will give you an instance.—A carpenter had his thumb severely bitten by a rattlesnake; and the effects of the venom are thus described by one of the most learned of living medical writers, Mr. Samuel Cooper:—“The consequence was, that in ten or eleven hours, the whole limb, axilla, and shoulder became very *cold* and enormously swollen up to the neck; in fact, the surface of the whole body was *much below* the natural temperature. The swelling, you know, is produced by that kind of INFLAMMATION which is called diffuse *inflammation* of the cellular tissue.”—[*Mr. S. Cooper's Lecture in MED. GAZETTE*]. Gentlemen, was there ever such an abuse of words—such an abandonment of common sense as this? The arm was “*very cold*,”—“*much below* the natural temperature,” yet it was *inflamed*—on fire!

Restricted to the sense in which I have already spoken of the term, namely, heat, swelling and pain, “inflammation,” like “fever,” or any other abstract word, may be used

as a "counter to reckon by,"* and, like almost every other phenomenon of disease, it is a development of previous constitutional disturbance. I do not speak of immediate local inflammation produced by a chemical or mechanical injury—leaving that to the surgeons to elucidate or mystify, according to their particular inclinations; I talk of inflammation from a general or constitutional cause. Has an individual, for example, exposed himself to a cold draught, or to any other widely injurious influence, he shivers, fevers, and complains of pain, throbbing, and heat in the head, chest, or abdomen—phenomena gradually developed according to the patient's predisposition to organic change in this or that locality. Phrenitis, Pneumonia, Peritonitis, (technical terms for inflammation of the *Brain*, *Lungs*, and *membranous covering* of the Bowels), are consequences or features, not *causes* of the constitutional disorder. But are the symptoms of inflammation in such parts equally intermittent as the diseases of which we have already treated? Listen to Lallemand:—"In inflammation of the brain," he tells you, "you have spasmodic symptoms, slow and progressive paralysis, the course of the disorder being *intermittent*." So that inflammation, like almost every other morbid action, is for the most part a feature or development of intermittent fever. Dr. Conolly, in his *Cyclopedia of Medicine*, says "diurnal *remissions* are distinguished in *EVERY* attack of inflammation." Now, if you prefer the evidence of another man's eyes to your own, this statement ought to be more than convincing, for it comes from the enemy's camp. Gentlemen, it is the language of an opponent, the Editor of the *British and Foreign Medical Review*—the same individual who lately told his readers that the *Unity of Disease* was a silly book. If it was so silly, as he says, why was he so silly as to abuse it? But against his authority,—if *authority*, in these days, be still permitted to take the place of *examination*—you have the

* Words are wise men's counters, they do but reckon by them; but they are the money of fools that value them by the authority of an Aristotle, a Cicero, a Thomas Aquinas, or any other doctor whatsoever.—HOBBS.

opinion of Sir Astley Cooper, who, with his usual candour and good feeling, at once pronounced it to be a "valuable work." Now, who in his senses would think of comparing these two men together,—Astley Cooper, the father of English surgery, and John Conolly, the *Mad-doctor*?—"Hyperion to a satyr!" But, Gentlemen, you have no idea what tricks these *medical* Reviewers are in the habit of playing. Some time ago I showed up one of them in a way he will not soon forget. Dr. James Johnson, were he here, would know the person I mean; for *he*, Gentlemen, reviewed my *Fallacy of the Art of Physic as taught in the Schools*, in the *Medico-Chirurgical Review*. A most unlucky business it turned out for him, for were I to tell you how I replied to his criticism, you never could again hear his name mentioned without laughing. Why does he not, in revenge, "cut up" the *Unity of Disease*? The editor of the *Medical Gazette*, not long ago, pretended to review that work. He did not, however, like Dr. Conolly, call it a silly book;—he admitted, on the contrary, that it had "both pith and point," but he contended that it was only a straw thrown up at a lucky moment when the wind of medical opinion was turning against the "bleeding mania," a practice which he said he also reprobated. I wrote to him to ask why, if that were really the case, he had never reprobated the practice before, and how, in common humanity, if he actually believed it to be so murderous in its effects, he could have allowed my strictures upon it to remain so long unnoticed in his pages, while all the years that these strictures had been before him, he had not only continued to fill his journal with cases treated after the sanguinary fashion, but had even held them up to the world as *models* of practice! True, in one or two instances, where the person he quoted was his enemy, he had certainly hinted that the treatment was bad. But these were very sorry exceptions. So far from my book (I continued), being a straw that shewed which way the wind blew, I was the first who had the courage, alone, and in the face of much opposition, to set *that wind* a-blowing, and I added, that before I died I hoped to raise such a *stormy* one as would purify the medical

atmosphere of some of its present corruption and foulness ! But of that letter my good friend the Editor took no notice whatever ; nor was I surprised at it, for the *Medical Gazette*, as some of you may know, is a mere organ and supporter of the College of Physicians ; and so much the slaves of that body are the booksellers who publish it, that when about two years before, I sent them the MS. of this very Unity of Disease, they actually refused to bring it out for me on any terms ! —the editor of the *Gazette* can best tell at whose instigation, for he is the examiner of all their medical manuscripts, and is therefore perfectly acquainted with that particular secret. Like a good servant, doubtless, he had too much regard for his employers to permit them to usher into the world such a terrible exposure of their professional patrons. Before quitting this matter, I may mention, that I am frequently asked why my writings have never been taken up by the LANCET, the *Lancet* which talks so constantly and so grandiloquently of its reforming and liberal politics ! I can suggest a reason ;—that periodical is the organ of the apothecaries. Mr. Wakley, its proprietor, was, in early life, a medical reformer, and much good he at one time did in that character. Now, I shall say no more of him but *cave canem!* Sir Robert Walpole, after all, was right, when he said, “most men have their price.”

To return to Inflammation. Consisting of an increase of motion and an increase of temperature, it is only a modification of every other morbid process. Whether it be termed erysipeloid, gouty, rheumatic, scrofulous, it is still *remittent* ; and if you question the patient, he will in almost every case admit that it was preceded or accompanied by cold or hot fits, or both. May not inflammation, then, yield to Bark—to quinine ? The late Dr. Wallace of Dublin, maintained the affirmative, dwelling more particularly on its good effects in that disorganizing inflammation of the eye, termed *Iritis*, in which disease, he preferred it to all the routine measures which, *on the strength of a theory*, medical men have from time to time recommended as *antiphlogistic*. During an attack of Ague, he tells us, *Iritis* with inflammatory affection of other parts of the eye, occurred in the person of a patient

under his care. "For the former complaint, namely, the intermittent fever, he administered bark; by the exhibition of which, he was surprised at seeing the *inflammatory affection of the eye*, as well as the fever, *disappear*." This was the case which first led him to suspect the fallacy of the blood-letting system in inflammation of the eye. Now I shall tell you what first led me to entertain similar doubts of its efficacy. A medical officer of one of Her Majesty's regiments serving in India, couched a woman for cataract. The next day, the Eye having become inflamed, according to received practice he bled the patient; but scarcely had he bound up her arm, when she fell as if she had been shot, and lay to all appearance dead. With the greatest difficulty, he succeeded in recovering her from this state; but it was not till four long hours had passed, that he felt he could safely leave her with ordinary attendants; for during the greater part of that time, when he ceased to chafe her temples, or otherwise call up the attention of the brain by the application of stimulants to the nose, mouth, &c., she relapsed into a death-like swoon. More than once he was even obliged to inflate her lungs to keep her from dying. But, in this case, Gentlemen, the blood-letting did *not* cure the inflammation; for the next day the eye was more painful and inflamed than ever, and the poor woman, after all the blood she had lost—and nobody will say that she was not bled enough—did not recover her sight. It is now many years since that case came under my observation, and it made an impression on my mind I shall never forget. Had that woman died, would not everybody have said that the gentleman who bled her had killed her? and very justly too, though he, good man, only conscientiously put in practice what he had been taught to consider his duty. You see, then, that blood-letting, *even to the point of death*, is *no cure* for inflammation; and that it cannot *prevent* its development, I shall furnish you with ample evidence before I finish this lecture. Meantime, I will tell you what can do both—Bark and Opium. These are the remedies to give before an operation, and they are also the remedies best adapted for the relief of inflammation after it

has come on ;—and their beneficial influence will be more generally certain in the latter case, if you first premise an emetic, and wait till its action has ceased before you administer them.

“The Peruvian bark,” says Heberden, “has been more objected to, than any of these medicines (Bitters) in cases of considerable inflammation, or where a free expectoration is of importance ; for it is *supposed* to have, beyond any other stomach-medicine, such a strong bracing quality, as to *tighten the fibres (!)* still more which were already too much upon the stretch in inflammation, and its astringency has been judged to be the likely means of checking or putting a stop to expectoration. *All this appeared much more plausible when taught in the SCHOOLS OF PHYSIC*, than probable, when I attended to fact and experience. The unquestionable safety and *acknowledged use* of the bark, in the *worst stage* of inflammation, when it is tending to a MORTIFICATION, affords a sufficient answer to the first of these objections ; and I have several times seen it given plentifully in the confluent small-pox, without lessening in any degree the expectoration.”

Some time ago, I was called to see a young gentleman, who had a swelling under the arm-pit, extending to the side. The skin was red and hot, and the tumor so painful as to have deprived him of all rest for the three previous nights. Though suppuration appeared to me to have commenced, I at once ordered quinine, and begged him to poultice the tumor. By these means, he was perfectly cured in three days, the swelling having, in that period, completely disappeared. The subject of this case was, in the first instance, attacked with shivering and fever, which had repeatedly recurred, but disappeared under the use of the quinine. Matter, I have no doubt, was absorbed in this instance, but so far from this absorption producing shiverings, which, according to the doctrine of the schools, it ought to have done, the very reverse took place.

I shall now give you one of many instances of indubitable and palpable inflammation—if the word have a meaning at all—as a proof of the value of Opium in the treatment of this affection.

CASE.—An old officer, Major F., 89th foot, who had previously lost one eye by acute Ophthalmia, notwithstanding a vigorous *antiphlogistic* discipline, had the other attacked in a similar manner with great pain, redness, and throbbing. I found him leaning his head over a chair-back, his face indicative of intense agony. For ten nights, he assured me, he had been unable to tolerate any other position, and it was only towards morning, when overcome by suffering, that he could, at last, obtain anything like repose. The pain came on at bed-time in an aggravated degree, and remitted principally in the afternoon. Three grains of opium, which I directed him to take half an hour *before* the recurrence of the expected paroxysm, procured him a whole night of profound sleep, and his eye, in the morning, to his astonishment, was free from pain and only slightly vascular. He had been repeatedly bled, leeches, purged, and blistered, without even temporary benefit—indeed, the gentleman who attended him, in the first place; plumed himself upon the activity of his treatment.

But how, you may ask me, can PLEURISY and PNEUMONIA be cured without Blood-letting? What are Pleurisy and Pneumonia?—Any rapid tendency to *atomic* change in the substance of the lungs, from the real pain and presumed increase of temperature at the same time developed, is termed Pneumonia—*vulgo* inflammation of the lungs. A similar tendency to change in the *atomic* relations of the membrane (*pleura*) which covers the outer surface of the lungs, or of that portion of it which is continued over the inner surface of the chest, is called the Pleurisy. Now, authors have thought it a fine thing to be able to tell pleurisy from pneumonia, but the thing is impossible; and what is more, if it were possible, so far as the treatment is concerned, it is not worth the time that would be spent in doing it. Such distinctions only lead to interminable disputes, without in the least tending to improvement in practice. This much, however, I do know,—both diseases are developments of intermittent fever, and both may often co-exist at one and the same time. And in the Medical Gazette there is an excellent case of

the kind, which, as it in a great measure illustrates our own doctrine and treatment in both, we shall give to you in the words of its narrator.—“The patient’s symptoms were difficult respiration, dry cough with stringy expectoration, pulse full. The disease commenced with an intense *fit of shivering*, followed by *heat* and a severe cough. Every day at noon there was an *exacerbation* of all the symptoms, commencing with very great shivering, cough, and *intolerable pain in the chest*, a fit of *suffocation*, and finally, *perspiration*;—at the end of an hour the paroxysm terminated. Ammoniacal mixture was first given, then two grains of *Quinine* every two hours. The very next day the fit was scarcely perceptible; the day after, there was no fit at all. An observation worthy of remark is, that the symptoms of PLEURO-PNEUMONIA,—which continued throughout in a very slight degree, it is true, in the intervals of the paroxysms—disappeared completely, and in a very short time, by the effect of the sulphate of quinine.”

Who are the persons most subject to inflammatory disease of the chest? Medical *theorists* answer, “strong healthy labourers, and people much exposed to the air.” How these gentlemen deceive themselves! If I know any thing at all upon any subject, I know that the fact in this case is just the reverse. The subjects of chest-disease in my experience have been almost all persons of a delicate habit, many of them confined to badly ventilated rooms, and the greater number broken down by starvation, blood-letting, or previous disease. Some of you may have heard of M. Louis of Paris, a physician, who for many years has made chest-disease his study. Speaking of his consumptive patients, who became the subjects of *inflammatory* disease, he has this observation:—“As we have already remarked in speaking of *Pneumonia*, the invasion of *Pleurisy* coincides in a large proportion of our patients with *the period of extreme weakness and emaciation*.”—Dr. Cowan’s translation of Louis.

Now, what is the usual treatment of Pleurisy and Pneumonia? Does it not almost entirely consist in blood-letting, starving, and purging—with blisters and mercury sometimes?

But what are the results?—relapse or repetition of the paroxysm from time to time,—long illness,—weakness ever after, and death too often. Even in these cases of extreme emaciation, M. Louis applies leeches! Contrast the case I have just given you from the Medical Gazette, with the case and treatment of an individual, whose omnipotent power of setting a theatre in a roar, may be still fresh in the recollection of many of you—the celebrated Joe Grimaldi. The very name excites your smile!—but upon the occasion to which I refer, the poor clown, instead of being in a vein to move your laughter, very much wanted your sympathy. “Monday, the 9th of October,” says Mr. Charles Dickens, “was the day fixed for his benefit, but on the preceding Saturday, he was suddenly seized with severe illness, originating in a most distressing impediment in his breathing. Medical assistance was immediately called in, and he was bled until *nigh fainting*. This slightly relieved him, but shortly after, he had a relapse, [an exacerbation?] and four weeks passed before he recovered sufficiently to leave the house. There is no doubt, but that some radical change had occurred in his constitution, for previously he had never been visited with a single day’s illness, while after its occurrence, he never had a single day of perfect health.” If you reflect that medical relief was *immediately* called in, you may be inclined, like myself, to ascribe poor Grimaldi’s damaged constitution, not so much to the effect of the original disorder, as to the sanguinary treatment adopted in his case. Whether or not he had the additional medical *advantage* of being starved at the same time I do not know; but lest it might be inferred that his continued illness was owing to the neglect of this very excellent part of *antiphlogistic* practice, I may just hint that there have been such things as inflammation of the lungs *brought on* by starvation. Witness the verdict of a coroner’s jury, in the case of a pauper, who died not long ago in the White Chapel Work-House. “That the deceased died from *inflammation* of the lungs, produced by exposure and *want*.” The verdict in question was only in accordance with the evidence of the surgeon of the Work-house.

In acute disease of the chest—whether involving the *pleura* simply, the interstitial substance of the lungs, or the *mucous* or *muscular* apparatus of their air-tubes, your first duty is to premise an emetic. So far from acting exclusively on the stomach, medicines of this class have an influence primarily *cerebral*, and they therefore act powerfully upon every member and matter of the body. By emetics you may change the existing relations of the whole corporeal atoms more rapidly and effectually, than by any other agency of equal safety in the *Materia Medica*. Every kind of chest-disease being a mere feature or development of fever, whatever will relieve the latter will equally relieve the former. The value of emetics in the simpler forms of fever, few will be sufficiently bold to deny; and the quickness with which the same medicines can alter the state of an inflamed part may be actually *seen* by their effects on the eye, in the inflammatory affections of that organ. You have only to *try* them in chest-disease to be satisfied of their inestimable value in cases of this kind. Instead, therefore, of talking of the temporary good you have occasionally seen done by the lancet in inflammations of the chest, call to mind the many deaths you have witnessed where it had been most freely used,—to say nothing of the long illnesses which have been the lot of such as have escaped the united bad effects of chest-disease and loss of blood. Whatever salutary influence, as a *present means of relief*, blood-letting may produce, it is infinitely inferior to what you may obtain by emetics—a class of remedies which possess the additional advantage of giving that relief, without depriving the patient of the material of healthy constitutional power. Their influence, moreover, as a *preventive* against return of the paroxysm, is very considerable—while blood-letting, so far as my experience goes, has only, on the contrary, appeared to render the patient more liable to a recurrence.

Lord Bacon tells us in his *Works*, that if disciples only knew their own strength, they would soon find out the weakness of their masters. What led him to this conclusion? What but the fact that he had himself been duped by his

own teachers?—and why did Des Cartes say, that no man could possibly pretend to the name of philosopher who had not at least once in his life doubted all he had been previously *taught*? He too had been hood-winked by his pretended masters in philosophy. But *you*, perhaps, will say all this took place in old times—the world is quite changed since then; professors are now the most enlightened and respectable men alive; they go to church, where they are examples of piety; they never were *found out* in a lie; are not subject to the passions of other men; have no motives of interest or ambition,—in fact, they are all but angels. Now I only wish you knew the manner in which most of these very respectable persons get their chairs—the tricks, the party-work, the subserviency, meanness, and hypocrisy practised by them for that and other ends—and you would not so tamely submit your judgment to their theoretic dreams and delusions. Young men, *be MEN*,—and instead of taking for gospel the incoherent and inconsistent doctrines of the fallible puppets whom interest or intrigue has stuck up in Academic Halls,—use your own eyes, and exercise your own reason! Here, then, I give you a test by which you may know the best practice in inflammatory diseases of the chest—a test that cannot possibly deceive you. Take a certain number of pleuritic and pneumonic patients—bleed, blister, and physic these after the most orthodox fashion, so that you shall not be able to tell, whether the continued disease be the effect of the primary cause, or the heroic measures by which your patients have been worried during their illness. Take another equal number similarly afflicted, and treat them chrono-thermally,—that is to say, premise an emetic, and when, by means of this, you have obtained a remission of the symptoms, endeavour to prolong such period of immunity, by quinine, opium, or hydrocyanic acid, and then compare the results of both modes of practice. If you do not find an immense saving of suffering and mortality by the latter mode of treatment, I will consent to be stigmatized by you as an impostor and deceiver—a cheat—a quack—a person, in a word, who would rather teach error than vindicate truth. Remember, however, before you

begin, that the Chrono-Thermal System professes, as its chief feature of superiority over every other, to make *short work* with disease,—a circumstance not likely to recommend it to those whose emolument, from the manner in which things are now ordered, arises principally from long sickness and much physic !

I am often asked how I treat *Enteritis*,—inflammation of the bowels, without the lancet ? Before I give my answer, I generally ask—Can medical men boast of any particular success from depletion in this disease ? If so, why have they been always so solicitous to get the system under the influence of mercury,—or why do they prescribe turpentine in its treatment ? Is it not because the nature of the relief afforded by the lancet has either been temporary or delusive, or what I have myself found it to be, absolutely hurtful in the majority of cases ? “ The symptoms of *Enteritis*,” says Dr. Parr, “ are a *shivering*, with an uneasiness in the bowels, soon increasing to a violent pain,—occasionally at first *remitting*, but soon becoming continual. Generally, the whole abdomen is affected at the same time with spasmodic pains, which extend to the loins, apparently owing to flatulency. The pulse is small, frequent, generally soft, but sometimes hard, and at last irregular and intermittent—the extremities are cold—the strength sinks rapidly.” “ Perhaps,” he adds, “ bleeding is *more seldom necessary* in this disease than in any other inflammation ; for it rapidly tends to mortification, and should it not at once relieve, it soon proves fatal.” In a letter which I received from Mr. Hume, one of the medical officers of the 43d regiment, he says : “ I am satisfied that *Pneumonia* and *Enteritis*, diseases which are at present the bugbears of the faculty, are indebted for their chief existence to the remedies employed in ordinary ailments, namely, bleeding and unnecessary purging. I never saw a case of either, (and I have seen many) of which the subject had not been the inmate of an hospital previously, where he had undergone the usual *antiphlogistic* regimen,—or had been otherwise debilitated, as in the case of long residence in a warm climate.” Now, gentlemen, this is the language of an ex-

perienced Medical Officer of the Army, one who, having no interested end to serve, and who would not take private practice if offered to him, is at least as worthy of belief as those whose daily bread depends upon the extent and *duration* of disease around them. My own practice in Enteritis I will illustrate by a case. I was one evening requested to see the butler of the Dowager Duchess of Roxburgh; I found him with severe pain of abdomen, which would not brook the touch, furred tongue, hard pulse, and hot skin; he told me he had *shivered* repeatedly, that the pain was at first *intermittent*, but at last constant. He had been seen in the morning by a gentleman, who had ordered him turpentine and calomel—a proof that he also considered the case as one of inflammation of the bowels. The patient having obtained no relief, I was called in. I gave him an emetic, and went up stairs to await the result. In about twenty minutes, I again saw him. The vomit had acted powerfully, and with such relief that he could then turn himself in bed with ease, which he could not before do. I then prescribed prussic acid and quinine. In a few days he was as well as ever. Instead of bringing *theoretic* objections to this method of treating inflammation of the bowels, let practitioners only *put it to the proof*. Is it possible that they can be less successful with the new practice than with the old, under which, when they save a patient in this disease, they are fain to boast of it as a wonder!

I shall now enter at some length upon the subject of

BLOOD-LETTING.

While with one class of Practitioners, Medicine is reduced to the mere art of purgation, with another class it consists in the systematic abstraction of blood; every means being resorted to in the mode of doing this, from venesection, arteriotomy, and cupping, to the basest application of the leech. In the remarks, Gentlemen, which I am now about to make on the subject, instead of discussing the preferable mode of taking blood away, I shall bring before you some facts and

arguments that may convince you of the perfect possibility of dispensing with the practice altogether.

“The imputation of novelty,” says Locke, “is a terrible charge amongst those who judge of men’s heads as they do of their perukes, by *the fashion*—and can allow none to be right but the received doctrine.” Yet, in the words of the same acute writer:—“An error is not the better for being common, nor truth the worse for having lain neglected; and if it were put to the vote anywhere in the world, I doubt, as *things are managed*, whether truth would have the majority; at least while the *authority of men*, and not the *examination of things*, must be its measure.” In the same spirit Lord Byron asks :

“What from this barren being do we reap?
 Our senses narrow, and our reason frail,
 Life short, and TRUTH a gem that loves the deep,
 And all things weighed in *Custom’s* falsest scale.
Opinion an omnipotence—whose veil
 Mantles the earth with *darkness*—until right
 And wrong are accidents—and men grow pale
 Lest their own judgments should become too bright,
 And their free thoughts be crimes, and earth have too much light !”

The operation of Blood-letting is so connected and associated, in the minds of most men, with the practice of physic, that when a very sensible German physician, some time ago, petitioned the King of Prussia to make the employment of the lancet *penal*, he was laughed at from one end of Europe to the other. This you will not wonder at, if you consider that the multitude always think “whatever *is* is right;” but a little reflection will teach you that there must have been a period in the world’s history, when the lancet was unknown as a remedy;—and that many centuries necessarily elapsed before it was even imagined that loss of blood could be required for the alleviation or cure of disease. Nations, nevertheless, grew and prospered. To what daring innovator the practice of physic owes the *curse* of the lancet, the annals of the art leave us in ignorance; but this we know, that its introduction could only have been during the infancy of Medi-

cine; when remedial means were yet few, and the action of remedies totally unknown. It was the invention of an unenlightened,—possibly, a sanguinary age; and its continued use says but little for the after-discoveries of ages, or for the boasted progress of medical science.

Of what is the body composed? Is it not of blood and blood only? What fills up the excavation of an ulcer or an abscess? What reproduces the bone of the leg or thigh, after it has been thrown off dead, in nearly all its length? What but the BLOOD under the electrical influence of the brain and nerves! How does the slaughtered animal die? Of loss of blood solely. Is not the blood then, in the impressive language of scripture, “the life of the flesh?” How remarkable, that while the value of the blood to the animal economy should be there so distinctly and emphatically acknowledged, Blood-letting is not once alluded to, among the various modes of *cure* mentioned in the sacred volume. We have “balms,” “balsams,” “baths,” “charms,” “physic,” “poultices” even,—but loss of blood never! Had it been practised by the Jews, why this omission? Yet what measure in these days so frequently prescribed! Will the men who thus lavishly pour out the blood dispute its importance in the animal economy?—will they deny that it forms the basis of the solids,—that when the body has been wasted by long disease, it is by the blood only it can recover its healthy volume and appearance? Has not nature done every thing to preserve to animals of every kind,

“The *electric blood* with which their arteries run!”—*Byron*.

She has provided it with strong resilient vessels—vessels which slip from the touch, and never permit their contents to escape, except where their coats have been injured by accident or disease. Misguided by theory, man, presumptuous man, has dared to divide what God, as a part of creation, united—to open what the Eternal, in the wisdom of his omniscience, made entire! See then what an *extreme* measure this is! It is on the very face of it a most unnatural proceeding. Yet what proceeding so common, or what so readily

submitted to, under the influence of authority and custom? If, in the language of the Chemist Liebig, the blood be indeed "the SUM OF ALL THE ORGANS that are being formed," how can you withdraw it from one organ without depriving every other of the material of its *healthy* state?—Yet enter the crowded hospitals of England—of Europe—and behold there how mercilessly the lancet, the leech, and the cupping-glass, are employed in the diseases of the poor. Look at the pale and ghastly faces of the inmates of these hospitals,—listen to their groans, their sighs, and observe the pupils and attendants with the bandage and basin, ready to take the quantity of *life-blood*, which solemn Pedantry prescribes as the infallible means of relieving suffering. Do that, I say, and refrain, if you can, from exclaiming with Bulwer, "when Poverty is sick, the doctors mangle it!" What are the causes of the disorders of this class of people? In the majority of cases, defective food, and impure air. By these has their blood been deteriorated—and for what does the (so termed) man of science abstract it? To make room for better? No!—goaded on by the twin-goblins, "congestion" and "inflammation," to deteriorate it still further by starvation and confinement. Gentlemen, these terms play in physic much the same thing as others, equally senselessly misused, play in the common affairs of the world—

" Religion, freedom, vengeance, what you will,
A word's enough to raise mankind to *kill*,
Some *party*-phrase by *cunning* caught and spread,
That GUILT may reign, and WOLVES and worms be fed!"

The first resource of the surgeon is the lancet—the first thing he thinks of, when called to an accident, is how he can most quickly open the floodgates of the heart, to pour out the stream of an *already enfeebled* existence. Does a man fall from his horse or a height, is he not instantly bled?—has he been stunned by a blow, is not the lancet in requisition?—Nay, has an individual fainted from over-exertion or exhaustion, is it not a case of FIT—and what so proper as venesection?

You cannot have forgotten the fate of Malibran—the ini-

mitable Malibran—she who so often, by her varied and admirable performances, moved you to tears and smiles by turns. She was playing her part upon the stage—she entered into it with her whole soul, rivetting the audience to the spot by the very intensity of her acting. Just as she had taxed the powers of her too delicate frame to the uttermost—at the very moment she was about to be rewarded by a simultaneous burst of acclamation, she fainted and fell—fell from very weakness. Instantly a medical man leapt upon the stage—to administer a cordial?—No—to bleed her!—to bleed a weak, worn, and exhausted woman! And the result?—She never rallied from that unfortunate hour.—But, Gentlemen, Malibran was not the only intellectual person of the thousands and tens of thousands who have prematurely perished by the lancet.—Byron and Scott—the master-spirits of the age—men who, like Ariosto and Shakspeare, not only excited the admiration of cotemporary millions, but whose genius must continue for generations yet unborn, to delight the land that produced them—they too fell victims to the lancet—they too were destroyed by hands which, however friendly and well-intentioned, most undoubtedly dealt them their death-blows. Is not this a subject for deep reflection? To the cases of these great men we shall recur in the course of this lecture; but for the present, we must turn to other matters—to events that have just passed before our eyes. The affair of Newport, in Wales, is still the topic of the hour. You must therefore remember it to its minutest detail—the attack by the rioters upon the town—the gallant and successful stand made by Captain Gray and his little detachment of the 45th regiment—the prisoners captured, and the investigation which afterwards took place. In the course of that inquiry, a prisoner, when under examination, *fainted*.—What was done with him?—he was carried out of court and immediately *bled!* On his return, the newspapers tell us, an extraordinary change had come over his countenance. From being a man of robust appearance, he had become so wan and haggard, so altered in every lineament, the spectators could scarcely recognize him as the same prisoner. Yet, strange

to say, not one of the many journals that reported this case, introduced a single word in condemnation of the utterly uncalled for measure which brought the man to such a state;—so much has *custom* blunted the sense of the public to this the most dangerous of all medical appliances!

Gentlemen, a coroner's inquest was held upon a person who died suddenly. I shall read to you what followed from the Times newspaper, of the 20th December 1839, suppressing, for obvious reasons, the name of the witness. "Mr ——, surgeon, stated that he was called upon to attend deceased, and found him *at the point of death*. He attempted to BLEED him, but ineffectually, and in less than a minute from witness's arrival, deceased expired. Witness *not being able to give any opinion* as to the cause of death from the *symptoms that then* exhibited themselves, he afterwards, with the assistance of Dr Ridge, 37, Cavendish Square, made a *post-mortem* examination, and found that a large cavity attached to the large vessel of the heart, containing blood, had burst, and that that was the cause of death." So that while the man was actually dying of *inanition* from internal bleeding, the surgeon, utterly ignorant, according to his own confession, of the nature of the symptoms, deliberately proceeded to open a vein!—How happens it that the lancet should be so invariably the first resort of IGNORANCE!

In every case of *stun* or *faint*, the employment of this instrument must be a superadded injury;—in all, there is a positive enfeeblement of the whole frame, evidenced by the cold surface and weak or imperceptible pulse; there is an exhaustion, which loss of blood, so far from relieving, too often converts into a state of utter and hopeless prostration. True, men recover though treated in this manner, but these are not *cures*—they are *escapes*!

How few the diseases which loss of blood may not of itself produce. If it cannot cause the eruptions of small-pox, nor the glandular swellings of plague, it has given rise to disorders more frequently and more immediately fatal than either. What think you of cholera asphyxia—Asiatic cholera? Gentlemen, the symptoms of that disease are the identical symp-

toms of a person bleeding *slowly* away from life! The vomiting, the cramps, the sighing, the long gasp for breath—the leaden and livid countenance which the painter gives to the dying in his battle-pieces—these are equally the symptoms of cholera and loss of blood! Among the numerous diseases which it can produce, Darwin says—“a paroxysm of *gout* is liable to recur on bleeding,”—John Hunter mentions “lock-jaw and dropsy,” among its injurious effects,—Travers, “blindness,”—Marshall Hall, “mania,”—Blundell, “dysentery,”—Broussais, “FEVER and convulsions!” “When an animal loses a considerable quantity of blood,” says John Hunter, “the heart increases in its frequency of strokes, as also in its *violence*.” Yet these are the indications for which professors tell you to bleed! You must bleed in every inflammation, they tell you. Yet is not inflammation a *daily effect* of loss of blood! Magendie mentions “*pneumonia*” as having been produced by it,—completely confirming the evidence of Mr Hume upon that point. He further tells us that he has witnessed among its effects “the entire train of what people are pleased to call *inflammatory* phenomena;—and mark,” he says, “the extraordinary fact, that this inflammation will have been produced by the very agent which is daily used to combat it!” What a long dream of fancied, but false security, have mankind been dreaming!—they have laid themselves down on the laps of their medical mentors, while these, like the fabled vampire of the poets, taking advantage of a dark night of barbarism and ignorance, have thought it no sin to rob them of their life’s blood during the profoundness of their slumber!

Gentlemen, the long shiver of the severest ague, the burning fever, the *fatal* lock-jaw, the vomiting, cramps, and asphyxia of cholera, the spasm of asthma and epilepsy, the pains of rheumatism, the palpitating and tumultuous heart, the most settled melancholy and madness, dysentery, consumption, every species of palsy, the *faint* that became *death*, these—all these—have I traced to loss of blood. Could arsenic, could prussic acid, in their deadliest and most concentrated doses, do more? Yet I have heard men object to use

the minutest portions of these agents, medicinally,—men who would open a vein, and let the life-blood flow until the patient fell like an ox for the slaughter, death-like and all but dead, upon the floor! Do these practitioners know the nature of the terrible power they thus fearlessly call to their aid? Can they explain its manner of action, even in those cases where they have supposed it to be beneficial? The only information I have been able to extract from them upon this point, has been utterly vague and valueless. Their reasoning, if it could be called reasoning, has been based on a dread of “inflammation” or “congestion.” From the manner in which they discuss the subject, you might believe there was no remedy for either but the lancet. Ask them why they bleed in ague—in syncope—in exhaustion or collapse?—they tell you it is to relieve congestion. After a stun or fall?—it is to prevent inflammation. Bleeding, in all my experience, I have already stated to you, never either relieved the one, or prevented the other! Gentlemen, did you never see inflammation of a vein *after* bleeding—inflammation caused by the very act? I have known such inflammation end *fatally*. Did you never know the wounds made by leech-bites become inflamed, after these reptiles had exhausted the blood of the part to which they were applied? And how came that about? Simply because, however perfectly you exhaust any part of its blood, you do not thereby prevent that part from being again filled with it—or rather, you make it more liable to be so, by *weakening the coats of the containing vessels!* Hundreds, thousands have recovered from every kind of disease, who never were bled in any manner—and many, too many have died, for whom the operation, in all its modes, had been most scientifically practised! Have I not proved that every remedial agent possesses but one kind of influence, namely, the power of changing temperature? Let the schoolman shew me that the lancet possesses any superiority in this respect—any specific influence more advantageous than other less questionable measures; and I shall be the last to repudiate its aid in the practice of my profession. The beneficial influence of Blood-letting, where it has been beneficial in dis-

ease, relates solely to *temperature*. To this complexion it comes at last, and to nothing more—the equalization and moderation of temperature. In the congestive and non-congestive stages of fever—the cold—the hot—the sweating—the lancet has had its advocates. Blood-letting, under each of these circumstances, has changed existing temperature. Why, then, object to its use? For this best of reasons, that we have remedies without number, possessing each an influence equally rapid, and an agency equally curative, without being, like blood-letting, attended with the insuperable disadvantage of abstracting the material of healthy organization. I deny not its power as a remedy, in certain cases; but I question its claim to precedence, even in these. Out of upwards of TWELVE THOUSAND CASES of disease that have, within the last few years, been under my treatment, I have not been compelled to use it once. Resorted to, under the most favourable circumstances, its success is anything but sure, and its failure involves consequences which the untoward administration of other means may not so certainly produce. Have we not seen that all diseases have remissions, and exacerbations—that mania, asthma, apoplexy, and inflammation, are all remittent disorders? From the agony or intensity of each of these developments of fever, you may obtain a temporary relief by the use of the lancet; but what has it availed in averting the recurrence of the paroxysm? How often do you find the patient you have bled in the morning, ere night with every symptom in aggravation. Again you resort to bleeding, but the relief is as transitory as before. True, you may repeat the operation, and re-repeat it, until you bleed both the blood and the life away. Venesection, then, in some cases, may be a temporary though delusive relief. The *general result* is depression of vital energy, with diminution of corporeal force!

Dr Southwood Smith, physician to the London Fever Hospital, has published a book purposely to show the advantages of bleeding in fever. One of his cases is so curiously ILLUSTRATIVE of his position, that I shall take the liberty of transcribing it from the *Medical Gazette*, with a running

commentary by the Editor of that periodical :—“ The case of Dr Dill demands our most serious attention, and deserves that of our readers. It is adduced as an example of severe cerebral affection, in which cases, Dr S. affirms, ‘ the bleeding must be large and early as it is copious.’ ‘ I saw him,’ says Dr Smith, ‘ *before* there was any pain in the head, or even in the back, while *he was yet only feeble and chilly*. The aspect of his countenance, the state of his pulse, which was slow and labouring, and the answer he returned to two or three questions, satisfied me of the inordinate, I may say the ferocious attack that was at hand.—p. 393.

“ Whatever may be the opinion of our readers, as to the above signs indicating a ferocious cerebral attack, they will one and all agree with us, that the ferocious attack was met with a ferocious treatment ; for an emetic was given without delay, and ‘ blood was taken from the arm, to the extent of *twenty ounces*.’ This blood was *not* inflamed. Severe pains in the limbs and loins, and intense pain in the head, came on during the night—and early in the morning *blood was again drawn* to the extent of *sixteen ounces*, ‘ with great diminution, but not entire removal of the pain.’ Towards the afternoon, he was *again bled* to sixteen ounces. ‘ The pain was now quite gone—the blood from both these bleedings intensely *inflamed*.’ [*Inflamed*, according to Dr Smith’s notions—but mark, in his own words—the first blood drawn was “ *not inflamed*.” Were the lancet a preventive of inflammation, how came the blood to be inflamed *after* so many bleedings ?]

“ During the night the pain returned, and in the morning, notwithstanding the eyes were dull, and beginning to be suffused, the face blanched, (no wonder !) and the pulse slow, and intermittent, and weak, *twelve leeches* were applied to the temples—and as these did not entirely remove the pain, more blood, to the extent of *sixteen ounces*, was taken by cupping. The operation afforded great relief—but the following morning, the pain *returned*, and again was blood abstracted to *sixteen ounces*. ‘ Immediate relief followed this second operation ; but, *unfortunately*, the pain returned with great violence, towards evening ; and it was now impossible to

carry the bleeding any further.' Typhoid symptoms now began to shew themselves; 'the fur on the tongue was becoming brown, and there was already slight tremor in the hands.' What was to be done? Ice, and evaporating lotions were of no avail;—but, happily for Dr Dill, the affusion of cold water on the head, 'the cold dash,' was thought of and employed—and this being effectually applied, the relief was 'instantaneous and most complete.' So that this case, announced as a severe cerebral affection, and treated, in anticipation, by copious blood-letting, *before there was any pain in the head, while the patient was yet only feeble and chilly*, which grew worse and worse as the blood-letting was repeated, until, after the abstraction of *ninety ounces* of blood, the patient had become in a 'state of intense suffering,' and 'imminent danger,' and was relieved at last by the cold dash—this case, we say, is brought forward as a specimen of the extent to which copious blood-letting may sometimes be REQUIRED!! Most sincerely do we congratulate Dr Dill on his escape, not from a dangerous disease, but from a DANGEROUS REMEDY."—*Medical Gazette*.

Could any case more forcibly exemplify the utter inefficiency of blood-letting, in almost all its forms, either as a certain remedy, or a preventive of fever? Yet such is the force of custom, prejudice, education, that this case,—and, I have no doubt, thousands like it, so far from opening the eyes of the physician to the London Fever Hospital, only served to confirm him in his error. He had his *methodus medendi*, and he pursued it; and notwithstanding the total inefficacy of his vaunted remedy, he gives the case at length, as a perfect specimen of the most perfect practice—mark the result of that practice! But for the "cold dash," the patient must have perished. It is even now a question whether he ever recovered from those repeated blood-lettings,—for he died not many months after. Happy would it have been for mankind, that we had never heard of a "Pathological School,"—happier for Dr Dill, for to that school, and its pervading error of imputing effect for cause, may we fairly attribute all this sanguinary practice.

Lord Byron called medicine “the *destructive* art of healing.” How truly it proved to be so in his own person, you will see, when I give you the details of his last illness:—“Of all his prejudices,” says Mr Moore, “he declared the strongest was that against Bleeding. His mother had obtained from him a promise, never to consent to being bled, and, whatever argument might be produced, his aversion, he said, was stronger than reason. ‘Besides, is it not,’ he asked, asserted by Dr Reid, in his *Essays*, that less slaughter is effected by the lance, *than the lancet*—that minute instrument of mighty mischief!’ On Mr Millingen observing that this remark related to the treatment of nervous, but not of inflammatory complaints, he rejoined, in an angry tone, ‘Who is nervous, if I am not?—and do not those other words of his apply to my case, where he says, that drawing blood from a nervous patient, is like loosening the cords of a musical instrument, whose tones already fail, for want of a sufficient tension! Even before this illness, you yourself know how weak and irritable I had become; and bleeding, by increasing this state, will inevitably kill me. Do with me what else you like, but bleed me you shall *not*. I have had several inflammatory fevers in my life, and at an age when more robust and plethoric; *yet I got through them without bleeding*. This time, also, will I take my chance.’” After much reasoning, and repeated entreaties, Mr Millingen at length succeeded in obtaining from him a promise, that should he feel his fever increase at night, he would allow Dr Bruno to bleed him. “On revisiting the patient early next morning, Mr Millingen learned from him, that having passed, as he thought, on the whole, a better night, he had not considered it necessary to ask Dr Bruno to bleed him. What followed, I shall, in justice to Mr Millingen, give in his own words:—‘I thought it my duty now to put aside all consideration of his feelings, and to declare solemnly to him how deeply I lamented to see him trifle thus with his life, and show so little resolution. His pertinacious refusal had already, I said, caused much precious time to be lost;—but few hours of hope now remained, and, unless he submitted

immediately to be bled, we could not answer for the consequences. It was true, he cared not for life, but who could assure him, that unless he changed his resolution, the uncontrolled disease might not operate such disorganization in his system, as utterly and for ever to deprive him of reason ! I had now hit at last on the sensible chord ; and, partly annoyed by our importunities, partly persuaded, he cast at us both the fiercest glance of vexation, and throwing out his arm, said, in the angriest tone, ‘ There you are, I see, a d—d set of butchers,—take away as much blood as you like, but have done with it !’ We seized the moment, (adds Mr Millingen,) and drew about twenty ounces. On coagulating, the blood presented a strong buffy coat ; yet the relief obtained did *not* correspond to the hopes we had formed ; and during the night, the fever became *stronger than it had been hitherto*, the restlessness and agitation increased, and the patient spoke several times in an incoherent manner.’” Surely, this was sufficient to convince the most school-bound of the worse than inoperative nature of the measure. Far from it. “ On the following morning, the 17th, the bleeding was repeated *twice*, and it was thought right also to apply blisters on the soles of his feet !” Well might Mr Moore exclaim : “ It is painful to dwell on such details.” For our present purpose, it will be sufficient to state, that although “ the rheumatic symptoms had been completely removed,” it was at the expense of the patient’s life ; his death took place upon the 19th (April,) that is, *three* days after he was *first* bled.—*Moore’s Life of Byron*. Now I ask you, what might have been the termination of this case, had an emetic been substituted for the lancet, and had the remission been prolonged by quinine, opium, or arsenic ? Not only is it possible, but probable, that a successful result might have ensued, without any treatment at all. Lord Byron, when describing the effects of a former fever, says : “ After a week of half delirium, burning skin, thirst, hot headache, horrible pulsation, and no sleep, by the blessings of barley water, and *refusing to see my physician*, I recovered.” Facts like these, are indeed stubborn things !

I have preferred to give these two instances of what I conceive to be decided malpractice, to any of the numerous cases which have come under my own observation, as the first named gentleman was well known to many of the medical profession, while the death-scene of the noble poet will arrest the attention of all who take an interest in his genius.

In the generality of cases of disease, Gentlemen, it matters little what may have been the primary *cause*. The effect, under every circumstance, involves change of temperature, and at the same time interrupts more or less the two vital processes *Digestion* and *Respiration*. In other words, it impedes *SANGUIFICATION*, or the necessary reproduction of that fluid, which, throughout all the changes of life, is constantly maintaining expenditure. This being in the nature of things one of the first effects of disorder, let us beware how we employ a remedy, which, *if it succeed not in restoring healthy temperature*, must inevitably hasten the fatal catastrophe—or, in default of that, produce those low chronic fevers, which, under the names of dyspepsia, hypochondria, hysteria, mania, &c., the best devised means too often fail to alleviate, far less to cure. With the free admission, then, that the lancet is capable of giving *temporary* relief to local fulness of blood, and to some of the attendant symptoms, I reject it generally, upon this simple and rational ground, that it cannot prevent such fulness from returning—while it requires no ghost from the grave to tell us that its influence upon the general constitution, must, in every such case, be prejudicial. I care not whether you take inflammation of any considerable internal organ,—the brain, liver, or heart, for example,—or of any external part, such as the knee or ankle joint—with the lancet, you can seldom ever do more than give a delusive relief, at the expense of the powers of the constitution. The man of routine, who has not heard my previous lectures, giving up fever, perhaps, and a few other disorders, which the occasional obstinacy of a refractory patient, contrary to “received doctrine,” has taught him may yield to other means than blood-letting—will ask me, what I should do without the lancet in apoplexy? Here the patient having no will of his own, and the preju-

dices of his friends being all in favour of blood-letting, the school-bound member of the profession has seldom an opportunity of opening his eyes. Mine were opened by observing *the want of success* attending the sanguinary treatment; in other words, the number of deaths that took place, either in consequence, or in spite of it! Was not that a reason for change of practice? Having in my Military Hospital no prejudices to combat; and observing the flushed and hot state of the patient's forehead and face, I determined to try the cold dash. The result was beyond my best expectations. The first patient was laid out all his length, and cold water poured on his head, from a height. After a few ablutions, he staggered to his feet, stared wildly round him, and then walked to the hospital, where a smart purgative completed his cure. While in the army, I had a sufficiently extensive field for my experiments; and I seldom afterwards lost an apoplectic patient.

But, Gentlemen, since I embarked in private practice, I have improved upon my army plan. With the purgative given after the cold dash, I have generally combined quinine or arsenic—and I have also, upon some occasions, at once prescribed hydrocyanic acid without any purgative at all. I have not lost a patient out of many so treated. That *quinine* may prevent the apoplectic fit, I have proved to you, by the case given by Dr Graves. The value of *arsenic* in apoplexy has also been acknowledged, even by members of the profession—but whether they have been acquainted with the true principle of its mode of action, in such cases, is another thing. Dr A. T. Thomson recommends it “in threatened apoplexy, after *cupplings and purgings*, when the *strength is diminished* and the complexion pale”—that is, you must first break down the whole frame by depletion—you must still further weaken the already weak vessels of the brain before you take measures to give their coats the degree of strength and stability, necessary to their healthy *containing power*! Upon what principle would *you*, Gentlemen, prescribe arsenic in threatened apoplexy? Surely, upon the same principle that you would prescribe it during the remission in ague—to prolong

the period of immunity—to avert the paroxysm. Long after the Bark came into fashion for the cure of Ague, practitioners still continued to treat that distemper, in the first instance, by depletion, till the complexion became pale. Do they treat it so now?—No; they have become wiser!—why then do they go on from day to day, bleeding in threatened apoplexy? In the case given by Dr Graves, depletion, repeated depletion, did not prevent the recurrence of the apoplectic fit—but quinine was at once successful. Sir Walter Scott had a series of fits of apoplexy. What did the bleeding and starving system avail in his case? It gave him, perhaps, a temporary relief, to leave him at last in a state of irrecoverable prostration. Mr Lockhart, his biographer, tells us how weak the bleeding always made him. But how could it be otherwise, seeing that I have proved to all but mathematical demonstration, that whatever debilitates the whole body, must still further confirm the original weakly condition of the coats of the blood-vessels, which constitutes the tendency to apoplexy. Had the cold dash been resorted to during the fit, and had quinine, arsenic, or hydrocyanic acid been given during the period of immunity, who knows but the Author of Waverly might still be delighting the world with the wonderful productions of his pen!

Shall I be told there are cases of apoplexy, where the face is pale, and the temperature cold? My answer is—these are not apoplexy, but *faint*;—cases which the cold dash, or a cordial might recover, but which the lancet, in too many instances, has perpetuated to fatality! If the practitioner tells me that no cold dash will cure an apoplexy, where a vessel is ruptured with *effusion* of blood on the brain, my reply is, that in such a case he may bleed all the blood from the body, with the same unsuccessful result! In the case of effusion of blood in an *external* part, from a bruise for instance, could any repetition of venesection make the *effused blood* re-enter the vessel from which it had escaped? No more could it do so in the brain, or any other part. Why, then, resort to it in this case?—If it be said, to stop the bleeding, I answer, that it has no such power. Who will

doubt that *cold* has? Surely, if the mere application of a cold key to the back very often stops bleeding from the nose, you can be at no loss to conceive how the far greater shock of the cold dash may stop a bleeding in the brain! When, on the contrary, there is no vascular rupture, but only a tendency to it, the cold dash will not only contract and strengthen the vascular coats so as to prevent them from giving way; but will moreover rouse the patient from his stupor, by the simple shock of its application. But from theory and hypothesis, I appeal to indubitable and demonstrative fact.

Let the older members of the profession seriously reflect upon the ultimate injury which may accrue to their own interests, by opposing their school-follies and prejudices to palpable and demonstrative truth. So long as colleges and schools could mystify Disease and its nature, any treatment that these proposed—no matter how cruel or atrocious—would be submitted to in silence; but, when people find out that every kind of disorder, inflammation included, may be conquered, not only by external, but by *internal* means, they will pause before they allow themselves to be depleted to death, or all but death, by the lancet of either surgeon or physician. The world will not now be deluded by the opposition of men, who stick to their opinion not so much because they have long supported it, as that it supports them—men who, in the words of Lord Bacon, would dispute with you whether *two* and *two* made four, if they found the admission to interfere with their interests.

Will any practitioner be so bold as to tell me that inflammation of any organ in the body is beyond the controul of internal remedies? For what, then, I ask, do we prescribe mercury for inflammation of the liver and bowels? Why do we give colchicum for the inflamed joints termed gout and rheumatism? Do not these remedies, in numerous instances, lessen the temperature, pain, and morbid volume of these inflammations, as surely as the application of leech or lancet? If, for such inflammations, then, we have influential internal remedies, why may we not have medicines equally available for diseases of the lungs? Have I not shewn you the value of

prussic acid in such cases? But I shall be told of the danger of such a remedy in any but skilful hands. In the hands of the ignorant and injudicious, what remedial means, let me ask, have not proved, not only dangerous, but deadly?—Has not mercury done so?—Are purgatives guiltless? How many have fallen victims to the lancet! With prussic acid properly diluted and combined, I have saved the infant at the breast from the threatened suffocation of croup; and I have known it in the briefest space of time relieve, so called, inflammation of the lungs, where the previous pain and difficulty of breathing were hourly expected to terminate in death. True, like every other remedy, it may fail—but have we no other means or combination of means for such cases? With emetics and quinine I have seldom been at a loss; and with mercury and turpentine I have cured pneumonia.

But will the inflamed heart yield to anything but blood-letting! Fearlessly I answer, yes! and with much more certainty. With emetics, prussic acid, mercury, colchicum, silver, &c., I have conquered cases that were theoretically called inflammations of the heart, and which the abstraction of half the blood in the body could not have cured. So also has Dr Fosbroke, physician to the Ross Dispensary, a gentleman who had the felicity to be associated with Dr. Jenner in his labours, and one in whose success and fortunes that illustrious man took the warmest interest.* In some of the numbers of the *Lancet*, Dr Fosbroke has given several cases of Heart-Disease, which he treated successfully without blood-letting, and, with a rare candour, he admits that a lecture of mine on the heart and circulation had no small influence in leading him to dismiss blood-letting in the treatment of them.

The human mind does not easily turn from errors with which, by early education, it has been long imbued: and men, grey with years and practice, seldom question a custom that, fortunately for them at least, has fallen in with the prejudices of their times. For myself, it was only step by

* See Baron's Life of Jenner.

step, and that slowly, that I came to abandon the lancet altogether in the treatment of disease. My principal substitutes have been the various remedies which, from time to time, I have had occasion to mention ; but in a future lecture I shall again enter more fully into their manner of action. That none of them are without danger in the hands of the unskilful, I admit ;—nay, that some of them, mercury and purgatives, for example, have, from their abuse, sent many more to the grave than they ever saved from it, is allowed by every candid and sensible practitioner. But that was not the fault of the medicines, but of the men, who, having prescribed them, without properly understanding the principles of their action, in the language of Dr Johnson, “ put bodies, of which they knew little, into bodies of which they knew less !”

Gentlemen, I have not always had this horror of blood-letting. In many instances have I formerly used the lancet, where a cure, in my present state of knowledge, could have been effected without ; but this was in my noviciate, influenced by others, and without sufficient or correct data to think for myself. In the Army Hospitals, I had an opportunity of studying disease, both at home and abroad. There I saw the fine tall soldier, on his first admission, bled to relief of a symptom, or to fainting. And what *is fainting*? A loss of every organic perception—a death-like state, which only differs from *death*, by the possibility of a recall. Prolong it to permanency and it *is* death ! Primary symptoms were, of course, got over by such measures—but once having entered the hospital walls, you found that soldier’s face become familiar to you. Seldom did his pale countenance recover its former healthy character. He became the victim of consumption, dysentery, or dropsy ; his constitution was broken by the first depletory measures to which he had been subjected.

Such instances, too numerous to escape my observation, naturally led me to ask—Can this be the proper practice ? It was assuredly the practice of others—of all. Could all be wrong ? Reflection taught me that men seldom act for themselves ; but take, for the most part, a tone or bias from some individual master.

By education, most have been misled,
So they believe, because they were so bred.

But, Gentlemen, I had the resolution to think for myself—aye, and to act, and my conviction, gained from much and extensive experience, is, that ALL diseases may not only be successfully treated without loss of blood, but that blood-letting, however put in practice, even where it gives a temporary relief, almost invariably injures the general health of the patient. Englishmen! you have traversed seas, and dared the most dangerous climes to put down the traffic in blood;—are you sure that in your own homes there is no such traffic carried on—no GUINEA TRADE?

In connection with Blood-letting, in the treatment of inflammation, we generally find

ABSTINENCE OR STARVATION

recommended. Beware of carrying this too far!—for “Abstinence engenders maladies.” So Shakspeare said, and so nature will tell you, in the teeth of all the doctors in Europe! Abstinence, Gentlemen, may produce almost every form of disease which has entered into the consideration of the physician; another proof of the unity of morbid action, whatever be its cause. You remember what I told you of the prisoners of the Penitentiary; but I may as well restate the facts at this lecture: In the words of Dr Latham, then, “An ox’s head, which weighed eight pounds, was made into soup for one hundred people; which allows one ounce and a quarter of meat to each person. After they had been living on this food for some time, they lost their colour, flesh, and strength, and could not do as much work as formerly. At length, this simple debility of constitution was succeeded by various forms of disease. They had scurvy, dysentery, diarrhœa, *low fever*, and lastly, diseases of the brain and nervous system.

“The affections,” Dr Latham, continues, “which came on during this faded, wasted, weakened state of body, were headache, vertigo, delirium, convulsions, APOPLEXY, and even mania. When blood-letting was tried, (why was it tried?)

the patients fainted, after losing five, four, or even fewer ounces of blood. On examination, after death, there was found *increased vascularity* of the brain, and sometimes fluid between its membrane and its ventricles." Is not this a proof of what I stated to you in my last lecture, that the tendency to hæmorrhagic development does not so much depend upon fulness of blood, as upon *weakness of the coats of the containing vessels*? Starvation, you see, actually producing this disease—in the *brain* at least.

The food of animals supports them only in so far as it offers elements for *assimilation* to the matter of the various organs and tissues composing their frames. While a single secretion still continues to be given *off* from the body—while the kidneys or bowels, for example, continue to perform their office, however imperfectly,—it must be manifest to you, that, without some corresponding dietetic *increment*, the elemental atoms of the animal organism must sooner or later be so far *expended* as to leave it in a state incompatible with life. How, then, let me ask, can you reconcile *Healthy* organization with *Starvation-practice*? How can you expect to find even the appearance of health after having practised the still more barbarous and unnatural proceeding of withdrawing by blood-letting a certain portion of the *sum* of all the organs that are being formed? The *quantity* of food which animals take diminishes or increases in the same proportion as it contains more or less of the substance which chemists term *azote* or *nitrogen*. This, as you well know, is most abundant in animal food, but all vegetables possess more or less of it. Rice perhaps contains less than any other grain, and that is the reason why the Asiatics can devour such quantities of it at a time, as they are in the habit of doing. You would be quite surprised to see the natives of India at meal-time. Sitting cross-legged on their mats, a great basin of rice before them, with mouth open and head thrown back, they cram down handful after handful, till you wonder how their stomachs can possibly contain the quantity they make disappear so quickly.

The most cursory examination of the human teeth, stripped of every other consideration, should convince any body

with the least pretension to brains, that the food of man was never intended to be *restricted* to vegetables exclusively. True, he can subsist upon bread and water, for a time, without dying, as the records of our prisons and penitentiaries can testify; but that he can maintain a state of health under such circumstances, is as utterly and physically impossible as that the lion and the panther should subsist on the restricted vegetable diet of the elephant. The dental organization of man partakes of the nature of the teeth of both graminivorous and carnivorous animals—his food should, therefore, be a mixture of the elements of the food of both, and with this mixed nourishment, the experience of centuries tells us, he supports life longest. How wretched, on the contrary, is the person doomed, however briefly, to an exclusive diet. Sir Walter Scott thus describes the effect, of what he terms “a severe vegetable diet,” upon himself. “I was affected,” he says, “while under its influence, with a *nervousness* which I never felt before nor since—a disposition to start upon slight alarms; a want of decision in feeling and acting, which has not usually been my failing; an acute sensibility to trifling inconveniences, and an unnecessary apprehension of contingent misfortunes, rise to my memory as connected with vegetable diet.” Is not this a lesson to those doctors who are so fond of confining their patients to vegetable diet? How can a dietetic system, which so shakes the entire frame, by any possibility give strength and stability to the weaker parts of the body,—those parts whose atomic attractions are so feeble, that every breath that blows upon the whole organism shakes them to pieces? Must it not, in the very nature of things, make the man predisposed to consumption more certainly consumptive,—and so on, throughout the whole catalogue of hereditary disease? That abstinence is proper, in the commencement of most *acute* disorders, nobody will doubt. The fact is proved by the inability of the patient to take his accustomed meal; his stomach then is as unfit to digest or assimilate nutriment, as his limbs are inadequate to locomotion. Both equally require rest. But to starve a patient who is able and willing to eat is downright madness. No

animal in existence can preserve its health when fed on one kind of food exclusively. The dog, when restricted to sugar alone, seldom survives the sixth week,—and the horse, if kept entirely upon potatoes, would waste away day by day, though you were to give him as much of that particular diet as he could devour;—he would die of a slow starvation. How many persons, even in the upper walks of life, are condemned to a similar half-starved state? The apothecary has only to whisper the word “inflammation,” and it is quite astonishing to what miserable fare some people will submit. Instead of exclusive vegetable diet being a cure for all complaints, as your medical wiseacres assure you, I know no complaint, except small-pox and the other contagious diseases, that it has not of itself produced. The only thing it is good for, in my view of the matter, is to keep the patient to his chamber, and the doctor’s carriage at the door. Oh, it is a *profitable* practice for the apothecary,—and I’ll bet you my life that the physician who first brought it into fashion made his fortune by it. Not a drug-vender or nurse in the kingdom, but would be sure to cry him up to the skies! Not a chemist or apothecary, from Gretna Green to Land’s-end, but could tell you of some miracle worked by him; and you, hearing the same thing eternally rung in your ears, how could you possibly doubt, what every body believed, the greatness of “Diana of the Ephesians!”

I am every day asked by my patients what diet they should take. I have the same answer for all—*Whatever they like best themselves, if they do not find it disagree.* Their own experience of what agrees and disagrees with their own particular constitutions, is far better than any theory of yours or mine. Why, bless my life! in many chronic diseases the diet which patients can take to-day would be rejected with disgust to-morrow; under such circumstances, would you still, according to common medical practice, tell a sick man to go on taking what he himself found worried him to death? Gentlemen, I hope better things of you.

The only general caution you need give your patients on the subject of diet, is *moderation*; moderation in using the

things which they find agree with them best. You may direct them to take their food in small quantities at a time, at short intervals, intervals of two or three hours for example, and tell them to take the trouble to masticate it properly before they swallow it, so as not to give a weak stomach the *double* work of mastication and digestion,—these processes being, even in health, essentially distinct. Unless properly comminuted and mixed with *saliva*, how can you expect the food to be anything but a source of inconvenience to persons whom the smallest trifle will frequently discompose? I remember having read an anecdote of the late Mr Abernethy, which is so *apropos* to what I have just been telling you, that I do not know that I can better finish what I have to say upon the subject of diet, than by letting you hear it, even at the risk of its proving to some of you a twice-told tale:—An American captain, on being one morning shewn into his consulting room, immediately, in Yankee fashion, emptied the contents of his mouth upon the floor. The man of medicine stared, keeping his hands in his pockets, according to his custom, until the patient should explain. “What shall I do for my dyspepsy?” asked the American captain, “Pay me your fee, and I’ll tell you,” replied the doctor. The money was produced and this advice given, “Keep your saliva to masticate your food with, instead of squirting it over my carpet, which does not require it!” Now, upon my word, he could not have given him better advice.

Gentlemen, I shall conclude this lecture by reading to you a few of many communications I have received from medical men of repute, since I first published my doctrines in 1836. Dr Fosbroke, of Ross, began his medical career as the associate of the immortal Jenner; he lived in his house, and materially assisted to propagate his great doctrine of vaccination. You will therefore fully appreciate the evidence of a gentleman so distinguished in the history of medicine. From a letter which I received from him in January 1840, I shall read to you a passage or two:—

“In April 1835, our acquaintance and free communication commenced; and though I pricked up my ears, like one

thunderstruck, at your wholesale denunciation of blood-letting, and your repeated asseverations, that in a practice embracing the treatment of several thousands of patients per annum, you never employed a lancet or a leech;—your assertions *made an impression*, though it was slowly and reluctantly received.” That it strengthened by time, Gentlemen, you will see by the next extract.—“Nothing can be more striking than the great disparity between the proportion of persons who were bled in the two first years of my Ross practice, 1834 and 1836, (in which latter year I first became acquainted with your views,) and the three following years, 1836, 1837, and 1838. In the former two years, I bled one in *seven*, in the fourth one only in *twenty-eight*—and in the fifth year I bled *NONE*! The year 1839 is now concluded, and again in all that time I have *NOT* bled a single individual!”

“Your crime is, that you are before the age in which you live. If you had done nothing else but put a bridle upon Blood-letting, you would deserve the eternal gratitude of your race, instead of the calumny and oppression of the two-legged fools—the Yahoos, who persecute their greatest benefactors. But how can *you* expect to be more fortunate than your predecessors in this respect? The health of Sir Humphrey Davy was affected by the ingratitude of his country. ‘A mind,’ said he, ‘of much sensibility might be disgusted, and one might be induced to say,—why should I labour for public objects only to meet abuse? I am irritated more than I ought to be, but I am getting wiser every day,—recollecting Galileo and the times when philosophers and public benefactors were burnt for their services.’ Whence is all this? Pride, poverty, disappointment, difficulty and envy—and ‘envy,’ said Jenner to me in his last days, ‘is the curse of this country.’ These are kept up by the canker of party and the taint of corruption.

“One of the greatest obstacles to reform of blood-letting and blistering, will be the prospective loss of guineas, half-guineas, five shillings, and half-crowns. I saw a farmer last summer come into a druggist’s shop. Some one had told him,

‘he must be cupped;’ so he drove a bargain, and stepped into a back room. ‘That fool,’ said I, ‘does not want cupping.’ ‘He does not look as if he did,’ said the druggist, ‘but *we can’t afford* to let him go without.’”

Gentlemen, the next two communications are from an army medical officer, Mr Hume, of the 43d Regiment of Foot—a gentleman who, from the nature of his duties, has the very best opportunity of testing any particular practice—and one who, were he to give a false report, must be at once contradicted by the regimental records. His statements may therefore be relied upon with somewhat greater confidence than the Reports which annually emanate from the Medical Officers of Civil Hospitals and Dispensaries throughout England. From the Tables of Mr Farr, we learn, that these officers make the deaths at their Institutions infinitely less than the average number of deaths of sick and *well* throughout the country! So that, if their reports be correct, sickness would appear to be actually a protection against death! Mr Hume first writes from

“DOVER, 6th Dec. 1838.

“My object in writing is to congratulate you on the moral courage you have evinced in your last two works. I have been now nearly *thirteen* years in the service—mostly in charge of an hospital, and it will be gratifying to you to know that an old fellow-student *adopts and carries out your principles* in his daily practice. I have *not* used the lancet these last TWO YEARS. My cases yield readily to warm baths, cold affusions, emetics, and *quinine*. You may ask me where I have been? Four years in Jamaica, the rest in North America and Home service. If you had seen Marshall’s Digest of the Annual Reports of the Army Medical Officers since 1817, you might have quoted it as a proof of your startling fact—the Unity of Disease. The more I read your book, the more I am convinced it is based on truth, and consistent equally with common sense and nature’s laws. However little this age may appreciate your labours, and the persecution you are likely to suffer from a certain class of

doctors, every liberal mind must do justice to your unwearied zeal. Your holding up to ridicule the most fatal of all medical errors—bleeding a patient into a temporary calm and incurable weakness, ought to stamp you as the benefactor of mankind.”

The same gentleman again writes to me from

“NAAS BARRACKS, IRELAND,
5th Dec. 1839.

“My dear Dickson,—It is now twelve months since I wrote to you, saying that I had not used the lancet for the two previous years ;—and I am now more convinced than ever of its utter inutility in the treatment of disease. Every day’s experience confirms me in the truth of your doctrines. During the *last year*, I have neither bled, leeches, nor cupped in any case—and I have *not* had a single death of man, woman, or child. The depot was never more healthy—and I *attribute this* principally to my *abstaining, during the last three years*, from every kind of depletion in the treatment of disease. I am satisfied that Pneumonia and Enteritis, which are at present the bug-bearers of the faculty, are indebted for their chief existence to the remedies used for ordinary ailments—namely, bleeding, starvation, and unnecessary purging. I never saw a case of either (and I have seen many) in which the patient had not been the inmate of an hospital previously, where he had undergone the usual antiphlogistic regimen, or had been otherwise debilitated—as in the case of long residence in a warm climate. I am not surprised at the opposition you meet with. It has ever been the lot of those who have done good to humanity to be offered up as sacrifices at the altars of ignorance, prejudice, and obstinacy. It is a fact related by Harvey, he could not get a physician above the age of forty to believe in the Circulation of that Blood whose VALUE in the economy YOU have so forcibly proved. Although I yield to you, as your just due, the origin of the improved principle of treating disease, I take credit to myself for being one of the first to carry it into effect,

and I am doubtful whether a person in private practice could ever so far overcome prejudice as to use the *cold bath* with the confidence I do in every kind of fever. Its power, together with a warm one, is truly wonderful in equalizing the temperature of the body. When I compare the success of my treatment during the last few years, with that of my previous experience, I feel inclined to curse the professor who first taught me to open the vein with a lancet.

Yours most truly,

T. D. HUME."

"DR. DICKSON, Clarges Street, Piccadilly."

LECTURE V.

MEDICAL DOCTRINES, OLD AND NEW—GOUT—RHEUMATISM—
 CUTANEOUS DISEASE—SMALL-POX—SYPHILIS—PLAGUE—YEL-
 LOW FEVER—DYSENTERY—DROPSY—CHOLERA.

GENTLEMEN,

WHEN a young man has run the usual course of study at a university, he thinks he has learned everything worth knowing. But herein he grievously mistakes; for Lord Bacon tells us in his works, that "in the UNIVERSITIES all things are found *opposite* to the advancement of the sciences; for the readings and exercises are here so managed, that it cannot easily come into any one's mind to think of things out of the common road; or if here and there one should venture to use a liberty of judging, he can only impose the task upon himself without obtaining assistance from his fellows; and if he could dispense with this, he will still find his *industry* and *resolution* a great *hindrance* to his *fortune*. For the studies of men in such places are confined and pinned down to the

writings of certain authors ; from which, if any man happens to differ, he is presently represented as a *disturber* and *innovator*."

Gentlemen, in this passage you at once see the reason why Medicine has progressed so little from the time of Hippocrates to the present. Every person who has in any way improved the practice of physic has had to repent it. Harvey lost his business by discovering the circulation of the blood ; Lady Mary Montague suffered in her reputation for introducing the small-pox inoculation ; and Jenner for a long period of his life was victimised for the still greater improvement of the Vaccine. His moral character was for years at the mercy of the most venal and corrupt members of the profession. "Such," in the words of Milton, "are the errors, such the fruits of mis-spending our prime youth at schools and universities, as we do, either in learning mere words, or such things chiefly as were better unlearned." So far as they relate to Medicine, the doctrines of the schools have been a succession of the grossest absurdities. Let us briefly review a few of the most prominent.

For several ages the state of the BLOOD was held to be the cause of all disease—no matter how the disorder originated. Had you a shivering fit from exposure to cold or damp, the "Blood" required to be instantly purified,—a fever from a bruise or fall, the only thought was how to sweeten "the Blood;" nay, were you poisoned by hemlock or henbane, "the blood" or its blackness was the cause of all your sufferings—and the chief anxiety was how to get rid of it. It never occurred to the physicians of that day that the blood was an indispensable part of the economy, or that "black blood" was better than no blood at all,—so on they bled and continued to bleed while a drop would flow from the veins. When their patients died, it was all owing to the accursed "black blood" that still remained in the system ! How to get the whole out, was the great subject of scholastic disputation, and treatises innumerable were written to prove that it might be done. In progress of time, another doctrine arose,

namely, that all diseases first originate in the *solids*, and many were the partizans that took it up; so that for several centuries the *fluidists* and *solidists* divided the schools, and like Guelph and Ghibeline, ranged themselves under their respective leaders. What medical man is ignorant of the wars they waged, the ink they shed, and the eloquence they wasted upon the still unsettled point whether the solids or the fluids ought to bear the blame of first imparting disease to the constitution!

But from these let us turn to the doctrines of more modern schools. The chief feature in the professional notions of the day, is the assumption that all diseases may be traced to the "inflammation" or other theoretical state of a *given portion* of the body, one School taking one organ—another, another; but why should I say ORGAN, seeing there are professors who exclusively patronize a given TISSUE, and others a given SECRETION even;—which *one* thing, after they have wrapped it round in mummery and mysticism, they gravely proceed to magnify into the very Daniel O'Connell of every corporeal disturbance! Exposure to cold and heat, the midnight revel and the oft-repeated debauch—any, or all of these may have injured your constitution. This, of course, you already know and feel; so you wish to have the sense of your physician upon it. And what does he do? why, he takes you by the hand, counts or affects to count, your pulse, looks at your tongue perhaps, and then, with a seriousness becoming the occasion, he tells you, your "*Stomach* is wrong,"—and so far, so true, as your own want of appetite and sensations of nausea abundantly testify. But as if this were not enough, and more than enough, he must proceed to tell you the *cause* of your disease; and what does he say that was? Being a "stomach doctor," of course he says, "the stomach" again. "The stomach," he tells you, is the cause of all;—your headache, tremor, and blue devils, all proceed from "the stomach!" But herein, if I mistake not, the doctor falls into the same error, as the man who, on seeing a house in ruins, should point to one of the broken bricks, and saddle it with the whole amount of mischief; when, in reality, it was only *one* of many

coincident *effects* produced by agency from *without*, such as accident, time, or tempest.

For a considerable space, the stomach held undisputed sway in the medical schools, John Hunter having contributed much to bring it into fashion. His pupil Abernethy afterwards coupled with it the “digestive organs;” and for a time nobody dared to dispute his dictum that the stomach and digestive organs were the cause of all disease. Some daring spirit, however, took it into his head to patronize “the *Liver*;” and a very convenient substitute this organ became, for not only did it save the physician the trouble of thinking, but the patient, by constantly directing his mind to it, very soon found out that the liver was the only organ of the body worth a moment’s cogitation. Oh! “the liver,” has put a great many fees into the pockets of the faculty, and might continue to do so still, but for Laennec’s invention, the stethoscope.—Adieu, then, to the liver, and adieu to the stomach and digestive organs! for, from the moment people heard of this instrument, the *Heart* and *Lungs* eclipsed them all. We have no liver and digestive organs in these days,—we have only a heart and lungs, and these, as the world wags, are always in such a state—in such a deplorable condition of disease and danger, that Heaven only knows for what end they were given us, unless for the benefit of our next door neighbour the apothecary! Never was such a catalogue of disease as these organs have entailed upon us;—but the curious thing is, that nobody knew it until Laennec made the discovery by means of the stethoscope. Since then, leech, lancet, cupping-glass, and purge have followed each other with unexampled rapidity;—but whether the “fits” and “sudden seizures,” which now-a-days carry off so much mortality, be the effect of these very safe and *gentle* remedies, or of the “Heart-disease,” under which the doctors, in their innocence, are pleased to class them, I leave to persons of common sense and common discrimination to decide. One thing is certain, physicians have made a great professional stride since the days of Molière—for whereas in his time the only organ they ever thought or theorized about was the lungs; now, thanks to the stethoscope,

they have got the heart, with its valvular and vascular apparatus, to the bargain.—So much for ORGANS, Gentlemen ;—let us now speak of TISSUES. To be chronologically correct we must first take the “*Skin*”—for of skin, and nothing but skin, our bodies at one time would appear to have been entirely constructed. The skin was the medical rage, and the doctors were very certain they had made a great discovery, when they turned their attention to it. Derangement of the skin explained every thing in existence and many other things besides ; whatever your sufferings, the answer was always the same, “*The skin, Sir ! the skin !*”—The skin solved every possible difficulty, and if patients were pleased, why undeceive them ? Sick men do not reason—you must therefore treat them like children ; and he who can best impose upon their credulity is sure to become the popular physician. The skin, however, had a pretty long run ; but, like its predecessors, it was destined to fall in its turn—to be supplanted by another tissue, “*the Mucous Membrane.*”—In the hands of Broussais the mucous membrane first rose to eminence. Bustling, active, ready, he first pushed it into notice ; and so skilled was he in all the arts of scholastic juggling, that not only did he parry every blow aimed against his favourite theme by the skin supporters, but he at last obtained for it so great an influence in the sick-room, that no patient of importance could be put to death legitimately till *he* had first been called in to prescribe something for the “*mucous membrane.*” Broussais thus became the French medical dictator—and the “*mucous membrane*” the French ruling doctrine. Carried by his numerous partisans and disciples into every commune of France, the “*mucous membrane*” at last found its way into England, where it was taken up by the late Dr Armstrong—and an excellent stepping-stone it proved to him in practice. Every body came to hear what he had to say of the “*mucous membrane.*” You could not have an ache in your back, or a cramp in your leg, but the “*mucous membrane*” was at fault ;—nay, had you a pimple on your nose, or a pain in your great toe, it was still the “*mucous membrane !*”—Nor is this doctrine even now quite exploded.

How many of the various SECRETIONS have run this gauntlet of accusation, it would be unprofitable to do more than allude to. The *Perspiration* was at one time much in vogue—and “checked perspiration” the reply to every inquiry—our grandmothers use the phrase occasionally still; though some of them betray a leaning to the system of the *Water-doctors*—a class of persons who only needed to inspect your urine to find out a cure for your complaint. Many curious stories come to my mind as connected with this;—but the subject is too grave to be trifled with—let us therefore pass from that to “the *Bile*”—the mysterious cause of so much offending. How many difficulties has not this secretion mastered? How many has it not made where none existed before? You derange every organ and function of your frame by intemperance—“the bile”—not the *wine*, is the criminal! You have head-ache from hard study, it is still “the bile;”—the palpable and obvious agencies going for nothing—while *one* of many *effects* produced by a common cause, is absurdly singled out as the father and mother of the whole!

There remains yet to notice another school of physicians, who ring the same changes upon a word, which having no very definite signification itself, may therefore signify any thing they have a mind, without in the least committing them in the opinion of the public. *Rheumatism, Gout, Scrofula, Scurvy*—what is the meaning of these terms? They are synonyms simply, having all a common import, *fluidity* or *humour*. In Rheumatism, we have merely a derivation from the Greek verb *ρέω*, *I flow*, and Shakspeare used it in its proper sense when he said,

“Trust not these cunning *waters* of his eyes,
For villany is not without such *rheum*.”

Then, as regards Gout, what is it but a corruption of the French word *goutte*, a “drop.” And this perhaps some of you may think not so bad a name for a class of symptoms which frequently proceed from “a drop too much”—but that is not what doctors mean by the term. Gout with them is merely a fanciful “humour.” Scrofula in Latin, and Scurvy

in Saxon, have the same signification, namely, a “dry humour.” Only think of *dry-humidity*, Gentlemen,—and the confusion of tongues during the building of Babel, will readily occur to you as a type of the language in which Medicine is even now taught in most of our schools! Some German physicians of the present day tell us that scrofula has taken the place of scurvy in the European constitution. But this is only one of the many modes in which professors play at “hide and seek” with words. Diseases which the continental doctors formerly termed scurvy, they now term scrofula, and Heaven only knows what men will call the same corporeal variations before the world comes to an end. So much, Gentlemen, for the “*humoral school*,”—a school that impressed upon its disciples a doctrine of *purgation* scarcely less fatal than the sanguinary practice of the present pathologists. In fact, it is the identical system of “Morrison, the hygeist,” and all those quacks, who, by their determined perseverance in purging away a fancied “impurity of the blood,” have too often purged away the flesh and the lives of their credulous victims. Do people at this time of day require to be told that you may purge a *healthy* man to death!—that by any class of purgatives, whether vegetable or mineral, you may so disturb every action of the body—may so alter every corporeal structure and secretion, that not one shall be of natural consistence or appearance! Even by the mildest of all purgatives, *rhubarb*, you may, in a previously healthy body, so change the alvine secretions, that they shall take the form of any “impurity” you please—and for this impurity of *your own creation* you may, day by day, and week by week, purge and purge till you have brought your patient to the state of inanition which constitutes, as we shall in the course of this lecture explain to you, the disease termed “ship scurvy.” See, then, the effect of the *humoral* doctrine! But even this kind of folly appeared too *simple* to some teachers, and these taxed their invention to make nonsense *compound*. Who has not heard of *Rheumatic-Gout*?—and who will be so bold as to deny its existence? Yet, what is it but a self-evident absurdity! Its literal meaning is “fluid-fluidity.” You might as well

call an injury from fire, "an *igneous* burn!" Gentlemen, does such jargon convey to your minds the most distant idea of the true motions which take place in the body in the course of any one disease? How then can we wonder at men of observation laughing at the whole medical profession? It is only a *fool* or a *physician* who could be duped for a moment by such puerility; and Lord Stowell was right when he hinted a man might be *both* at forty.

"In the course of my life," says Sir William Temple, "I have often pleased or entertained myself, with observing the various and fantastical changes generally complained of, and the remedies in common vogue, which were like birds of passage, very much seen or heard of at one season, and disappeared at another, and commonly succeeded by some of a very different kind. When I was very young, nothing was so much feared or talked of as rickets among children, and consumptions among young people of both sexes. After these, the spleen came into play, and grew a formal disease. Then the scurvy, which was the general complaint, and both were thought to appear in many various guises. After these, and for a time, nothing was so much talked of as the ferment of the blood, which passed for the cause of all sorts of ailments, that neither physicans nor patients knew well what to make of; and to all these succeeded vapours, which serve the same turn, and furnish occasion of complaint among persons whose bodies or minds ail something, but they know not what; and, among the *Chinese*, would pass for mists of the mind or fumes of the brain, rather than indispositions of any other parts. Yet these employ our physicians more than other diseases, who are fain to humour such patients in their fancies of being ill, and to prescribe some remedies, for fear of losing their practice to others that pretend more skill in finding out the cause of diseases or care in advising remedies, which neither they nor their patients find any effect of, besides some gains to one and amusement to the other.

"As *Diseases* have changed vogue, so have *Remedies*, in my time and observation. I remember at one time the taking of tobacco; at another, the drinking of warm beer, prov-

ed universal remedies—then swallowing of pebble-stones, in imitation of falconers curing hawks. One doctor pretended to help all Heats and Fevers by drinking as much spring water as the patient could bear; at another time, swallowing up a spoonful of powder of sea biscuit after meals, was infallible for all indigestion, and so preventing diseases. Then coffee and tea began their successive reigns. The infusion of powder of steel has had its turn; and certain *drops* of several names and compositions. But none that I find have established their authority, either long, or generally, by any constant and sensible successes, but have rather passed like a *mode* which every one is apt to follow, and finds the most convenient or graceful while it lasts, and begins to dislike in both these respects when it goes out of fashion. Thus men are apt to play with their healths and their lives as they do with their clothes; which may be the better excused, since both are so transitory, so subject to be spoiled with common use, to be torn by accidents, and at last to be so worn out. Yet the usual practice of physic among us runs still the same course, and turns in a manner wholly upon evacuation either by blood-letting, vomits, or some sorts of purgation; though it be not often agreed among physicians in what cases or what degrees any of these are necessary, nor among other men whether any of these are necessary or no. Montaigne questions whether purging ever be so, and from many ingenious reasons. *The Chinese never let blood.*”

Gentlemen, you now see the correctness of a remark of the late Dr Gregory, that medical doctrines are little better than “stark-staring absurdities.” And God forgive me for saying it, but their authors, for the most part, have been very nearly allied to those charlatans and impostors, who

“ Wrap *nonsense* round

In pomp and darkness, till it seems profound,

Play on the hopes, the terrors of mankind

With changeful skill; * * * *

While Reason, like a grave-faced mummy, stands

With her arms swathed in hieroglyphic bands.”—MOORE.

As for the Schools, at this very moment, the whole *regime* of

medical teaching is a system of humbug, collusion, and trick—embracing intrigue and fraud of every kind, with the necessary machinery of Periodical Journals and Reviews, by which the masters are enabled to keep down truth, and mystify and delude the student and country practitioner at their pleasure. Now, as formerly, in Lord Byron's words, each school of physic

“ Bows the knee to Baal,
And hurling lawful Genius from his throne,
Erects a shrine and IDOL of its own,
Some leaden calf”—

who, by virtue of his puppet-position, maintains a reputation and a rule in matters medical, to which neither his merits nor his learning in the very least entitle him;—nevertheless he reigns the Esculapius of the day, and it is only in the next age that, to quote the same poet,

“ The vulgar stare,
When the swollen bubble bursts and all is air !”

But, Gentlemen, what do the Faculty of our own time mean by the term

GOUT ?

Crabbe, who studied physic, but left the profession in early life to take orders, describes some of the doctors of his day, and among other things, he tells us,

“ One to the GOUT contracts *all* human pain,
He views it raging in the frantic brain,
Finds it in fevers all his efforts mar,
And sees it lurking in the cold catarrh.”

Gout, then, may be any thing you please; for, according to received opinion, this offspring of Nox and Erebus, this *vox et preterea nihil*, takes shapes as many and Protean as there have been authors to treat of it. This much I may venture to tell you, that nothing will so soon help a man to a chariot as to write a book with Gout for its title—for being supposed to be a disease peculiar to aristocracy, every upstart is fain to

affect it. You cannot please a mushroom squire, or a retired shop-keeper better, than by telling him his disease is “gout” —“gout suppressed”—“gout retrocedent”—“gout” in this place, or “gout” in that! And what is gout?—

“Of all our vanities the motliest—
The *merest word* that ever fooled the ear,
From out the schoolman’s jargon!”—BYRON.

In sober seriousness, is there such a *disease* as Gout? Gentlemen, as a “counter to reckon by,” you may use the word; having first so far made yourselves acquainted with its real meaning that nobody shall persuade you that it is in itself anything but a piece of theoretical gibberish, invented by men who knew as little of disease and its nature as the tyros they pretended to illuminate. When a lady or gentleman of a certain age complains to you of a *painful swelling* in some of the *small joints* of the hand or foot, you may say, if you please, that such patient has got the Gout. If the same kind of swelling should appear in the *knee* or *hip-joint*, or take the shape of an enlarged *gland* or a *rubicund nose*, you must then change your phrase; and you may easily exhaust a volume in pointing out the differences betwixt them. But as neither this kind of disquisition, nor the baptizing your patient’s disease by one name or another, can in the very least help you to cure it, it may just be as well to explain that this swelling, like every other malady incident to man, is not only a development of constitutional disease, but comes on in *fits* or *paroxysms*. Now, Gentlemen, you will find this fit in one case perfectly periodic and regular in its recurrence; in another not quite so determinate as to the time of its approach. The result of repeated paroxysms, as in other diseases where great heat and swelling take place, must be a tendency to decomposition, and in this instance, the product for the most part is a deposit of chalky or earthy matter. In that case nobody will dispute the name you have given to the disorder; but should the result of the decomposing action be purulent matter or ichor, instead of chalk or earth,—which neither you nor anybody else can know beforehand,—you

must not be astonished if a rival practitioner be called in to give the disease another soubriquet,—to christen it anew by some other phonic combination full as indefinite as the first, and which may thus serve you both to dispute about very prettily from one end of the year to the other, without either of you becoming a whit the wiser! You see, then, that the only difference betwixt what is called “Gout,” and what is called “Inflammation,” is, that the result of the morbid action in the former case, is earthy instead of purulent deposit, a *solid* instead of a *fluid* product. Now, this difference may be accounted for, partly by hereditary predisposition, and partly by the age of the respective subjects of each. Young plants contain more *sap* than old ones; the diseases of both must therefore in some points vary; for though in the blood of the old or middle-aged man we find the same elemental principles as that of infancy and youth, from these being in different proportions, the results of decomposition must, *mutatis mutandis*, be different. What are the CAUSES of Gout? One writer says one thing; another, another. Dr Henry Holland is among the latest who has written upon the subject, and he says the cause is “a *morbid* ingredient in the blood;” nay, he says, “it cannot be denied.” But not only do I presume to dispute the dictum, but I challenge him to bring forward a tittle of proof in support of it. His whole doctrine of Gout, I apprehend, is a fallacy; for if you enquire, the patient will tell you that he took too much *wine* the night before his first fit; or that he had got *wet*; or had been exposed to the *east wind*; or had been *vexed* by some domestic matter.—So that you see the causes of gout are any thing and every thing that may set up any other disease, small-pox and the contagious fevers of course excepted. A paroxysm of gout has been actually brought on by *loss of blood* and also by a *purge*, for which statement I have the authority of Parr and Darwin. What, then, is the remedy? If you ask me for a *specific*, I must again remind you there is no such thing in physic; and what is more, the man who understands his profession would never dream of seeking a

specific for any disorder whatever. No, the remedies for gout are the same as cure other diseases; namely, attention to temperature *during the fit*, and the exhibition of the chro-thermal or ague medicines *during the remission*;—for we have seen that, like the ague, it is a periodic disorder, and such is the description of it given by Sydenham, who was half his life a martyr to it,—to say nothing of Dr Samuel Johnson's explanation in his dictionary. That it comes on like the ague with cold shiverings, the experience of almost every case will tell you; but as your minds may be too much occupied with school theories to mark this fact for yourselves, I will give it to you in black and white in the words of Darwin. Speaking of some cases of the disease, he says: "The patients, after a few days, were both of them affected with cold fits, like ague-fits, and their feet became affected with Gout." To meet it in a proper manner you must treat the disease purely as an ague. With quinine, arsenic, opium, and colchicum, I have cured it scores of times, and truth obliges me to say I have in some cases failed with all. Now, what can I say more of any other disease? That a perfect unity of type pervades all disorders is indisputable, and of the correctness of a unity of treatment, there is little doubt. What, then, are all the school divisions but "flocci, nauci, nihili, pili!" I will now give you a case or two which may perhaps suffice to show you my treatment of Gout.

CASE 1.—Colonel D——, aged 60, had a fit of gout which came on every other night, and for which leeches and purgation had been ineffectually prescribed, before I was called in. I ordered a combination of quinine and colchicum, but as this did not stop the fit, I changed it for arsenic, after taking which the patient had no return.

CASE 2.—Captain M——, aged 56, had a fit of gout which recurred every night during his sleep. I prescribed arsenic without effect; I then gave him quinine, which acted like magic. The same gentleman, twelve months after, had a recurrence, but was much disappointed, on resuming the quinine, to obtain no relief. I then prescribed arsenic, which,

though it failed the year before, this time perfectly succeeded!—a lesson to such as would vaunt any remedy as a specific for any disease.

The influence of the Passions in causing or curing gout is well known. One of many cases so *cured* comes now to my mind. A clergyman was laid up with a severe attack of the gout—his wife having heard of the effect of surprise in cases of the kind, dressed up a large *hare* in baby-clothes, and brought it to his bed-side, telling him how fearfully changed their child had become. The old gentleman eyed the animal with a look of terror, sprung out of bed, and complained of his foot no more!

Now, Gentlemen, as gout, like ague, is a remittent disease, and curable in the same manner,—whether by mental or physical agency,—what right have we to assume that its cause is a “morbid ingredient in the blood,” any more than ague? Nevertheless, let us suppose for a moment that it really is the effect of a “morbid ingredient in the blood.” What, let me ask, is this morbid ingredient doing all the time of remission? Does it *sleep* or *wake* during the period of immunity?—and how comes it that arsenic, quinine, and colchicum so often neutralize its effects—while purgation and blood-letting, in many instances, produce a recurrence? In a word, is not this “morbid ingredient in the blood” a mere crotchet of Dr Holland’s brain—a goblin—a phantom—that, like other goblins and phantoms, disappears the moment the daylight comes in?

Having stated my reasons for dissenting from Dr Holland’s theoretic view of the cause of Gout, it may not be out of place here to request your attention to some points of infinitely greater importance, upon which that physician and myself, by some curious fatality, maintain a remarkable coincidence of opinion. I quote the following passages from his “Medical Notes and Reflections.”

“Has sufficient weight been assigned in our pathological reasonings to that principle *which associates together* so many facts in the history of disease, namely, the tendency, in various morbid actions, to **DISTINCT INTERMISSION** of longer or

shorter duration, and more or less perfect in kind?" "The subjection of so many diseased actions to this common law, ESTABLISHES RELATIONS which could not have been learned from other sources, and which have *much value* even in the *details of practice.*"

Speaking of the Influenza and other Epidemics, Dr Holland says: "I may briefly notice the singular analogy to the milder forms of typhus and of *intermittent fever* which these epidemics have occasionally presented." And he tells us that he has prescribed *Bark* in their treatment with advantage. Again, "It will probably be one of the most certain results of FUTURE research, to *associate together*, by the connection of causes of common kind, *diseases now regarded as wholly distinct* in their nature, and *arranged as such* in our systems of nosology. This remark applies very widely throughout all the *genera* of disease." "We can scarcely touch upon this subject of FEVER (particularly that which our present knowledge obliges us to consider as of idiopathic kind), without finding in it a *Bond* with which to associate together numerous forms of disease, but withal a knot so intricate, that no research has hitherto succeeded in unravelling it."

On the subject of Temperature, Dr Holland thus speaks:—"The patient may almost always choose a temperature for himself, and inconvenience in most cases, positive harm in many, will be the effect of opposing that which he desires—his feeling here is rarely that of theory, though too often contradicted by what is merely such. It represents in him a definite state of the body, in which the alteration of temperature desired is that best adapted *for relief*, and the test of its fitness usually found in the advantage resulting from the change. This rule may be taken as applicable to all fevers, even to those of the *exanthematous* kind." [By which term medical men understand small-pox, chicken-pox, and measles. Some include the plague.]

Dr. Holland asks: "Is not depletion by blood-letting still too general and indiscriminate in affections of the brain, and especially in the different forms of paralysis? I believe that

the soundest medical experience will warrant this opinion. The vague conception that all these disorders depend upon some inflammation or pressure which it is needful to remove, too much pervades and directs the practice in them—and if the seizure be one of sudden kind, this method of treatment is often pursued with an urgent and dangerous activity.” “Theory might suggest that in some of these various cases, the loss of blood would lead to mischief. Experience undoubtedly proves it, and there is cause to believe that this mischief, *though abated of late years*, is still neither infrequent, nor small in amount.”

Gentlemen, if any of you be disposed to question by whose influence this abatement was principally brought about, I may suggest that, from numerous letters I have received from medical men, long before Dr Holland’s volume first appeared, my writings must at least have in something contributed to it. Dr Holland’s work, from which I quote, was published by Messrs. Longman and Co. in 1839. Mark that date, and mark also, if you please, that it was in the year 1836—three years before—that the *same Publishers* brought out *The Fallacy of the Art of Physic as Taught in the Schools*, wherein I stated:—

1. “We hope to prove even to demonstration, that *Fever*, remittent or intermittent, comprehends every shape and shade which disorder can assume.”

2. “That many cases of disorder have been observed to partake of the nature of *remittent fever*, and to derive benefit from the modes of treatment adapted to that periodic distemper, we are sufficiently aware. But we have yet to learn that any author, ancient or modern, *has detected that type, and advocated that treatment in every shade and variety of disease.*”

3. “That attention to temperature is the end of all medicine.”

4. “That blood-letting might be advantageously dispensed with in all diseases, even in *apoplexy.*”

Gentlemen, some of you may have read an anecdote of Dennis the Critic. Having invented a new mode of produc-

ing *theatrical* thunder, he submitted his discovery to the managers; but their high mightinesses only affected to laugh at it. Some weeks afterwards, he went to see a play, in which there was a thunder-scene. "Now, thought Dennis, is my turn—now I can afford to laugh at *their* thunder as much as they laughed at mine;" but judge his surprise, when, instead of the farcical squall he expected, his ears were saluted with a thunder as terrible and true as the "hurly burly" of his own invention. Perceiving, in an instant, the trick that had been played him, he cried aloud, "By G—! that's *my* thunder!" This or something like this—always excepting the irreverent adjuration—was the sentiment that escaped me when I first perused the passages I have read to you from the *Medical Notes and Reflections*. "These are *MY* doctrines," I said; "aye—the identical doctrines which Dr James Johnson, physician-extraordinary to the King deceased, two years before, stigmatized as a Pyrexymania, or *Fever-madness*. How will he receive them now—now that they are patronized at *second-hand* by an F.R.S. and a physician extraordinary to the *QUEEN* that reigns?" That was my exclamation—and how did he receive them, Gentlemen? Oh! he praised Dr Holland to the skies, said he was this, and said he was that, and concluded by telling us that "it is impossible to lay down his book without an acquiescence in the decision of the public, which has placed him in the first rank among the practical physicians of the capital:" adding, moreover, that "his bearing towards his brethren is fair and open, and his *candid* mind, instructed by *liberal reading* and polished by society, is willing to allow their *meed of merit* to all." But not a syllable did Dr James Johnson say in condemnation of Dr Holland's prophecy, that "*FEVER*" would one day be found to be "the *bond* with which to associate together numerous forms of disease,"—nor did he remind him that when that prophecy was actually *fulfilled* by me to the letter *years before* Dr Holland took the trouble to make it, he, Dr James Johnson, ridiculed it as a *FEVER-MADNESS*!—Gentlemen, if, in the course of his "liberal reading," the Author of the *Medical Notes and Reflections* *NEVER* met

with the *Fallacy of the Art of Physic as taught in the Schools*; —NOR the Review of it by his patron Dr Johnson; —NOR Dr Conolly's equally honest criticism of it; —NOR the controversy in the *Lancet*, to which the former gave rise; —NOR heard in "society" the remarks made by the laughter-loving part of the profession, when that controversy was concluded—you must acknowledge the *coincidence* to be curious—startling! And, further, you must admit that this coincidence affords another of many proofs of the truth of a DISCOVERY, which, when Dr Holland—with the candour, I am willing, in common with Dr Johnson, to allow him—takes into account dates, facts, and other similar trifles, I hope he will, in return, permit me now, henceforth and for ever, to call MINE! Meantime, I have much pleasure in availing myself of the testimony of a physician so eminent, in favour of its "VALUE, EVEN IN THE DETAILS OF PRACTICE."

[Shortly after the above observations made their appearance in print Dr Holland addressed to me a letter in "explanation." The correspondence which followed I am not quite at liberty to give, as the doctor expressed a wish that his communications should be kept "private." This much I may, however, state, that though couched in very polite language, the explanation afforded by his letters did not appear to me to be sufficiently explicit and candid. The concluding paragraph, indeed, of his last letter is so *adroitly* worded, I cannot resist the temptation to quote it. "It gives me pleasure to know that you find anything of truth or useful *suggestion* in what *I* have published. And I shall be gratified by any opportunity which may hereafter occur of talking with you on these subjects, of common interest to us, *out of print*. Ever, my dear Sir, yours faithfully, H. HOLLAND."]

From this digression, let me turn to

RHEUMATISM.

Like Gout, the word *Rheumatism* conveys nothing beyond the expression of the false theory, which first gave rise to it. But as we are compelled, by long custom, to retain this among other equally unmeaning terms, I may tell you, that the

profession of the present day class under its numerous affections of the great joints, particularly such as have come on suddenly, and are attended with much pain and swelling. You will find that these, in every case, have been ushered in by fever fits. The young and middle-aged are more liable to rheumatism than the extreme old. Like the gout, it is a *remittent* disorder, and Dr Haygarth, long ago, wrote a work illustrative of the value of *Bark* in its treatment. My own practice is to premise an emetic; this I follow up with a combination of quinine and colchicum. If that mode of treatment fail, I have recourse to arsenic, opium, mercury, silver, turpentine, copaiba, guaiac, arnica montana, aconite, or sulphur, or combinations of them—all of which remedies have succeeded and failed in ague. In most instances of acute rheumatism, the first combination proves successful; though, in cases of long standing, I have had to run from one medicine and combination of medicine to another, before being able to bring about this desirable termination;—and it is my duty to confess to you, that in some cases, particularly where either much depletion, or much mercury, or both, had been employed—as I grieve to say, they too often are in the primary treatment—I have failed with every means that I could devise.

Under the head of Rheumatism, medical men also include certain muscular pains, which occur in various parts of the body, but are unattended by any apparent morbid structural development. With nitrate of silver and prussic acid, I have often cured these pains; and with the cold plunge bath, I have sometimes succeeded after every other means had failed. Of my mode of treating acute rheumatism, I will give you two examples.

CASE 1.—A young man, aged 25, had been suffering severely from Rheumatism for four or five days before I saw him. At this time, the joints of his wrists and ankles were much swelled and exquisitely painful; his heart laboured, and was so painful as to impede his breathing; his tongue was foul and furred, and he had been occasionally delirious. I ordered an emetic, which was some time in operating, but when

it did, the relief was signal. I followed this up with pills containing a combination of quinine, blue pill, and colchicum, and in two days he was sitting up with scarcely any swelling remaining in the affected joints; in two days more he had no complaint. Not a drop of blood was taken in this case.

CASE 2.—A gentleman, aged 30, after exposure to wet and cold, had a shivering fit with fever, in the course of which almost every joint in his body became swollen and very painful. He was bled, leeches, blistered, and took mercury to no purpose, before I was called in. I ordered him a combination of quinine, colchicum, and opium, which agreed so well with him, that in three days I found him free from every symptom, but weakness, which I presume was as much the effect of the former treatment, as of the disease; at any rate, he had certainly suffered very severely.

But

THE STONE ?

You will doubtless, Gentlemen, ask me whether or not I look upon that also as an *effect* of intermittent fever? To this question I have only to say, that Stone must in the first place be admitted to be a result of morbid urinary secretion. Can any secretion become abnormal without the previous occurrence of febrile or constitutional change? Certainly not; and without such change, stone therefore could not become developed—moreover, there are times of the day, when the subject of it is better and worse, and this not altogether to be referred to the period of micturition. A “*fit* of the stone” is as common an expression as a fit of the ague. Drs Prout and Roget, who have paid much attention to *calculary* diseases, state, that while medicines styled lithontriptics exert but little influence in such cases, *tonics* have almost universally ameliorated the condition of the patient;—and what are the medicines usually termed *tonics*, but the remedies for ague?

Whether Gout and Rheumatism be remittent diseases or not, or whether they be remarkable for the changes of temperature and action termed *fever*, nobody but such as prefer

books of nosology to the book of nature and common sense, would be so ignorant as to question. Whether they be variations of the same disease, is another thing; but this I know, they are both first cousins to ague, and by treating them as such, the practitioner may save himself a world of trouble, and the patient a world of pain, which neither might escape, were he to adopt the doctrine of the "pathologists," that these are inflammatory diseases, and only to be subdued by leech, lancet, and mercury to salivation. Gentlemen, laugh at the pathologists, and laugh too at their disputations, which, being all about nonsense, can never possibly come to a satisfactory conclusion.

The calculary or stony deposits which occasionally take place in the different joints during gout, suggested to medical men, even at an early period, the analogy subsisting betwixt that disease and stone. During constitutional disorders, calculus may be developed in any tissue or structure of the body. Salivary concretions are common; pulmonary calculi I have seen in two instances: in one case they were expectorated by a consumptive female, who died; in the other, by a patient of my own—a gentleman whose lungs being otherwise organically uninjured, recovered his health completely by attending to the temperature of his chest, and by the occasional use of hydrocyanic acid and quinine. This patient had previously consulted two of the best employed medical men in London, a physician and surgeon, who held out no hope for him but a warm climate. These practitioners, then, shewed in this instance, at least, their good opinion of *attention to temperature*. How often the liver, gall-bladder, and kidney are the seat of stone, I need not tell you. Taking place in the course of an artery, calculus is erroneously termed *ossification*. I wonder it never occurred to authors to call it the gout! seeing that there is, at least, this resemblance betwixt them, that both generally become developed after Middle Age has marked the subjects of them with her seal.

There are not wanting authors who have traced an analogy betwixt Rheumatism and

CUTANEOUS DISEASE ;

And as all disorders are cousins-german to ague, we must give them full credit for their powers of observation—stating, at the same time, our readiness to help them out to a still more comprehensive view of the relationship which subsists betwixt all “the various genera of disease.”

What a fine thing to be able to master the cloud of ridiculous distinctions and definitions by which Drs Willan and Bateman have contrived to *disguise* the whole subject of Cutaneous Disorder ;—to distinguish, for example, psoriasis from lepra—erythema from erysipelas, diseases only differing from each other in being acute or chronic, or from being more or less extensively developed ; all, too, depending upon the same constitutional unity and integrity of state—all more or less amenable to identical agency ! Most truly, then, has my Lord Bacon remarked, “*Divisions* only give us the husks and outer parts of a science, while they allow the juice and kernel to escape in the splitting.” What ! I shall be asked, is Erysipelas or Rose nothing more than a result of ague—Erysipelas, for which, according to Mr Lawrence, we must make incisions in the skin of, at least, a foot long—gashes, in short, like sabre wounds ! Hear what Sir James Mackintosh says when describing his own case ; and the accuracy of his description will scarcely be questioned, if it be remembered that previously to entering upon his legal career, he had not only studied but taken his degree in physic :—“ We had an unusually cheerful day,” he says, “ but just as I was going to bed I was attacked by a *fit of shivering*, which in the morning was followed by a *high fever*, and in two days by an erysipelas in the face. The disease went through its course mildly, but it is liable to such sudden *turns*, (fits ?) that one is always within six hours of death.” For the value of quinine or bark in this disease I could cite many authorities, but the candour of Mr Travers entitles his evidence to a preference. At a meeting of the Medico-Chirurgical Society, he is reported to have stated that in “ a great many instances

(of Erysipelas) he had found the most decided benefit from the use of *bark* and other *tonics*, and which, at the commencement of the disease, he had often seen highly useful in the practice of others, even in cases where *he would have employed the antiphlogistic treatment*, if the patients had fallen into his own hands."—*Lancet*.

Every medical man of experience knows that erysipelas is very often epidemic, seeming to depend upon a particular constitution of atmosphere ; for during the time it is prevalent in camps or cities, the slightest scratch on the skin will set it up—I have known it follow the application of a blister to the chest. Even at periods when the disease is not epidemic, it may be produced by any one of a thousand things that daily occur in life : cold and wet are frequent causes ; and there are individuals who cannot take mercury in any dose without being liable to an attack of it—nevertheless, I have myself cured many cases with mercury. The best practice, however, is to treat it like other acute fevers ; namely, by emetics followed up by arsenic or quinine ; and this practice will apply to all acute diseases of the skin, by whatever names they may be known or distinguished.

What are the causes of cutaneous disease generally ? Everything that can set up *fever* ;—and what agent in nature, when abused, may not do that ? Cutaneous disease may be produced by mechanical injury even—a blow, or fall, for example. A friend of mine, who hunts a great deal, has had several falls from his horse, and on each occasion the accident was followed by an eruption all over his skin. I have known eruptions to be a constant effect of the introduction of a bougie into the urethra of a particular individual. What will the gentlemen of the Humoral school say to this ? for you know the partizans of that school trace all such diseases to a "morbid ingredient in the blood," and they look upon eruption as an effort of nature to expel the "peccant humour." Be careful, they tell you, not to drive it *in* ! Now, what is an eruption but the effect of a tendency to decomposition of the matter entering into a detached portion of the cuticular tissue, so as to produce an arrangement and motion

of the atoms composing it different from their motion and arrangement in health? Such caution, therefore, amounts exactly to this: be careful that you do nothing that shall make these cuticular atoms *resume* their respective places and motions in the economy, so as to resemble the healthy skin! See, then, to what a ridiculous pass the HUMORAL doctrine leads us! When that doctrine was more prevalent than it is at present, cutaneous diseases were very generally classed under the head of "Scurvy," or *Scorbutus*; whoever had eruptions on his skin of a chronic character, was said to have the scurvy. Now, if this phrase had been used simply as a sign or "counter to reckon by," no great harm would have ensued; but "scurvy," like "scrofula," and the "gout," in process of time came to perform the part, not of a sign merely, but of a corporeal *something*—an indefinite entity or essence, which, like a will-o'-the-wisp, played its "fantastic tricks" now in this part of the body, now in that. Some wise professor made his pupils believe, that he had detected it *in* the blood even; and from that moment not only did people begin to find out that scurvy was a specific disease, but the whole faculty were anxious to discover a *specific* for it. A specific for what, Gentlemen? for an "airy nothing," that only existed in the theoretic visions of their own most mystified brains. You may stare as you please—but this, after all, is the truth. What, then, you will demand, is the disease which doctors call "ship-scurvy?" Now to this most reasonable question, I will endeavour to reply in a reasonable manner. Having been myself for months at sea without landing or seeing land, my evidence may be just as good as that of others who have handled the subject before me. During long and harassing voyages, what from being forced by foul weather to sleep under closed and consequently unventilated decks—what from being obliged to watch and work hard upon a short allowance of food and water—together with the anxiety and depression of spirits, produced by "hope deferred," the men gradually begin to shew signs of a constitutional "break up." You will find them with faces pale and bloated;—their skins rough, rugged, and exhibiting *petechiæ*

and hæmorrhagic ulcers; their gums weak, spongy, and bleeding; their hair harsh, dry, and falling away, and their bowels subject to fluxes; a low fever wastes them day by day and night by night, and they become, at last, so ill as to faint from the least exertion. This is Ship-Scurvy,—not depending upon a something noxious *in* the blood, but upon a positive *want* of something essential to its healthy reproduction. And how, think you, is this disease to be cured? By wholesome food and pure air, you will naturally reply. No such thing, Gentlemen; nothing so simple would do for *scientific* people. It can only be cured by *Lemon juice*! Lemon juice, according to the greatest medical professors, is not only a *preventive* of the bad effects of starvation—but a substitute for pure air and proper food in the cure of diseases produced by a deprivation of both! Now, it is a curious fact in the history of ship-scurvy, that just about the time that lemon-juice came into fashion as a cure for it, great improvements began to be made in navigation, as also in ship-building, and in the ventilating and victualling of fleets; voyages that formerly took up a year, can now be completed in a month or two, and the natural good effects of all this upon the habits and constitutions of the seamen are, up to this moment, very modestly claimed by the doctors as the result of their employment of lemon-juice. The wonderful thing is, that not only are there fools in the world, but philosophers also, who daily echo this trumpery story!

There is not a cutaneous disorder, however named, which I have not cured with QUININE,—and I have met with examples of all which have baffled me with every remedy. I may here, nevertheless, state in regard to cutaneous disease generally, that I have not very often been at a loss, while I had at my disposal, quinine, arsenic, oxymuriate of mercury, hydriodate of potass, creosote, iron, and lead. In a very obstinate case of scald-head, the subject of which was a young artist of talent, a combination of belladonna and stramonium effected a complete cure in about a fortnight. The disease, in this instance, had been upwards of twelve months' standing, and had resisted the prescriptions of some of the

ablest men of Dublin and London. Baths, of which I shall afterwards speak, I have also found of great service in diseases of the skin—and what, Gentlemen, do all these remedies come to at last, but to thermal change?

In the great majority of instances, then, the local disorder *from* which physicians now almost invariably name disease, and *to* which they almost as invariably confine their attention, is only one of many features of universal disturbance. So far from being the causes of such disturbance, the local tendencies to disorganization are merely hereditary or accidental developments occurring in its course—developments expressive, for the most part, of the weak points of individual constitution—though sometimes determined by climate or other specialty of cause. In England, for example, the viscera of the chest are the organs which chiefly suffer—while in the East, and West Indies, the liver and other contents of the abdomen become more frequently implicated. Remittent fever, I need not say, is the parent of both.

Injuries, passions, poisons, then, are each capable of producing the same constitutional disturbance with every kind and degree of organic change to which the subjects of them may, by original weakness of configuration, be predisposed. To use a homely phrase—“when the whole house shakes, the worst-built room suffers most,”—and this, of course, differs with every house. A blow on the head—nay, an injury to so minute a member as the finger, may produce general remittent disorder, *ending* in abscess of the lungs or liver, according to the predisposition of the patient. Even in the course of the *contagious* or pustular fevers, we daily find all kinds of organic change developed—change which no man in his senses would place in the light of a *cause* of those fevers. Among the organic and other disturbances induced by the fever of

VARIOLA, OR SMALL POX,

I have noticed sore throat, deafness, dropsy, consumption, glandular swellings, rheumatism, and palsy—such *sequelæ* depending, doubtless, upon the original predisposition of the patient to the development of this or that complaint by any

agency capable of injuring the general constitution. And how should it be otherwise, when we come to reflect that the small-pox fever, like every other fever, consists in a succession of paroxysms so exactly resembling ague, that, before the appearance of the eruption, it cannot possibly be distinguished from it!—Nor, so far as individual treatment is concerned, does this much matter—for however perfectly *specific* the *cause* of the disorder undoubtedly is, the disease itself admits of no specific mode of practice. To keep the patient as cool as possible during the hot fit, and to prolong the remission by opium, hydrocyanic acid, or quinine, comprehends nearly the whole duty of the physician in this, as in every other disorder. By a reverse course, the most perfectly curable case may be very speedily rendered malignant. While I attended the Parisian hospitals in the autumn and winter of 1825, the small-pox was epidemic, and the practice then was to bleed and purge. But so unsuccessful was that mode of treating the disease, that almost every subject brought to the dissecting rooms of the French capital, was literally covered with small-pox pustules. During the spring of 1824, a great many instances of the disease occurred in Edinburgh, and I remember the cases of two medical students, which, from the difference of the practice employed, and from the difference of the results, made a strong impression on my mind. In the one case, the late Dr Mackintosh treated the patient by repeated bleeding and purgation. The consequence was, he became delirious—the pustules were rendered confluent, and he barely escaped with his life. The subject of the second case having frequently visited the former gentleman during his illness, may be fairly presumed to have taken the infection from him. But the treatment, in this instance, was restricted to an occasional antimonial, and an opiate about seven in the evening, which had the effect of either entirely preventing the anticipated paroxysm, or of rendering it so trifling as to pass without observation. On two occasions it was neglected, and a night of fever and restlessness was each time the result. The subject of this case was out of the house in ten days, and he has not a perceptible mark on his counte-

nance, while the former was confined to his room for more than a month, and when he made his appearance in the streets, his face was so disfigured by scars, that his most intimate friends did not know him when he addressed them. In both cases, the subjects had been *vaccinated*, and bore the marks on their arms. Is Vaccination, then, a preventive? Recall to memory the numbers of persons whose faces were fretted and seamed by the small-pox in your younger days, and the few instances of a similar kind you meet with in these times, and the beneficial result of the measure must be at once evident. Do you doubt the preventive effect of small-pox against a recurrence?—No more can you doubt the effect of vaccination—for though small-pox does occasionally attack individuals who have previously undergone vaccination, so also does it recur occasionally in persons who bear the indelible marks of having previously suffered from small-pox itself. What is the vaccine but a modification of small-pox? It is small-pox in a milder form, a fact which Jenner suspected, and which Mr Ceely of Aylesbury has recently proved by a very simple experiment. He first inoculated a cow with the matter of a *small-pox* pustule. From the new pustules which were in due time produced in that animal, he took matter and inserted it into the arm of a child. The *vaccine* pustule was the result!—and these experiments he has several times repeated with the same success, in the presence of many medical men,—so that the *cause* of small-pox in man (whatever it be) becomes so altered in its vaccine modification, as to constitute a most valuable preventive against the severer form. What is the nature of the specific agent which produces and reproduces, through such an infinity of individuals, an effect so generally specific? Can it be, as Linnæus thought, of an animalculine character? or is it at all analogous to the influence produced by the magnet on iron? which metal, you all know, may, from the contact of a magnet, become itself magnetic. These are the most probable relations in which the subject may be viewed—if, indeed it have not some analogy to the continuation and reproduction of all animal life.

There are a few questions, connected with this subject, which I confess myself unable to answer. Perhaps the ingenuity of some of you may solve them for me.

1. Why is small-pox, when directly inoculated, more generally mild than when taken casually by infection?

2. Why, after vaccination, have we, in the majority of cases, only one pustule instead of many?

3. Why is the vaccine not infectious, like small-pox—seeing that it is a mere modification of identical agency? The vaccine, so far as we know, can only be communicated by direct inoculation.

4. Has the protection which the vaccine and the variola afford to the constitution against recurrence, any analogy to agricultural exhaustion—to the impossibility to obtain more than a given number of successive crops of a particular herbage, from a particular soil, in a given period of years?

The diseases which most resemble small-pox are; chicken-pox, measles, scarlet-fever, and hooping-cough, inasmuch as these diseases for the most part affect the constitution only once in life—though sometimes, like small-pox, they make their appearance twice, and even three times in individuals. By some authors, the chicken-pox has been supposed to be a modification of variola—an opinion to which I myself lean—for when we consider how remarkably small-pox becomes modified after vaccine transmission, we can scarcely doubt that it may admit of still further modifications, by passing through the bodies of other animals besides the cow. This much is certain, that the contagious diseases have the most perfect analogy to the ague—seeing that all have remissions and exacerbations of fever more or less perfect in kind, and that all are more or less amenable to the chrono-thermal remedies—not one of which remedies, however, possesses such *specific* influence over them, as to be exclusively relied upon in the treatment of any case. Is not this the best of all proofs that there is no specific in physic? If in a most decidedly specific disease we have no specific agency, how can we possibly expect to find such for any one of the great family of disorders which may be produced by every thing that can derange the

general health? Yet, Dr Holland hopes that medical men may one day find a specific for Gout, and another for Consumption—diseases which may be produced and cured by any agency that can alter the moving powers of particular individuals!

I must now say something to you about

SYPHILIS.

An alphabetical combination, with which most of you are so familiar, that were any person to tell you that no such disease exists, you would be inclined to question the sanity of that person's brain.—You would, in fact, have much the same sort of feeling as that most learned and exemplary judge, Sir Mathew Hale, might be supposed to entertain, were he to rise from his grave, and be told there never was such a thing as witchcraft. “No such thing as witchcraft!” he would exclaim; “why, madman! I have tried and hanged dozens for it, and upon the clearest possible evidence!” So you, Gentlemen, would very naturally, in the same vein, ejaculate—“What! no syphilis! no *lues venerea*! no secondary symptoms!—and then proceed to explain, with very great gravity, how you had seen at least a thousand and one cases of syphilis, and cured it as many times over with the *specific* remedy, mercury! And yet, Gentlemen, what are syphilis and *lues venerea*, but the conjurations of medical ignorance, in the darkest of medical times! Like scurvy and scrofula, they are relics of the false doctrine that ascribed all diseases to a humour of the blood. During seventeen years that I have been in the medical profession, I never saw syphilis—no—nor *lues venerea*, though, nearly eight years of that time, I served as a medical officer in the army; and surely you will admit that if such disease exists anywhere, it must be seen in a military hospital! The venereal ulcers called *Chancres* or *Primary Sores*, and the urethral discharge termed *Gonorrhœa*, I have, of course, seen thousands of times; but these are not exactly what medical men mean by Syphilis.—They mean by that, certain *constitutional* affections, which, they suppose, have been produced by the imbibition of the matter of those local complaints into the blood, and which

they term *secondary* symptoms or syphilis. What are the diseases so *nick-named*? Disorders of the bones, of the nose, throat, and shins, and ulcers and other diseases of the skin,—though I must tell you I have sometimes heard doctors discussing whether they should term the particular symptoms of a given case *syphilis* or *scurvy*! Gentlemen, an attentive consideration of the diseases in question convinces me, that in the greater number of instances they are the result of *mercury*, acting as a poison on particular constitutions—while others have neither been the production of this mineral, nor of any fancied venereal poison, but, like consumption or tooth-ache, were the offspring of cold, damp, and other external influences. Why should a disorganizing disease of the nose or palate be looked upon as the exclusive effect of one agent, any more than a similar disease of the teeth or lungs? Suppose we call them “nose-consumption,” and “palate-consumption,” you at once perceive the fallacy of the dogma, that all such disorders can only arise from one given cause—and that, unlike all other diseases, they will only yield to one given agent. Is there any other affection in existence for which you have a specific? None!—Do not, then, delude yourselves with the idea that in mercury you have found a specific for disease of the nose and palate, or for osseous and cutaneous disease, however characterized. That such complaints are often cured by mercury, is as true as that the same mineral may cure pulmonary consumption, which I have known it do, more than once; and I remember, particularly, the case of a man who I thought would die of consumption, but who was, nevertheless, cured, in the Bath Hospital, by mercury. But, as a set-off against this cure, I may give you the case of a fine young soldier of the 26th foot, who came into the Regimental Hospital with a primary venereal sore, though in other respects well, but who died of pulmonary consumption just one month after his admittance, in consequence of the fever produced by the mercury that was given him to cure his sore, but which, by the way, it failed to do. That case made a very great impression upon me, as I believe it did upon the mind of the gentlemen who had treated him.

Well, then, mercury has caused, and may cure, all the diseases which medical men group together under the word Syphilis. But so can many other agents. In most damp climates, where transitions of temperature are rapid, these diseases may be found in abundance. But they have no other relation to venereal disease, than that many of the subjects of them have had that disorder; though many have never had it at all—notwithstanding the scepticism of the practitioner to every assertion on their part to that effect;—for he will sooner believe that his patient is deceiving him, than that his teachers could be wrong—forgetting the observation of Descartes, that “no man can aspire to the name of philosopher, who has not, at least once in his life, doubted everything he had been previously taught.” The greater number of the diseases that made their appearance during the Rangoon war, could the subjects of them have been transported to a London hospital, would, I am certain, have been termed and treated as syphilis. In the General Hospitals of India, after that war, you might have seen every kind of ulcer of the throat and palate, every eruption of skin and disease of bone, that were ever supposed to be the exclusive production of the venereal poison;—and of what were these the offspring?—depraved food, hard work, and much exposure. Yes, Gentlemen, every kind of osseous and cutaneous decomposition, every description of organic change—palatal, nasal, and pulmonary consumption included,—were the effects of the fever excited during that harassing war. Young medical officers, who saw these diseases for the first time, believing them to be syphilitic, prescribed mercury; but mercury, in the greater number of cases, aggravated the existing symptoms, while arsenic, as I shall afterwards show, very often ameliorated them. We sometimes hear it stated, as a fact, that in India, where calomel is given to a great extent, we never see among its effects the symptoms termed secondary symptoms. But, Gentlemen, this is a false fact! for, while stationed at Bangalore, I saw the bones of the nose give way, in a patient under treatment for dysentery by mercury; and many eruptions of the skin and diseases of the joints, I have

traced to this mineral. But there is one thing I must explain to you, and it is this—that while in England the rapid thermal transitions and other influences of the climate lead to affections of the nose, lungs, throat, and joints—the climatic agency of India tends to the production of liver and bowel decomposition instead; and that is the reason why, in England, mercury more frequently gives rise to what are termed “the syphilitic symptoms,” than it does in India, where it more often produces the very dysenteric disease and hepatic destruction, which, I admit at the same time, in other instances, I have known it to prevent or cure. It is, like every other agent in nature, a two-edged weapon, cutting right and wrong, according to constitution and predisposition; and this shows you the necessity, when you try its powers, of beginning it in small doses, and watching its effects with a scrupulous attention. But, with regard to what are termed the secondary effects of the venereal poisons,—the only secondary symptoms which I have ever known to result from either a gonorrhœa or a primary sore, have been an occasional glandular swelling—technically termed *bubo*—and, in rare cases, the train of symptoms known by the name of rheumatism;—and this, perhaps I shall be told, is evidence of a poison in the blood—of a syphilitic taint—of *lues venerea*!—Gentlemen, the very same train of symptoms take place daily, in particular constitutions, after the bruise of a toe, or the introduction of a bougie into the urethra. Can there be a poison in the blood in either of these cases? To the same causes I have traced eruptions of the skin; and it is quite possible that eruptions may also be the effect of the gonorrhœal *fever* in persons predisposed to cutaneous disease, though, even in this case, you may be deceived by the treatment; for the *copaiba*, so often given for gonorrhœa, can of itself produce both cutaneous disease and rheumatism. Oh, many and many a time, have I seen diseases produced by *copaiba*, set down to the phantom syphilis! and, when mercury cured them, which it sometimes did, the proof of the imaginary cause was supposed to be complete!

But however produced, Gentlemen, the various constitu-

tional affections ascribed to syphilis are not, like small-pox or measles, *specific* diseases; neither are they, *any more than these acknowledged specific diseases*, to be *specifically* met. The specific origin of small-pox is indubitable, yet what specific do we employ in its treatment? None—Why, then, suppose that affections, the origin of which cannot be proved, will be an exception to everything we really know of disease and its treatment? Like every other complaint in existence, the disorders under consideration may yield to every agent in the *Materia Medica*, or may fail to yield to any; and, what is more, they may all get well without any medicine whatever. Even the primary diseases cannot be treated specifically. Copaiba will cure gonorrhæa in one man and fail in another; nay, I have known it cure a particular individual at one time, and aggravate his complaint the next time he had the misfortune to catch it. I have known gonorrhæa cured by a fever, and I have known a fever to bring back the discharge where it had previously ceased. A glass of gin and water will produce the same curative effect in some cases, and reproduce, or aggravate the disorder, in others.—Oh, I should like to see a specific for any disease!

I am old enough to remember the hospital practice in gonorrhæa—when, even in the London hospitals, mercury was repeatedly given to salivation in every case, and that too by men who were the reputed oracles of the day in every kind of venereal disease. To doubt them was to expose yourself to a martyrdom of ridicule and calumny. Is there a surgeon, pretending to respectability, who would now follow such a practice? When the army medical officers first bruited the idea, that venereal sores of every kind could be cured without mercury, the profession in civil life were, almost to a man, incredulous, or, what is the same thing, they affected incredulity; for it was not their interest to believe. If you showed them a person so cured, they would shake their heads, and say—“Ah, he will be sure to have secondary symptoms!” and this imaginary contingency operated, for a long time, as an intimidation, both with the younger members of the profession and the public. But, mark the result of a change of

practice—a change forced upon the medical civilians by the army practitioners, and the intelligent military officers, who had seen the new treatment in the hospitals of the service. As the non-mercurial treatment of primary sores gradually gained ground, “secondary symptoms” diminished at the same rate. Secondary symptoms, Gentlemen, have only lately been found out, in most cases, to be the primary symptoms of a bad practice! Yes! the rotten skulls which are still to be found in our museums—with all the other beautiful specimens of diseased bones, which, in our younger days, were so abundant in hospitals—in the great majority of cases were the production of long and harassing courses of mercury! That this mineral, like other agents, may often be employed with benefit in osseous disease, and in sores, eruptions, &c., is as true as that it may be advantageously employed in any other disease; but to give it as a *specific*, for these or any other complaints, is a specimen of ignorance which I hope, before I die, to see banished from the practice of medicine. When the mercurial treatment was in greatest vogue, secondary symptoms were most numerous;—but the medical men of that day, with all this staring them in the face, supposed it to be the result of too little mercury having been employed in the primary treatment! Only think of “too little mercury!” after they had pushed it, over and over again, to salivation, so as to leave their patients, frequently, without a tooth in their heads. These practitioners resembled the celebrated Sangrado, who, when his patients died, after he had drawn almost every drop of blood from their bodies, and drenched them with warm water while they were able to swallow it, declared that their deaths could not have happened, if they had been sufficiently bled, or had taken warm water enough!

Is the

PLAGUE

an intermittent fever?—The case of corporal Farrell, as detailed by Dr Calvert, [*Medico-Chirurgical Transactions*] will be a sufficient answer to the question:—“This man had

been standing in the sea on the 10th of November, upwards of an hour, to wash and purify his clothes, according to an order to that effect. On coming out of the water he was seized with violent shivering and headache, succeeded by heat of skin, and afterwards by sweating, which alleviated the distressing symptoms. On the following day the paroxysm was repeated. He was permitted to remain in the barracks from a belief that his complaint was *intermittent fever*. The next day his fever returned as usual, but it now declared itself to be the plague by a bubo (glandular swelling) arising in the groin, while the seat of the pain seemed to be suddenly transferred from the head to that part. The paroxysm was again followed by an intermission or remission. But the next morning, while dressing himself to go to the lazeret, he dropped down and expired."

Disputes still exist as to the contagious nature of plague. On whichever side truth lies, there can be no difficulty as to the proper treatment. The indications, as in simple intermittent fever, are to regulate the temperature in the hot and cold stages, and to prolong the remission by quinine, arsenic, &c., according to particular constitutions. Treated in this manner, the disease could not by any possibility be more fatal than we are told it is under the present routine of practice. "In all our cases," says Dr Madden, "we did as all other practitioners did,—we continued to bleed, and the patients continued to DIE."—[*Madden's Constantinople.*]

From the same candid author, I find that the

YELLOW FEVER

of the West Indies, is not less remarkable for its periodic remissions and exacerbations than for the shiverings and alternations of temperature characteristic of every other disorder. The yellow appearance of the patient, like the milder jaundice of our own climate, is the simple effect of spasm of the gall ducts. Jaundice, then, is more a symptom than a disease, being the result of spasm developed in the course of a febrile paroxysm. People will say, "You would not give quinine or bark in jaundice." But why not? seeing I could

muster a good half-hundred instances where I myself have cured the disease by one or the other. Dr Madden details a case of yellow fever cured by quinine, a case in which he says, "had the gentleman been *bled*, after the fashion of the country, I think in all probability he would have died; or had he survived, that he would have had left a debilitated constitution and a dropsical diathesis to encounter in his convalescence."

Previous to my embarkation for the East Indies, where it was my chance to serve five years as a medical officer of the army, I read Dr James Johnson's work on the "Diseases of Tropical Climates." Imbued with his doctrines, I put his sanguinary treatment and his scruple doses of calomel to the test. But so far from confirming his assertions, my own experience led me to adopt conclusions much the same as those of Dr Madden. Captain Owen of the Navy, too, who could neither have a theory to support nor any interested end to serve, one way or the other, details at great length the mortality which took place among his people while employed in surveying the African coast. "It may, in fact, be questioned," says this intelligent navigator, "whether our very severe losses were not, in some measure, attributable to European medical practice, *bleeding and calomel being decidedly the most deadly enemies in a tropical climate*. During the whole time of the prevalence of the fever, we had not one instance of perfect recovery after a liberal application of the lancet or of this medicine." Captain Owen farther states, that he himself recovered without either bleeding or calomel, while the ship-doctor fell a martyr to his medical faith,—he bled himself, took calomel, and died!

But the Eastern practitioner will tell me possibly, that

DYSENTERY

cannot be safely treated in any other fashion. Is he sure that he knows exactly what is meant by the word Dysentery? I shall say nothing of its etymology, but rather give you the symptoms included by Sydenham under the name.—"The patient," he tells us, "is attacked with a *chilliness* and *shak-*

ing, which is immediately succeeded by a heat of the whole body. Soon after this, gripes and stools follow." What, then, Gentlemen, is this dysentery but an AGUE, with an increase of secretion from the mucous surface of the bowels instead of the skin? Now, Dr Cumming, late of the East India Company's medical service, informs us, that while ascending the Nile in 1836, he was attacked with dysentery. After suffering for a week with "intervals of remission," he fairly gave himself up, and so did his attendants, for he had nothing in the shape of medicine with him. As a forlorn hope, however, he ordered his guide to *sponge* him with *warm water*. And this simple remedy (attention to temperature), with fomentations of the abdomen, was the only treatment employed; he took a little wine and water, which remained upon his stomach; he then became drowsy, slept for a short time, felt his skin less hot and burning, and, in brief, began to recover, and that rapidly. In about a week afterwards, he writes in his journal: "My recovery is almost complete, and the rapidity of my convalescence leads me to contrast my late attack with a *precisely similar one* which I had at Cawnpore in the autumn of 1829. On that occasion I was *largely bled* at the arm, had *fifty leeches* applied to the abdomen, and during the first four days of the disease, in addition to extensive mercurial frictions, I swallowed *two hundred and sixteen grains* of calomel. True, I recovered; or, *rather I did not die!* Whether in consequence, or in spite of the above heroic treatment, I will not venture to say. My face was swollen to an enormous size, every tooth was loose in my jaws, and for six or eight weeks I could eat no solid food. My constitution received a shock from which it never fairly recovered, and I was obliged to come to Europe on furlough. On the present occasion, fortunately for me, the *vis medicatrix naturæ* was my sole physician, [he forgot the sponging part!] and I am now almost as well as before the attack commenced. BRITISH MEDICAL PRACTICE, IN MY HUMBLE OPINION, DEALS TOO MUCH IN HEROICS."

That opinion, Gentlemen, I hope, is now yours also—it has many years been mine. Such a case, from such a quarter,

must doubtless be more than sufficient to warn you against the sanguinary and mercurial practice principally introduced into the East by the influence of Dr James Johnson's work on the Diseases of India. The prettiness and plausibility of that author's style will but poorly compensate the practitioner for the mortality that has so often been produced by his terrible practice. What an idea, to first break down by the lancet and mercury the attractive power of every atom of the body, in the expectation of thereby strengthening its weakest parts! Does this savour of *mania* or does it not? and that too, as I told you before, madness of rather a homicidal kind?

We shall now speak of

DROPSY.

How can there be a morbid superabundance of any secretion without a corresponding change of temperature? He who will rigidly scrutinize this disease shall find that the same shiverings and fever which precede the sweat of ague, usher in the tumid abdomen and swollen legs of Dropsy. Dropsy, then, may be termed an AGUE with *inward sweat*. That it is a remittent disease may be seen by the palpable diminution of the swelling on particular days; to say nothing of the hopes both of the patient and physician on such days being excited by general improvement throughout. How should the disease be treated? Not, according to modern practice, by diuretics and sudorifics solely; but by a combination and alternation of these remedies with the medicines of acknowledged efficacy in that most perfect type of all disease, the ague. Of cases successfully treated by me in this manner, I could give you hundreds,—but to what purpose? The recital would only comprehend the symptoms of ague with effusion of fluid into the cavities or cellular substance, instead of perspiration by the skin; and the remedies, as you may guess, quinine, opium, arsenic, hydrocyanic acid, combined or alternated with creosote, squill, ipecacuanana, colchicum, mercury, &c. What other proofs do you want of the unity of all disease? The Paymaster-Sergeant of the Royals had dropsy, which, notwithstanding the usual

treatment by diuretics, purgatives, &c., was daily getting worse, when Dr Stephenson, of the 13th Dragoons, suggested the application of poultices of *lichen vulgaris* to the loins. From that day the amendment was rapid, and the patient subsequently got well. Now, Gentlemen, everybody believed that there must have been some magical virtue in the lichen. But Mr Brady, the surgeon of the regiment, thinking that the plant had less to do with the cure than the *heat* which, in the form of a poultice, it produced, determined to try poultices made with *rice* in a case exactly similar. The result was the same—a cure; proving how right he was in his conjecture. Since I entered into private practice, I have repeatedly applied poultices to the loins with advantage, and have also, by means of plasters of pitch, galbanum, &c., succeeded in curing cases of dropsy, which resisted every kind of internal remedy.

CHOLERA,—

the scourge of nations—will cholera be found to partake of the same universal type of disease, the ague? You will be the best judges, Gentlemen, when we draw our parallel. While in India we had ample opportunities for ascertaining its nature. Tremulous and spasmodic action are equally symptoms of ague and cholera; vomiting or nausea characterizes both. The ague patient has sometimes diarrhœa or looseness; oppression at the chest, and coldness of the whole body are the primary symptoms of each. The increased flow of pale urine, so often remarked in ague, is an occasional symptom of the epidemic cholera. In more than one instance of cholera, which came under my observation while serving in the East, that secretion passed involuntarily from the patient a short time before death. Suppression of urine, so common in the late epidemic, was a frequent symptom of the Walcheren ague. When there is no hot fit or reaction, death is usually preceded by a sleepy stupor in both. You have ague, too, with hot skin and bounding pulse, a state analogous to the milder forms of cholera, in which you remark the same phenomena. When not fatal, cholera, like ague, has a hot

and sweating stage. Moreover, when ague terminates life by a single paroxysm, you find the same appearances after death in the bodies of both. Lastly, phrenitic, hepatic and splenic change with dysentery and dropsy, to say nothing of epilepsy and apoplexy, have been the occasional sequelæ of each.

What are the remedies most beneficial in Cholera? Attention to temperature comprehends every thing that has either failed or succeeded. Were I myself to become the subject of it, I should feel inclined to trust more to a bottle of brandy than to any thing contained in the *Materia Medica*. I saw many hundred cases of the disorder while in the East Indies, but could never convince myself of the superiority of any *medical* treatment over another. In my *Work upon the Diseases of India*, I have proved that death, in the great majority of instances of cholera, takes place from a palsy of the eighth pair of nerves,—those nerves that preside over the functions of the lungs and stomach. If you divide these nerves in the dog, you have the essential symptoms, viz., loss of voice, vomiting and difficult breathing *always*,—cramps, and flatulence *frequently*; and the animal seldom survives the third day. On dissection, you find the vessels of the head, lungs, and intestines, filled with black blood. That is exactly what you find on opening persons who have died of cholera.

LECTURE VI.

PRESENT STATE OF MEDICAL PRACTICE IN ENGLAND—DYSPEPSIA—
HYSTERIA AND HYPOCHONDRIA—INSANITY—EFFECT OF LIGA-
TURES—FAINT—CONGESTION, ITS NATURE—INFANTILE CON-
VULSIONS.

GENTLEMEN,

AFTER a long intercourse with the world, and a rigid examination of what, in his day, was called its wisdom, the

great Lord Bacon, musing doubtless over his own philosophical discoveries, thus writes:—"It is a view of delight to stand or walk upon the shore-side, and to see a ship tossed with tempest upon the sea, or to be in a fortified town, and to see two battles join upon a plain; but it is a pleasure incomparable, for the mind of man to be settled, landed, and fortified in the certainty of truth; and from thence to descry and behold the errors, perturbations, labours, and wanderings up and down of other men." But, Gentlemen, however exciting this kind of pleasure be to him, who should be content with merely making a discovery to *himself*—the making of it *public* has its drawbacks; for "whoever," in the words of Johnson, "considers the revolutions and the various questions of greater or less importance, upon which wit and reason have exercised their power, must lament the unsuccessfulness of enquiry, and the slow advances of truth, when he reflects that great part of the labour of every writer, is only the destruction of those that went before him. The first care of the builder of a NEW SYSTEM, is to demolish the fabrics that are standing." But how can you brush away the cobwebs of ages from the windows of truth, without rousing the reptiles and insects that so long rejoiced in the darkness and secrecy which their foulness afforded—the bats and spiders, to whom the daylight is death! Truth, like a torch, tells two tales. Not only does it open up to mankind a path to escape from the thorns and briars which surround them; but breaking upon a long night of ignorance, it betrays to the eyes of the awakened sleeper, the bandits and brigands who took advantage of its darkness to rob and plunder him. What has Truth to expect from these?—What, but to be whispered away by the breath of calumny, to be scouted and lied down by the knaves and fools, whom interest or intercourse has leagued with the spoiler as his partizans. Who will talk to me of conciliation? Who will tell me that mild and moderate measures ever brought over such implacable enemies to the ranks of their destroyer; or that robbers rioting in the spoil of their victim, will listen to the voice of the charmer, charm he never so wisely? Can people be in their senses, when

they imagine that any exposition of Truth will be acceptable to men whose emoluments are chiefly derived from a course of studied and systematic mystification—Professors, who lure the student by every possible promise to their schools, and, when once in their net, keep him there by every possible artifice and pretext which collusion and corruption can devise! one day entangling him in a web of unmeaning sophistry—another, stimulating him to waste his time and labour in splitting straws, or in magnifying hairs—now encouraging him in a butterfly chace after shadows—now engaging him in a wordy and worthless disputation with his fellows! Gentlemen, I appeal to you, if this is not the mode in which, in most cases, from four to six years of the best part of a young man's existence are passed in our medical schools—passed in the fruitless endeavour to know a profession, upon the exercise of which, he is too often compelled to enter with no other pretensions to a knowledge of its principles than the trumpery certificates and diplomas *for* which he has been duped and deluded. How is that student to be repaid the capital of time and money he has expended upon what he calls his education? How, but by deluding and mystifying in his turn the suffering sick who apply to him for relief. For relief?—Vain hope! Look at the numbers of persons who live, or try to live by physic,—physicians, surgeons, apothecaries, druggists, cuppers, nurses!—and ask yourselves how even one tithe of these can do so, but by alternately playing upon the passions and prejudices,—the hopes, fears, and ignorance of the public?—in one case by inflicting visits too numerous to be necessary; in another, employing draughts, mixtures, or measures, too expensive, too frequently and too fruitlessly repeated, to be all for the benefit of the patient! Think you, that the members of the medical profession are different in their feelings from every other human being—that their minds are so constituted, that, under the most terrible temptations, they can so far set at defiance the stern law of *necessity*, as in their present crowded and starving state, receive with open arms a system that threatens so many of their order with ruin? Is it in the nature of things, that they will welcome a practical

improvement, by which the practitioner may, in a few hours, cut short cases and chances, which, by daily visitations, or by *three draughts* a-day, might be profitably protracted to a month, if the system, on which it is based, were only advocated in calm, mellifluous, and complimentary language? As soon may you expect the master of a sailing-smack to listen patiently to the praises of steam, or a coach-proprietor to admit the safety and superiority of railroad over coach conveyance, when estimating the losses they shall respectively sustain by the too general use of the new motive power. What, though the present condition of medical practice be less the crime of the *profession*, than the fault of the legislature, that permits men clothed with collegiate authority,—professors enjoying the sanction of its protection,—annually to lure, by misrepresentations and lying promises, thousands of credulous and unsuspecting youths into a path strewed, even in the very best of times, with thorns and briars innumerable? Better far that one half of these should at once abandon a walk of life, where the competition is so keen and close, that comparatively few in the present day, can live honestly by means of it,—than, that they should hereafter have to eat their precarious bread, at the daily and hourly sacrifice of their own honour, and their patients' interests. Who will tell me that half-measures can be of any avail, under circumstances like these? Gentlemen, in corrupt and difficult times, half-measures, so far from succeeding, have either been taken as a sign of weakness in the cause, or as a symptom of timidity on the part of the advocate. Away, then, with half-measures!—away with the idea of conciliating men, the already rotten tree of whose sustenance you sap—the long-cemented system, whose existence depends, not on a virtuous adherence to nature and truth, but upon a collusive and fraudulent perversion of both! When persons little versant with the *present state* of medical affairs, see men of established name, supporting a system of dishonesty and error, they too often doubt the light of their own reason. “Would Dr So-and-So,” they ask, “or Mr Such-a-One, hold this language, if they did not themselves

believe it—men so respectable, and so amiable in private life? —But tell these simpletons, that Dr So-and-so's *bread* depends upon his *belief*—that Mr Such-a-one's family would wither with his fading fortunes, if the father, in the language of Mr Hazlitt, “ceased to support that which he had so long supported, and which *supported him*”—and you bring an argument, if not quite convincing, one at least of a kind, to compel a closer investigation of the system it is your wish to expose and crush.—Gentlemen, I have been blamed for the tone and spirit in which I have spoken of my adversaries—I have been asked why assail their *motives*—why not keep yourself to their *errors*? But in this particular instance, I have been only the humble imitator of a great master—a man whose name will at once call up every sentiment of veneration—the indomitable Luther. *Magnis componere parva*, I have followed in his wake—I wish I could say *passibus æquis*. Think you, the Reformation of the Church could have progressed with the same rapidity, had its most forward champion been mealy-mouthed—had his lip been all smiles, and his language all politeness—or had he been content, in pointless and unimpassioned periods, to direct attention solely to the *doctrinal* errors of Rome? No—he thundered, he denounced, he heaped invective upon invective, and dealt in every form of language which could tell best against his enemies, whether in exposure or attack. Too wise to leave them the *moral influence* of a presumed integrity, which they were far from meriting, he courageously tore away the cloak of sanctity and sincerity, with which, in the eyes of the vulgar, they had been too long invested. Had he done otherwise, he might have obtained the *posthumous* praise of moderation, at the price of defeat and the stake.

Gentlemen, let it not for a moment be supposed that in thus sweepingly arraigning the medical profession as a **BODY**, I have the most remote wish to insinuate that among its individual members there are not numerous exceptions to the line of conduct pursued. In every one of its grades and conditions,—apothecary, surgeon, and physician,—I have had the pleasure to meet practitioners who not only heartily join me

in deploring the present shameful state of practice, but who aid me with their best efforts to expose and correct it. One and all of these honourable persons acknowledge that unless some great and speedy change in the mode of educating and remunerating medical men be introduced by the legislature, Medicine must shortly cease to be regarded in the light of a liberal profession; for as things now stand, the only sure path to lucrative popularity in physic is a complete sacrifice of conscience and principle on the part of the physician. In my own case, how often have I been told that by paying my court to the apothecary, and offering up incense at the false shrine of the professors, I might have easily and cheaply obtained the bubble reputation, to be blown me by their breath;—while by exposing the intrigues of the schools and the collusions and corruptions of the professional world, not only do I stand as one man to a host, but I lay myself open to the secret stabs of a thousand unseen assassins. Every man who has hoped, in this way, to bias me, has had but one answer:

“Slave! I have put my life upon a cast,
And I will stand the hazard of the die!”

That hazard now, thank Heaven, is small—for the daily increasing number of upright and honourable practitioners who espouse my views, place me already sufficiently far above the reach of my enemies, to enable me to despise them thoroughly; and at this moment I feel as secure of victory, as at one period of my life I feared defeat! As yet, I have only assailed the *System*—carefully avoiding individual attack. True, I have repelled the attacks of others, somewhat strongly too; but that was in self-defence. If, in tearing away the veil of iniquity, I have not altogether remained unscathed, I have, at least, the satisfaction to know, that my enemies have done every thing but *laugh* at the blows I dealt them! If it be said I have used language too strong for the occasion, I answer in the words of Burke: “When IGNORANCE and CORRUPTION have usurped the PROFESSOR’S CHAIR, and placed themselves in the seats of science and virtue, it is high time to speak out. We know that the doctrines of folly

are of great use to the professors of vice. We know that it is one of the signs of a corrupt and degenerate age, and one of the means of ensuring its further corruption and degeneracy, to give *lenient epithets* to corruptions and crimes." To him who dislikes my mode of attack, I can only say—*Qui capit, ille fecit*. And now, Gentlemen, to the more orthodox matter of this lecture.

When treating of Pulmonary Consumption, at a former meeting, we touched somewhat briefly upon

DYSPEPSIA OR INDIGESTION.

I then explained to you, if you remember, that no individual could possibly suffer from any disorder whatever, without his digestion being more or less implicated. When a patient labours under any severe form of disease, such as *Gout*, *Consumption*, or *Erysipelas*, he has all the symptoms, or shades of symptoms, that medical men group together under the head of Indigestion; but the gravity, prominence, or locality of the superadded symptoms, which disposes the physician to term the disease consumption, erysipelas, or gout, also disposes him to overlook, or esteem as insignificant, the coincident errors and disorders of the digestive apparatus. In the lower and more subdued forms of fever, the patient very often has no particular tendency to decomposition in any organ or locality, but from every function being more or less wrong, he very naturally turns his attention to his stomach or bowels, the errors of which come more particularly under the immediate cognizance of his feelings. Such a patient will complain to you of flatulence and acidity, or of that distressing sensation, termed "water brash." If you ask him about his appetite, he will tell you it is "so-so," or "he cares nothing about eating," or it is positively "excellent"—which last, I need scarcely tell you, means that it is morbidly craving. Ten to one, it is capricious,—the patient now wishing for this, and now for the other, and rejecting what he desired most, the moment it is brought before him. Perhaps he has thirst. He is wearied upon the least exertion; has little inclination to get up in the morning, and when he does get up,

he is indolent, and dawdles his time away. He is apathetic in mind as he is indolent in body ; and he has often a great disposition to sleep, especially after meals. Others again will just be quite the reverse of all this ; these perpetually harp upon some particular topic—fidget themselves and every body else about trifles, and look always at the dark side of life. Some fly in a passion for nothing, or upon the least contradiction, and in a few minutes after the gust of passion has passed away, they lament their mental weakness. Their nights are either sleepless or broken and disturbed by unpleasant dreams. One moment, they dream of robbers, from whom they cannot escape ; or they are on the eve of tumbling down a precipice ; dreaming sometimes within a dream—asking themselves, even in the very act of dreaming, whether they dream or not—and they will satisfy themselves by a process of *unreason*, that they are actually awake and walk the air. Even during the day, many of these patients have their dreams or reveries pleasurable sometimes, but more often the reverse ;—they see things either as if “through a glass darkly”—or their perceptions are all exaggerated and unnatural. Phantoms may even pass before them at mid-day, phantoms such as they see in their dreams of the night. The very colours of things may be altered to their eyes—red appearing to them green, and vice versa. Even the shapes and dimensions of bodies may be quite changed to their sight—though the greater number have sufficient judgment remaining, to know this to be an optical delusion merely. John Hunter had the sensation that his own body was reduced to the size of a pigmy !

Light and shade have wonderful effects upon some patients. One is perfectly miserable, except when he is in the sunshine—another cannot bear the light at all. Ringing in the ears, or partial deafness, is a common complaint of dyspeptic persons. Some can only hear distinctly during the noise of passing carriages, or in the hum of a city, or of falling waters ; while others hear so acutely, that they complain of the ticking of the clock. The sense of touch is very often similarly vitiated ; one patient having partial or general

numbness,—another, his feelings so sensitive, that he shrinks with pain if you merely touch him. Occasionally, though more rarely, you have examples of a reverse kind; the patient in that case will say—“Oh, do not take your hand away, the pressure does me good—it acts like magnetism.”

All kinds of aches are complained of by dyspeptic patients—head-ache perhaps most frequently,—head-ache, for which, on the theoretical assumption of fulness of blood in the brain, the leech, lancet, and cupping-glass are so frequently in requisition. But to what end? In the words of Abernethy, supposing such assumption to be correct—“Does blood-letting *cure* diseases in which there is a fulness of blood in the head? It must be granted, that in many instances, it temporarily alleviates them, but in others, it *fails to relieve*, and even *aggravates* them.”

Gentlemen, what are those head-aches, those night and day dreams, all those various signs and sensations, but the effects of a weakened Brain, now brought on by one thing, now by another? I have known the most severe and distressing head-aches arise from loss of blood, and I have known them to originate in a long fast. Surely for such diseases, the leech and the lancet are not the proper remedies. But, Gentlemen, there are many other ways by which the brain may be weakened. You may as certainly exhaust it by prolonged literary or other mental labour, as by starvation or loss of blood; for there are times to think, and times to cease thinking; but if the brain be eternally harassed by an over anxiety in any of the pursuits of life; if it be always at work on one subject, not only will there be head-ache, or confusion of head, but the constitution must be injured. How can this organ painfully revolve again and again the occurrences of the *external* world, and give the proper attention to the *internal* economy, over which it presides? When you listen to an orator or a preacher whose discourse powerfully affects you, the brain becomes so engaged, that it cannot, at the same time, attend to the breathing—and you are, therefore, compelled ever and anon to draw a long breath—you must take a deep sigh, to make up for the ordinary success-

sion of short inspirations and expirations, which constitute the natural art of breathing. Now, Gentlemen, if the function of the *lungs* be so easily disturbed in this way, can you doubt that the heart, stomach, bowels, and other parts, may be similarly influenced? What are the complaints of men who have much on their minds, of bankers, merchants, and great lawyers?—what the diseases of *aged* persons—persons whose brains becomes weaker and weaker by the slow, but certain operation of time?—Do not these patients constantly complain of their stomachs and bowels? Do not many of them suffer from palpitations of the heart,—from giddiness and sensations like fainting, with a fear of *falling*? Now, Gentlemen, this giddy sensation, this disposition to fall, is most commonly felt upon suddenly raising the head, or in rising from a chair. What surer sign of cerebral weakness? Yet it is not long since I attended two gentlemen, each upwards of seventy, who were bled and leeches by their respective apothecaries for this disease of *pure cerebral exhaustion*. You may *bleed* or *purge* a healthy man into this state any day!

In these diseases, Gentlemen, one patient will tell you, he is troubled by a feeling of sinking and pain of stomach, which is only relieved by eating. Another suffers from spasm, and pain of the heart or stomach, with acidity or flatulence, the moment he begins to eat; and in either of these cases the pain may sometimes become so violent, that if it did not soon go off, the patient must die. Now, this kind of spasm, whether affecting the stomach or heart, is a disease, for which you are expected to give *immediate* relief, and nothing will do so more readily than a glass of hot water—water as hot as the patient can possibly drink it. This point of practice we owe to John Hunter, who having frequently suffered from spasm of the stomach, tried every thing he could think of, and among others hot water. The ease which this gave him, led him to extend its use to his dyspeptic patients, and my own experience of its virtues, enables me to bear him out in the encomiums he has passed upon it. To this simple means, palpitations, spasms, head-aches, wind and acidity will all some-

times yield as to a charm. Is not this another instance in proof, how mere change of temperature acts on the body under disease? Now, as hydrocyanic acid very frequently gives the same immediate relief in every one of these affections, we at once see that its medicinal power must depend upon the change of temperature which it electrically produces. Of the various cordials to which you may have recourse for spasmodic pain of the heart or stomach, there is none so good as *noycau*, and the virtue of this "strong water" depends very much upon the *prussic acid* it contains.

Of all the remedies with which I am acquainted, there is none equal to this acid, in convulsions and spasms of every kind. But spasms of the stomach and heart are not the only ones of which dyspeptic patients complain. Some are troubled with a sense of tension of the brain—others with a tightness of the throat or chest, and some, particularly females, suffer from a spasmodic affection of the gullet, which gives them a feeling as if they had a ball there. Others are subject to stitch or *pain of the side*, produced by cramp of the muscles of the ribs. How correctly Shakespeare described the nature of these pains, when he made Prospero say to Caliban in the *Tempest*,

"For this, be sure, to-night thou shalt have *cramps*,
Side-stitches, that shall pen thy breath up!"

The common practice in these cases is to say, "draw your breath," and if you cannot do so for the pain, "inflammation" is the theoretical goblin of the doctor, and blood-letting in some of its forms the too ready remedy to which he flies;—how vainly for the patient—how profitably for himself, truth must one day tell! To small doses of nitrate of silver, prussic acid, or quinine, such pains will often yield, after having resisted every form of depletion, with all the usual routine of blisters, black draught and blue pill to the bargain.

The great error, of both patient and practitioner, in dyspeptic cases, is to seize upon some of the most prominent features as the *cause* of all the others. In one instance they blame wind—in another acid. But it so happens, that these, instead of being causes, are only the common and *coincident*

effects of a great cerebral weakness, and not the product, as many imagine, of fermentation of the food—they are *morbid secretions* from the lining membrane of the alimentary canal. And of this you may be assured, not only by the mode of their production, but by the manner of their cure, when that happens to be accomplished. Just watch a dyspeptic patient when he receives a sudden or unexpected visit; his “heart-burn,” as he calls his acidity, comes on in a moment, and his bowels commence tumbling and tossing about, and will often *guggle* so audibly as to make even the bystanders feel sorry for him,—shewing you clearly that this acidity, as well as the gases so suddenly extricated, are the effects of a weakened nervous system,—that they are, in a word, the common effects of wrong secretion. Now the term *secretion* is so constantly associated in the mind of the student with the notion of a *liquid*, that some of you may not all at once comprehend how gas can be secreted; but, Gentlemen, is not every tissue of the body the result of secretion?—are not the hair and the nails as certainly secreted as the saliva or the bile? Only place your naked arm for a few minutes under water, and you will find bubbles of air constantly forming upon it—such air being in that case actually secreted before your eyes by the glandular apparatus of the skin. Can you be at any difficulty now, to conceive how flatus is a secretion from the alimentary canal? If a doubt remains you have only to debilitate the brain of an animal by bleeding him slowly, and his bowels will become full of flatus, even to bursting. Then again, as regards the cure of dyspeptic patients, a drop or two of prussic acid, twice or thrice a day for a week, or a short course of treatment by quinine, nitrate of silver, or alternations and combinations of these medicines, will often do away for months, and even years, with every symptom of wind and acidity—while cordials, alkalis, and mild laxatives, seldom do more than give a temporary relief. Oh! I never saw much good done by that placebo mode of practice—nor is this at all to be wondered at, if you reflect, that every part of the constitution of a dyspeptic patient is more or less disordered. In every case of this kind there is an unnatural

temperature of body; some patients complaining to you of chills or heats, or alternations of both in the back, stomach, hands, feet, &c. In these cases the skin, partially or generally, is either more moist than in health, or it is harsh and dry,—perspiring, if at all, with difficulty. In the latter case, some other secretion may be morbidly active. The urine or the bile may be in excess; or the natural adipose or aqueous deposit of the cavities and cellular membrane may be so far in superabundance, as to give the looker-on a false impression of the patient's case and condition. Should such a patient complain of his being ill, he is sure to be laughed at for his pains—for nobody has any sympathy with him—and this is one of the many cases in the world, where “appearances are deceitful.”

The dyspeptic patient is either torpid and with difficulty roused to exertion, whether corporeal or mental, or he is acted upon by every wind that blows. His spirits are depressed by the merest trifle, and raised again by a straw or a feather. Then, as regards his actions or his promises, you can scarcely depend upon anything he tells you. What he is dying to do to-day, he is miserable till he can again undo to-morrow. He spends his life betwixt acting and regretting, hesitating, hoping and fearing by turns—one moment all confidence, the next all suspicion. Now, is not this one of the strongest of many striking proofs how much our *mental workings* are the effects of our material state—the result of our brain's condition, and its *atomic* relations and revolutions? It is in perfect accordance with what we observe in all our corporeal notions. If the muscles be tremulous, can you wonder that the mind should be vacillating and capricious?—or when these are cramped and spasmodic, why should you be astonished to find a corresponding wrong-headedness, and pertinacious and perverse adherence to a wrong opinion?—*mens sana in corpore sano*. You may argue for hours to no purpose whatever with some patients;—for how can you expect the wrong brains of wrong bodies to reason rightly? These persons are like the inebriated, who see two candles when there is only one—their perceptions being false, so also must be their mode of reason

ing. The plunge bath, or a short course of chrono-thermal treatment will make them alter their minds sooner than the most powerful and persuasive arguments of a Cicero or Demosthenes.

Lady Mary Montague held the notion that mankind hate truth. She formed her opinion, doubtless, from observing how badly the world had for the most part treated its best benefactors. From what I have seen of the world myself, I should certainly feel inclined to compare it to the ass that kicked the good-natured man, when trying to relieve it from the weight of its panniers! I never yet attempted to open the eyes of a person imposed upon, but he was sure to abuse me. The poet was therefore right when he said,

“ The pleasure surely is as great,
Of being cheated, as to cheat.”

The more unscrupulous and unprincipled the medical impostor, the more certainly would he appear to fascinate his dupes. Let him only hold out to them an impossibility, and they will dance attendance at his door for months. Taking advantage of a popular but puerile prejudice against *mineral* medicine, he is very careful to prefix the word *vegetable* to his nostrum; and this, he tells the public, is *safe* in every form, dose, and degree—which being in utter repugnance to every other thing in nature, is greedily swallowed by the multitude as an indisputable truth! Can weight, measure, heat, cold, motion, rest, be so applied to the human body with impunity? Can you without injury cover yourselves with any weight of clothes, or swallow any measure of food? Or can you retain any part of the body in perpetual motion or repose without that part suffering? No, truly! responds the same dyspeptic, who believes that such and such a medicine is safe in every form, dose, and degree! When treating patients of this class, it is better not to tell them what they are taking; but should they chance to find out that you have been giving them arsenic, prussic acid, or nitrate of silver, you will be sure to be bothered to death by questions, dictated sometimes by their own timidity, and sometimes by the kind feeling of

some "damned good-natured friend" secretly set on by an equally damned good-natured apothecary. Now, as these patients are for the most part great sticklers for authority, your only course is to tell the truth—which, after all, in nine cases out of ten, will make no impression—and that is the reason why the quack and the subordinate practitioner who can keep their medicines secret, have an advantage over the honourable physician—an advantage so great, that in a few years, if matters do not take a turn, I doubt if one such will be found practising medicine at all. You may say then—what, if it have no effect with patients themselves, will at least appear reasonable to their friends—that the medicines you ordered are all contained in the pharmacopœiæ of the three Colleges of Edinburgh, London, and Dublin, and that they are therefore recognized as medicines of value by all physicians who have a character to make or a name to lose—that the dose which you give them is perfectly safe, inasmuch as, if it *disagree* with their particular constitutions, it will only cause a short *temporary* inconvenience; and to sum up all, you may quote Shakspeare, who says, and says truly, "In POISON there is PHYSIC."

And again :

" Oh ! mickle is the powerful grace that lies
In herbs, plants, stones, and their true qualities;
For nought so vile that on the earth doth live,
But to the earth some special good doth give;
Nor aught so good but strained from that fair use,
Revolts from true birth, stumbling on abuse.
Virtue itself turns vice, being misapplied,
And vice sometime's by action dignified.
Within the infant rind of this small flower,
POISON hath residence, and MEDICINE power !"

So that Poison and Physic—whether vegetable or mineral—are *either* Poison *or* Physic according as they are wrongly or rightly applied.

But to return to Dyspepsia, or that low *fever* so termed. In cases of this kind, my practice is to combine the chronothermal remedies with what you may call, if you please, *symp-*

tomatic medicines. For example, where flatulence is the most prominent symptom, I prescribe quinine, hydrocyanic acid, or nitrate of silver, with aniseed or cardamoms. In acidity, either of the two first remedies will often answer very well with soda or potash. Where the bowels are slow and torpid, rhubarb, aloes, or both, are very good medicines with which to combine any of the chrono-thermal medicines. In such cases purgative effervescing draughts are also useful. Should the patient complain of muscular or other pains, you may add colchicum or guaiac—and so proceed in a similar manner with other symptomatic remedies for other local indications; keeping in mind, however, that these symptomatic medicines are merely a means of *secondary* importance in the treatment of a great constitutional *totality* of derangement. In addition to these measures, plasters to the back or stomach may be very beneficially resorted to in many cases of dyspepsia, and you may also run the changes upon various kinds of baths. The cold plunge and the shower baths are my favourites, though I need not tell you that the feelings of the patient, after he comes out of it, are a better guide to you in your choice and continuance of any bath than all the theories of all the doctors that ever wrote or reasoned upon disease and its treatment. “How do you think me now, Doctor?” is a question I am asked every day, and every day I give the same answer: “How do *you* feel?” If the patient is better, he says so; if worse, he will be sure to tell me is not so well; and according to his answer do I change or continue his physic. Now, whether this be common sense or not, I leave you to judge. Heaven only knows it is not *science*, or what very learned people call science; for when the patient says he gets worse and worse every day, science generally tells him to continue his medicine, for that he has not taken enough of it, and that he will be worse before he be better—which I need not tell you is a lie—or more politely to speak—a theory. Should the patient die, why, then, he dies a natural death, and he has had the first advice, for not only did Mr So-and-so, the fashionable apothecary, attend him, but Dr Such-a-one, the great physician, was also called in, and he said all was right,

and that nothing better could be done. Had the doctor said all was wrong, he might perhaps have been nearer the mark—but in that case, what apothecary would either call him in again himself, or let him in again when requested, where he could by a little gentlemanly trickery keep him out? In my own particular case, the custom of the apothecary has been *secretly* to play upon the fears of the patient or his friends against “strong medicine,” to shrug his shoulders and smile contemptuously. “Oh I can tell you something of Dr Dickson,” he has said, “but you must not give up *me* as the author;”—whereupon he has proceeded to lie Dr Dickson’s life away; and when he had thus to his own thinking, sufficiently poisoned the ear of the patient, he has turned round in this manner to him—“But if you still want a second opinion, why do you not call in Dr This, or Sir Thingumy T’other—they are leading men you know!” Now that only means, that the physicians in question are the fashionable puppets whom *he*, and people like *him*, call in to *conceal* their bad work—men, who would as soon think of differing with the opinion of their *supposed* subordinates but *real patrons*, as of quarrelling with their breakfast because it was purchased by the shilling of a dead man’s guinea!

“The great success of quacks in England has been altogether owing to the *real quackery* of the *regular physicians*.” What does that mean? Just this, that the *morality* of legalized practitioners even of the *highest grade* is not one remove above that of the Morisons and St. John Longs, whose dishonest practices they are so constantly decrying! Now, this you will say, is a startling statement—and much will doubtless depend upon the character of the person making it, whether you treat it with a laugh of contempt, or listen to it with respectful attention. Gentlemen, the man who deliberately put that paragraph on paper, was no less a person than Adam Smith—the author of the Wealth of Nations! If such, then, was the certain and settled conviction of that very keen-sighted observer of mankind, will any assertion, any asseveration on the part of individuals *interested* in declaring the contrary, weigh with you one straw against the evidence

of your own senses, when you choose to examine this matter fairly and fully for yourselves? So far as my own experience goes—that is, from what I have seen of the profession in London and the English country towns, *eminence* in medicine is less a test of talent and integrity than a just reason of *suspecting* the person who has attained to it, of a complete contempt for both! I say *suspecting*—for I have met with exceptions, but not many, to the rule. Could you only see as I have seen, the *farce* of a medical consultation, I think you would agree with me, that the impersonation of Physic, like the picture of Garrick, might be best painted with Comedy on one side and Tragedy on the other. Now, Gentlemen, in saying this much, not only have I acted against every thing like medical *etiquette*—the conventional morality of professional swindlers—but I shall be sure to be roundly abused by the medical profession for it. All I say is—it is the truth, but *not* the *whole* truth; for the world is not quite ripe enough to believe all that I happen to know upon the subject. By and bye I shall tell them something will make their ears tingle!

To return to our consideration of Disease. You now see that in all the cases of which we have spoken, the constitution is for the most part primarily at fault, and that the names of disorders depend very much upon the greater or less *prominence* of some particular symptoms, which symptoms, or their *shades*, may be readily detected in *all diseases*. With every case of Dyspepsia, *depression of spirits*, and more or less mental caprice, and hasty or erroneous notions upon one or more points, will be found to be associated. When such depression amounts to *despondency*, medical men, according to the sex of the patient, change the word DYSPEPSIA into

HYPOCHONDRIA, OR HYSTERIA ;

and some professors are very particular in their directions how to distinguish the one from the other! Gentlemen, what is the meaning of *Hysteria*? It is a corruption of the Greek word *ὑστέρα*, the *womb*; and it was a name given by the an-

cients to the particular symptoms we are now considering, from a theoretical idea that in such cases the womb was the principal organ at fault. From the same language we also derive *Hypochondria*, a compound word formed of *ὑπο*, *under*, and *χονδρος*, *cartilage*, from the supposed seat of the disease, being the liver or stomach; for both of these organs, as you know, are situated under the *cartilaginous* portions of the lower ribs. So that when a female suffers from low spirits and despondency, with occasional involuntary fits of laughing, crying, sobbing, or shrieking, you must call her state *hysteria*; and when a male is similarly affected, you must say he has *hypochondria*. Now it so happens, that medical men sometimes pronounce even their male patients to be *hysterical*! And this brings me in mind of an honest Quaker of the profession, who being very ill, had three doctors to attend him—Mr Abernethy, Dr Blundell, and a physician whose name I now forget. Each of these had his own notion of the disease: Mr Abernethy said, it was all owing to the state of the “digestive organs.” Dr —— maintained that the “heart” was affected, and Dr Blundell, in the true spirit of a physician-accoucheur, declared that their patient was only “hysterical.” Now the patient, though a Quaker, was a humourist; so he ordered in his will, that when his body should be opened after his death, his *digestive organs* should be presented to Mr Abernethy, his *heart* to Dr ——, and to Dr Blundell his *womb*, if he could find one!

Gentlemen, that the *Brain* is the principal organ implicated in all disorders, more especially in such as are termed *Hysteria* or *Hypochondria*, the smallest reflection will convince you. Suppose a person of either sex had been accidentally debilitated by loss of blood—a person who previously was strong in nerve, as in muscular fibre; suppose a letter comes with a piece of bad news,—the patient in that case bursts into tears, laughs and cries time about, and then sinks into a state of dismal and gloomy despondency. And all this, forsooth, you must put down to the state of the womb or digestive apparatus, according to the sex of the patient,

instead of placing it to the account of the brain and nerves, without which the ill-timed letter, *the cause of all*, could not, by any possibility, have affected the mind in the least!

Another class of practitioners, scarcely less unreasonable than those to whom we have just alluded, will have it, that patients coming under the head of hysteria and hypochondria, are not ill at all:—"Oh! there is nothing the matter with this man;" they will say, "he is *only* hipped!" and if the female, "she is *only* hysterical." Dr Radcliffe, when he refused to come to Queen Anne, declared he would not stir a foot, "for there was nothing the matter with her but the Vapours!" Such was the term by which the doctors of that day characterized the shifting shades of symptom now called Hysteria.

Gentlemen, do I require to tell you that no man or woman suffers from melancholy, or indulges in whims and fantasies, without being positively ill. Whoever labours under mental delusion or despondency has alternate chills and heats; and remissions and exacerbations of all the more prominent symptoms characterize the disorder in every form. The late Lord Dudley, in a letter to the Bishop of Landaff, relates his own case, and it is so like what you will daily meet in practice, that I shall give it to you in his own words:—"It is in vain," he says, "that my reason tells me that the view I take of any unpleasant circumstances in my situation is exaggerated. Anxiety, regret for the past, apprehensive uneasiness as to my future life have seized upon me as their prey. I dread solitude; for society I am unfit; and *every error of which I have been guilty in life* stands constantly before my eyes. I am ashamed of what I feel when I recollect how much prosperity I still enjoy, but it seems as if I had been suddenly transplanted into some horrible region beyond the bounds of reason or of comfort: *now and then* I enjoy a few hours *respite*, (the remission?) but this is my general condition. It is a dismal contrast; for you will remember that I was naturally gay and cheerful."

Now, Gentlemen, although Lord Dudley recovered perfectly from this particular attack, his disease, at a later period

of his life, returned ; but this time he was less fortunate ; for the symptoms of his disorder gradually deepened in their hue, until they amounted to the most complete

INSANITY,—

a proof to you that the hypochondriac *whim*, and the hysteric *fancy*, differ from *hallucination* and *mania*, in shade merely, and the chill and heats which precede or accompany them, from the cold and hot stages of the most intense fever, in nothing but degree. Has not the maniac, in every form of his delusion, lucid intervals—*remissions* ? Your schoolmen, your “ pathologists,” your *profound* medical *reasoners*, speak of madness and other diseases, as if they were the effects of some fixed cerebral *mal-formation*, instead of being the consequences of external influences acting on an *atomic instability* of brain. They tell you they are curable or not, according to the *cause* ;—they look in the *dead* body, for the causes of a *living* action, for the origin of hypochondria and mania,—diseases which they have even themselves, perhaps, traced to hard study or a passion ! External agencies then, were the real causes, not the structural deviations detected *within* after *death* by the scalpel. Students of medicine ! young men honourably ardent in the pursuit of knowledge, for the sake of your profession and your future patients, learn to think for yourselves. Pause, examine, weigh, before you give a slavish assent to the dicta of your teachers. When these tell you that madness is an inflammatory essence, or that it depends upon some cerebral malformation or tumor, ask them how they reconcile *lucid intervals*, hours, perhaps days of *sanity* and *sense* with a cerebral structure thus partially, but permanently mal-formed or disorganized ! That medical men, mystified by their teachers from their boyhood, should fall into such errors, is not so astonishing as that the leaders in our periodical literature should be equally unfortunate. What, for example, can be more egregiously absurd, than an observation which has escaped from the pen of the reviewer of Lord Dudley’s letters in the Quarterly Review. “ The gifts of fortune and *intellect*,” he says, “ were counterbalanced by an *organic mal-formation* of

the brain." How can *intellectual power* even for one moment be compatible with a *defective organization*? How can the cause of an *intermittent* disease be a corporeal entity, or something permanently fixed? Let no sounding words, no senseless sophistry, cheat you of a reply to this question.

Gentlemen, the maniac who has lucid intervals is curable in the greater number of instances—the hypochondriac who at any time of the night or day enjoys the very briefest immunity from his miserable feelings, may be equally susceptible of improvement from well-devised remedial means. The modern *medical* treatment of both being essentially AGGRAVANT, can you wonder that these diseases should so often remain unrelieved, or that a sceptic smile should be the reward of the individual who tells you that in his hands at least they have ceased to be the opprobria of medicine!

What has been the result of the ANTIPHLOGISTIC treatment of insanity? Let the physicians who attended Lord Dudley in his last illness answer that question, for they spared neither lancet nor leech in his case. In the case of Lord Byron, *delirium*, another word for *mania*, was actually produced by the lancet.

Gentlemen, I will read a short extract from a letter I lately received from Mr Hume of the 43d Foot, the same military medical officer whose successful practice I have already had occasion to detail to you. It may help to open your eyes to the bad effects of the present cruel practice in such cases.

"I lately," he thus writes, "paid a visit with our Depôt Paymaster to the Armagh lunatic asylum. Being the receptacle for the poor of four counties, namely, Monaghan, Fermanagh, Cavan, and Armagh, it generally contains about 150 inmates. Having visited the different apartments, I enquired of the manager, Mr Jackson, the treatment pursued. His answer was: 'Although I am not a professional man, I have paid great attention to the treatment of the insane for the last *five and twenty years*, and the result of my observation is, that the usual practice of bleeding, leeching, cupping, &c., only *aggravates* the condition of the patients. Of those who were BLED on admission I never saw *one* recover.' Now

this is a curious fact elicited from a plain practical man of great experience, who, had he known I belonged to the medical profession, might not perhaps have been so candid in his remarks." Dr John Connolly, in his report of the Hanwell lunatic asylum, is obliged to admit that great numbers die shortly after their admission into that institution. The large abstraction of blood which he so lauds in his work on insanity, will easily account for the unsuccessful termination of his cases.

Well then, Gentlemen, hysteria, hypochondria, mania, are merely modifications of chronic or habitual low fever. And since I commenced to treat them as such, I have had a practical success and a mental satisfaction, which contrast somewhat strongly with the poor opinion I entertained of the resources of our art, and the vexation I experienced when I first entered upon my professional career. This much I must tell you, however, that in all such disorders you will be obliged to change your remedies frequently—for what will in chronic disease succeed to admiration one day, will often have an opposite effect the next; and this is just in accordance with what you find in every thing in life. The toy that will stop the cry of the weeping child to-day, may make it cry more loudly to-morrow. You must, in that case, change its rattle for some other gew-gaw; and so it is in the diseases which we have been considering—diseases where the temperament of the body, like the temper of the mind, is constantly varying. Look at the excellent effect of Travelling upon many of these patients. To the constantly shifting scenes and the frequent *novelty* of *excitement* produced by them, we must ascribe the chief advantages of such a course. Whatever be the name by which you choose to designate your patient's complaint, you will be sure to be disappointed, if you pin your faith exclusively to any one medicine. The great secret of managing chronic diseases rightly, consists in the frequent change and right adjustment of the chronothermal and other remedies to particular cases. To-day a mild emetic will give relief—to-morrow iron, opium, musk, quinine, or the bath. One week arsenic will be a divine

remedy; the next, having lost its power, you may dismiss it for prussic acid, valerian, creosote, strychnine, or silver. In regard to silver, the *nitrate* is the preparation which I am in the habit of using, and an admirable medicine it is, when properly managed. Boerhaave, the greatest physician that ever lived, speaks in raptures of its remedial powers in "nervous complaints." Cullen, Pitcairn, Baillie, every medical man but the most illiterate apothecary or the equally illiterate puppet who enjoys at the mercy of his breath the reputation of being *par excellence* a physician, will readily bear testimony to its safety and value as a medicine. Like every good thing, however, the nitrate of silver has been abused in practice, and in some half dozen instances it has been pushed to so great an extent as to have given the patient a permanent blueness of *skin* for life; but, Gentlemen, in these cases, the practitioners who employed it committed the double error of giving it too long and in too great quantities; and that people should entertain a prejudice against it on that score, is just as reasonable as that a man should be afraid to warm himself when cold, because his next door neighbour had burnt his fingers at the same fire. For myself, though I have prescribed the nitrate of silver in many THOUSAND cases, I never had the misfortune to give the slightest tinge to the skin of a single individual. Should your patient, however, after this explanation, still object to use it, you may be pretty sure that some ignorant or interested rival has been playing upon the timidity of himself or his friends.

The shifting shades of mental distress, and the various vagaries and wrong thoughts—to say nothing of wrong actions—of the patients who come under the head we have just been considering, are so many and so multifarious, that to attempt to describe them all would be a mere waste of time and labour—inasmuch as however greatly they may appear to differ from each other in shape and hue, they all depend upon a similar totality of corporeal infirmity, and yield, when they yield at all, to one and the same system of corporeal treatment. A few instances in proof, may suffice to show you this:—

CASE 1.—A married lady consulted me under the follow-

ing circumstances:—Every second day, about the same hour, she had an unconquerable wish to kill her children, and when she happened to look at a knife, her terror, lest she should do so, was extreme. Now, as every function of this lady's frame was more or less wrong, I prescribed for her quinine with sulphuric acid. From that day she had no return of the homicidal feeling.

CASE 2.—A gentleman, every second day, took a fit of suspicion and jealousy of his wife, without the slightest cause whatever, as he confessed to me, on the day of remission, when he called to consult me; and however absurd and unreasonable the idea which haunted him, he found it impossible to drive it from his mind. Prussic acid and the plunge bath cured him completely.

Whoever, in his progress through life, takes the trouble to study individual character, must be struck by the perversities, inconsistencies, and other *bizarreries* of the human mind. Many people, for example, commit follies, faults, and crimes even involuntarily and without any apparent object. Some of you may possibly remember the case of Moscati, a person singularly gifted with talent, but who, at the same time, had such an invincible disposition to *lie*, that nobody would believe him, even when by accident he spoke the truth. A lady, who was once a patient of mine, told me that every time she became pregnant she caught herself frequently telling lies, for no end or purpose whatever. I knew a gentleman, with high feelings of honour, who was occasionally in the habit, when under the influence of wine, of pocketing the silver forks and spoons within his reach. You can easily imagine his distress of mind the next day, when he packed up the articles to return them to their owners. From these cases, you now see how much the *morale* of every one must depend upon his *physique*; for if I know any thing in the world, I know that attention to corporeal temperature will be found of more avail in mending the morals of some individuals than a well-written homily.

How many pretty things have been said *for* and *against* the morality of Suicide! I wish it were always in a person's

power to abstain from it. But that the *disposition to commit it* may, like many other bad dispositions, be cured by medicine, I could give you a great many proofs. However, as our time will not now permit me to enter into these subjects so fully as we could wish, I shall content myself with reading to you part of a letter I sometime ago received from Dr Selwyn, formerly of Ledbury, now of Cheltenham. Speaking of Mr Samuel Averill, of the Plough Inn, Dynock, Gloucestershire, Dr Selwyn says:—"Before he came to me, he had consulted Mr ——, of Ledbury, and other medical men, to no good purpose, as you can easily understand, when I tell you they principally went over the old routine of cupping, purging, &c. Mr Averill's symptoms were depression of spirits to crying—thoughts of *Suicide*, fears of becoming a lunatic, sleepless nights, and, generally speaking, the greatest possible state of mental wretchedness. He passed immense quantities of urine, as pale and pellucid as water from the pump. Finding no particular organ in a worse state than another, I thought this a good case for your doctrines; and accordingly I rang the changes on the nitrate of silver, strychnine, musk, prussic acid, creosote, iron, quinine, and opium—varying and combining these according to circumstances with valerian, hartshorn, blue pill, &c. In a fortnight you would have been astonished at the improvement effected upon him. In about six weeks more he had no complaint, and he was with me about a month ago, when I considered his cure complete.

"I have treated a great many cases of *Dyspepsia* successfully, by attending to the *intermittent* principle, and I had lately a case of *Tic Doloureux*, which, after having been under the successive treatment of several eminent practitioners with no perceptible improvement, yielded to the *chronothermal* medicines. The subject of it, Miss T——, was formerly a patient of your own for some other complaint.

"I still hold that, in *chronic* diseases, by keeping your principles in view, we have a great help in many of these anomalous cases, which I would defy a nosologist or pathologist to name or classify; and as I am still consulted in such

cases, I do not, I assure you, lose sight of them. Often, indeed, when I should, under the scholastic system, have been completely puzzled what to do, I now proceed at once to act upon the intermittent principle, and I have every reason to be satisfied with my success.

Believe me,

Yours faithfully,

CONGREVE SELWYN.

“ DR DICKSON,
Clarges Street, Piccadilly.”

Gentlemen, that the numerous diseases which medical men group together under the head of Dyspepsia, Hysteria, and Hypochondria, are caused by circumstances from *without*, acting upon an *atomic instability* of brain *within*, might be proved by an infinity of facts. But this *instability* may be produced or rather put in action by different influences in different individuals—one patient being only susceptible to one agent, while another may be acted upon by every one of the thousand circumstances which daily occur in life.

The late General O'Hara was so sensible of the Levant wind, that before he rose in the morning, he knew if it had set in, by the effect it had on his temper; and during its continuance he suffered from a moroseness and irritability which no effort on his part could conquer.

Sir Woodbine Parish, in a late publication upon Buenos Ayres, tells us that “not many years back, a man named Garcia was executed for murder. He was a person of some education, esteemed by those who knew him, and, in general, rather remarkable than otherwise for the civility and amenity of his manners. His countenance was open and handsome, and his disposition frank and generous; but when the *north wind* set in, he appeared to lose all command of himself, and such was his extreme irritability, that during its continuance, he could hardly speak to any one in the street without quarrelling. In a conversation with my informant, a few hours before his execution, he admitted that it was the third murder he had been guilty of, besides having been engaged in more than twenty fights with knives, in which he had both

given and received many serious wounds, but he observed it was the *north wind*, not *he* that shed all this blood. When he rose from his bed in the morning, he said, he was at once aware of its accursed influence upon him :—a dull head-ache, first, and then a feeling of impatience at every thing about him, would cause him to take umbrage, even at the members of his own family, on the most trivial occurrence. If he went abroad, his head-ache generally became worse, a heavy weight seemed to hang over his temples—he saw objects, as it were, through a cloud, and was hardly conscious where he went.—Such was the account the wretched man gave of himself, and it was corroborated afterwards by his relations, who added, that no sooner had the cause of his excitement passed away, than he would deplore his weakness, and he never rested till he had sought out, and made his peace with those whom he had hurt or offended.”

Gentlemen, there is nothing, perhaps, in the whole history of disease more curious than the readiness with which the paroxysm of most complaints will sometimes yield to measures so simple and so apparently powerless in themselves, that it might almost seem puerile to suggest their application. Who, for example, could, *a priori*, suppose it possible to stop a fit of mania with a thread? or who would be believed were they to tell a person that had never heard the like before, that aches and agues had been cured with a song?—Yet, in sober truth, such things *have been* actually done!

EFFECT OF LIGATURES.

Of the power of mere *words* over the morbid motions of the body, we shall afterwards have occasion to speak. Of the efficacy of a *thread* or *ribbon* in arresting the maniacal paroxysm, I shall now give you a striking example. “Mr R., a chemist, naturally of a gentle disposition, voluntarily claimed admission to a madhouse in the Faubourg St. Antoine, on account of a desire to commit homicide, with which he was tormented. He threw himself at the foot of the altar, and supplicated the Almighty to deliver him from the horrible propensity. Of the origin of his disease he could say no-

thing—but when he felt the *accession* of the fatal desire, he was in the habit of running to the Chief of the Establishment and requesting to have his *thumbs* tied together with a *ribbon*. However slight the ligature, it sufficed to calm the unhappy R——; though in the end, he made a desperate attempt upon one of his keepers, and perished, at last, in a paroxysm of fury.”—*Annales d'Hygiène publique, et de Médecine légale*.

Now, every man of any information in the profession, knows that the application of a *ligature* to the arm or leg will frequently stop the commencing *ague* fit. Dr Davis, in his account of the Walcheren *ague*, tells us that he very often arrested it merely by grasping the leg or arm strongly with his hand. Putting aside, then, all consideration of the *remittent* nature of the case of homicidal mania I have just read, all consideration of the thermal and other changes which usher in the fit of every maniacal case, you could not fail to find, in the very simple measure which may equally succeed in preventing or arresting the fit of mania and *ague*, a new *bond* of connection with which to associate *ague* and mania together in the same category. But, Gentlemen, these are not the only complaints in which the ligature may be thus advantageously employed. In epilepsy, asthma, and other convulsive affections, I have often obtained the same salutary result by its application. Not very long ago I happened to be in the room of a medical man, when he was unexpectedly seized with severe *cramps* in his back and loins. Observing him to become pale and shiver all over, I caught him suddenly by the arm and opposite leg. “My God!” he exclaimed, “I am relieved.” And his astonishment was extreme; for immediately afterwards he became warm and comfortable, though for several days previously he had been suffering from cold feet and general malaise. Mania, epilepsy, asthma, *cramp*, *AGUE*, then, completely establish their *fraternal relationship* by means of the ligature; for had we no other facts, no other bond of association than that which the ligature furnishes us, we should still be led to the irresistible conclusion, that, amid all their apparent *diversity*, these par-

ticular diseases, *at least*, have yet some principle in common which determines their UNITY. When I come to explain to you the manner in which the ligature acts, you will find that the connecting link of the whole is the *Brain*. They are all the result of a weak and exhausted state of that organ; not, however, produced, as the late Dr Mackintosh of Edinburgh supposed, by any *congestion* or fulness of its blood-vessels. That, you know, was his doctrine of the *cause* of ague;—and as he was a very eloquent man, and a very pleasant and gentleman-like person to boot, he made many proselytes to his opinion, not only among his own pupils, who were very numerous, but also among the profession generally. To prove his theory, or dream rather, he was in the habit, first of detailing the appearances found on dissection of the heads of persons who had died of the cold stage of ague, and then he appealed to the relief which very often followed the practice of bleeding at the commencement of that stage. “Behold the fact,” he would say; “behold how the shiverings cease the very moment you open the vein—what can be a more triumphant answer to the opponents of the lancet!” But mark the *fallacy* of that *fact*—mark how the too-confident doctor was deceived by his own experience. The relief of which he boasted, often *temporary* only, instead of being produced by the very trifling quantity of blood which flowed before such relief was obtained, was in reality nothing more than the effect of the *ligature* by which the arm was necessarily bandaged for the operation! The late Dr Parr, when called to a patient in the fit of *asthma*, was in the habit of tying up the arm as if he intended to bleed, but though he never did more than scratch the skin with his lancet, the fit was at once arrested. But, Gentlemen, ague, asthma,—nay, every one of the diseases of which we have been speaking, *have* all been produced by *loss* of blood. In that case, at least, they *must* be diseases of exhaustion, the effects, in a word, of diminished *cerebral* power. But when we come to consider that, in every instance in which their causes have been known, the brain has been suddenly and primarily affected, as in the case of a blow, a poi-

son, a *purge*, a passion, we can be at no loss in forming an opinion as to the real nature of these diseases—they are all diseases of cerebral weakness, and have all more or less analogy to FAINT. Faint, in fact, may be the premonitory symptom of them all; and the Walcheren ague, in particular, generally began with a fainting-fit, sometimes so alarming as to cause the greatest possible anxiety in the minds of the attendants for the immediate result. Now, what is the condition of the body you call

FAINT?

Is it not a state very like death? A person, from the brain *all at once* ceasing to act, becomes instantly pale and *pulseless*;—the blood, having thus suddenly left the *arteries* and *external* vessels of the body, must go somewhere else. Had we never dissected a person who had died of faint, we should naturally expect it to settle in the *internal* veins; and *there* accordingly, when we do dissect the bodies of such persons, we do find the greater part of the blood. Now, this was what first misled Dr Mackintosh. On opening the heads of subjects who had died in the cold fit of ague, he almost invariably found the veins of the brain gorged with blood. This constant *effect* of every kind of sudden exhaustion he at once presumed was the *cause* of such exhaustion. Gentlemen, he did not know that the very same internal vascular fulness may be seen on opening the bodies of those who die of *loss* of blood! To prove, however, what I say,—to demonstrate to you that this

CONGESTION,—

this bug-bear of medical theorists for the last five and twenty years,—instead of being the invariable *cause*, is in reality the invariable *effect*, of sudden exhaustion, I shall now read to you one of several experiments in which Dr Seeds bled healthy dogs to death. The editor of the *Medical Gazette* will pardon me for reading it from his pages; but as my facts have been sometimes said to be “selected facts,” I have at

least this answer in store, that they have, in the greater number of instances, been selected from the writings of my *opponents!*

“All the *larger veins* of the legs,” Dr Seeds tells us, “were *opened* in a small Dog. At first the pulse was accelerated—soon after it became slow and languid. The heart’s motions, though feeble, were never irregular; and indeed, long before death, they could neither be seen nor felt. *Borborygmi* [flatulent gurglings] were early heard, and lasted a long time. The breathing at first was hurried; soon it became slow and laborious, and at last *convulsive*. The pupils were frequently examined: they became gradually less and less obedient to the influence of light, and at length ceased to contract altogether. [That is, they became *dilated*.] Slight *spasmodic* contractions took place, first in the femoral and abdominal muscles: then the head, neck, and fore-legs, were likewise *powerfully* affected with *spasms*. [Or *convulsions*.] At this time a *deep sleep* seized the animal: he breathed slowly and with difficulty, and, for a little time before death, respiration at intervals was suspended altogether. [All the symptoms of apoplexy!] Whenever the breathing was strong and quick, the pupils recovered their tone, and the blood was more strongly propelled. In an hour death closed the scene.” Now for the DISSECTION:—

“The Dissection of the Head was first begun, The membranes of the *Brain* were loaded with *turgid vessels*, the larger of which were of a very dark colour. A bright red spot was observed near the cornua, where some degree of *sanguineous effusion* had taken place. The sinuses were *full of blood*. In all the ventricles there was more or less water effused: the base of the brain, and the eighth and ninth pairs of nerves, were inundated with water. A net-work of red vessels was spread round their origins, and the optics were in the same state. In the cervical and lumbar regions of the spinal marrow there was a considerable degree of redness. *The right side of the heart was full of blood*; the left auricle contained a little. Some blood was found in the large veins, and a few clots in the thoracic aorta. The stomach,

and all the intestines, were tumid with flatus ; the *veins* of the mesentery were *turgid*. THE TURGID STATE OF THE VEINS OF THE HEAD WAS VERY REMARKABLE: INDEED, THROUGHOUT THE WHOLE BODY THE VEINS WERE TUMID."

Now, Gentlemen, if anything in this world could open the eyes of "pathological" professors, if facts or reasoning of any kind could possibly move those mechanical-minded persons, who plan their treatment of *living* men from what they see on dissecting *dead* bodies, this and similar experiments ought surely to do so. For here you not only find dilated pupil, convulsions, deep sleep, slow and difficult breathing, with other *apoplectic* symptoms, the effect of literally bleeding a healthy animal to death ; but, to complete the deception of such as constantly ascribe these phenomena to *pressure* on the brain, the *cerebral* and other *veins* of the same animal were found after death loaded and congested with blood throughout ! Nay, in one portion of the brain there was "some degree of *sanguineous* effusion" even.

Not long ago, Gentlemen, I was shocked with the details of a coroner's inquest which I read in the *Lancet*. The inquest was held in London, on the body of a man, who, in the act of disputing with his master about his wages, "turned suddenly *pale* and fell speechless and insensible *for a time*, breathing heavily until his neckerchief was loosed. In falling, his head struck the edge of a door and received a deep wound three inches long, from which *blood* flowed enough to *soak through a thick mat* on the floor." Before being taken from his master's shop to his own house, he recovered sufficiently to complain of pain of his head ; and so, I dare say, would any of you who had received such a wound on that, or any other place. His wife sent immediately for "a doctor ;" and what do you think was the first thing the doctor did,—what can you possibly imagine was the treatment which this wise man of Gotham put in practice the moment he was called to a person who had fallen down in a FAINT, and who, from the injury occasioned by the fall, had lost blood "enough to soak through a *thick mat*?" Why, to bleed him again ! And what do you think was the quantity of blood he took

from him? More than *three pints!* The landlady of the house,—and she was corroborated by other witnesses,—swore that “she thought that about *three and a fifth pints* of blood was taken besides what was spilt on the floor. [Not the floor of the shop, remember, but the floor of the poor man’s own room.] The bleeding, she calculated, occupied twenty minutes. The bandage also got loose in bed, and *some blood*, not much, was *lost there* before its escape was discovered. He had *convulsions* on Saturday, after which he lay nearly still, occasionally moving his head. On Sunday he was more *exhausted* and quiet; in the evening he was still feebler, and on Monday afternoon, at ten minutes to one, without having once recovered his sensibility to surrounding objects, [in his master’s shop, *after his fall*, he did become sensible!] he died.” How could he possibly survive such a repeated loss of blood? And that he died from loss of blood was the opinion of every person who heard the evidence, till the coroner, luckily for the doctor, had the corpse opened. Then sure enough, just as in the case of the dog which was bled to death, the *internal veins* were found to be turgid and *congested* throughout. Deceived by this very constant result of any great and sudden loss of blood, the coroner and the jury were now convinced, not that the man had been bled to death, but that he had not been bled enough! One of the strongest proofs of bad treatment was thus received as evidence of the best possible treatment under the circumstances,—and a verdict pronounced accordingly! That an ignorant coroner and a still more ignorant jury should be imposed upon in this manner, is nothing very wonderful; but that the editor of the *Lancet*, who publishes the case, himself a medical coroner and a medical *reformer*, should pass over, without a word of reprobation, a mode of practice which no conceivable circumstances could justify, is not more extraordinary than it is lamentable. When St John Long, or any other unlicensed quack, by an over-dose or awkward use of some of our common remedies, chances to kill only one out of some hundreds of his dupes, he is immediately hunted to death by the whole faculty, but when a member of the profession, (from his education far less

excusable), at one bleeding takes more blood by three times than is taken on any occasion by practitioners who kill their man every day with the lancet,—not from a strong powerful man, but from a person so weakly that during the excitement of a trifling dispute with his master, he *fainted* and fell, and in falling had already lost blood enough to soak through a thick mat, not a word of blame is said! On the contrary, it was all right, or, if there was any error, it was on the *safe* side! If such things be permitted to be done in the heart of the metropolis, not only without censure, but with something like praise even, *homicide* may henceforth cease to be looked upon as a reproachable act. The only thing required of the perpetrator is, that he should do it under the sanction of a *diploma* and *secundum artem*!

But, Gentlemen, to return to ague, and the other morbid motions which led to this digression. Some of you may be curious to know how so simple a thing as the *ligature* can produce such a salutary effect in these disorders. I will tell you how it does this—and the explanation I offer, if received as just, will afford you an additional proof not only that these diseases have all their common origin in the BRAIN; but that they are all the natural consequences of an arrest or other irregularity of the *atomic movements* of the different portions of that organ; for to the *diversity* of the cerebral parts, and the diversity of the parts of the body which they respectively influence, we ascribe the apparent difference of these diseases, according to the particular portion of the brain that shall be most affected by some outward agency. Thus, after a blow on the *head*, or elbow even, one man shall become sick, and vomit, another fall into convulsions, a third shiver, fever, grow delirious, and become mentally insane. In all these diseases, the atomic movements of the brain being no longer in healthy and harmonious action, the natural controul which it exercised in health over every part of the body, must be then more or less withdrawn from the various nerves through which it influenced the whole economy of the system. The consequence of all this is, that some organs are at once placed in a state of torpidity, while others act in a manner alike de-

structive to themselves, and the other parts of the body with which they are most nearly associated in function. We find palsy of one organ, and spasm or palpitation of another. In fact, if I may be permitted to use so bold a simile, the various organs of the body, when beyond the controul of the brain, resemble so many race-horses that have escaped from the control of their riders—one stands still altogether, another moves forward in the right course perhaps, but with vacillating and uncertain step, while a third endangers itself and every thing near it, by the rapidity or eccentricity of its movements. When the atoms of the various parts of the brain, on the contrary, act in harmony with each other, there is an equally harmonious action of every organ of the body—supposing, of course, every organ to be perfect in its construction. Whatever suddenly *arrests* or puts into irregular motion the whole cerebral actions, must with equal celerity influence the *previous* motive condition of every member and matter of the body—for evil in one case, for good in another. Were you suddenly and without any explanation to apply a *ligature* round the arm of a healthy person, you would to a dead certainty excite his *alarm* or *surprise*. Now, as both of these are the effects of *novel* cerebral movements, would you not thereby influence in a novel manner every part of his economy? How would you expect to influence it? Would not most men, in these circumstances, tremble or shew some kind of muscular *agitation*?—their hearts would probably palpitate—they would change colour, becoming pale and red by turns, according as the brain alternately lost and recovered its controlling power over the vascular apparatus. If the *alarm* was very great, the *pallor* and tremor would be proportionally long. But in the case of a person *already* trembling and pale from *another cause*, the very natural effect of suddenly tying a ligature round the arm would be a *reverse* effect—for if the *cerebral* motive condition should be thereby changed at all, it could only be by a reverse movement; and such reverse *cerebral* movement would have the effect of reversing every previously existing movement of the body. The face that before was pale, would now become redder and more life-like; the trembling and spasmodic muscles would recover their tone;

the heart's palpitations would become subdued into healthy beats ; and a corresponding improvement would take place in every other organ and function of the body. The ligature, then, when its application is successful, acts like every other remedial agency ; and a proper knowledge of its mode of action affords us an excellent clue to the mode of action of medicinal substances, generally—all of *which*, as you have already seen, and I shall still further shew, are, like the ligature, capable of producing and curing the various morbid motions for which we respectively direct their administration. It is in this manner that every one of the various passions may cause or cure every disease you can name—always excepting, as I have said before, the properly contagious disorders. The Brain, Gentlemen, is the principal organ to which, in most cases, you should direct your remedial means. When a person *faints* and falls, whatever be the cause of such faint—a blow, a purge, or loss of blood—the first thing to be done is, to *rouse* the brain. You must throw cold water on his face, put heartshorn, snuff, or burnt feathers to his nose, and a spoonful of brandy, if you can get it, into his mouth. You may also slap or shake him strongly with your hand—if you can only make him *feel*, you will be almost sure to recal him to life ; but to think of *bleeding* a person in such a state—ha ! ha ! After all, this is no laughing matter ; for when we see such things done in the nineteenth century we should rather blush for a profession that would endeavour to screen any of its members from the contempt they merit, when they have so far outraged everything like decency and common sense. The proper treatment of a fit of fainting or convulsion, should be in principle the same as you may have seen practised by any well-informed midwife, in the case of children that are still-born—children all but dead. You may have seen her place the child on her knees and beat it strongly and repeatedly with her open hand on the hips and shoulders, or suddenly plunge it into cold water ; and while this is doing, the infant will often give a gasp or two and then cry—that is all the midwife wants. And if you will only follow her example in the case of

INFANTILE CONVULSIONS,—

which, after all, are the very same thing as *epilepsy* in the adult,—you will often succeed in substituting a fit of *crying*, which, I need hardly say, is attended with no danger at all, for a spasmodic fit, which is seldom or never entirely free from it. Only get the child to cry, and you need not trouble yourself more about it,—for no human creature can possibly *weep* and have a convulsion fit of the epileptic or fainting kind at the same moment. Convulsive *sobbing* is a phenomenon perfectly incompatible with these movements—for it depends upon a *reverse* action in the atoms of the brain. The only thing which may prevent some of you from doing your duty on such occasions, is the fear of offending an ignorant nurse or mother, who will think you a monster of cruelty for beating an infant so severely. Gentlemen, these persons do not know how difficult it is to get a child in convulsions to *feel* the very hardest beating;—and as a proof of this, I may tell you, that such a beating as in a perfectly healthy child, would be followed by marks which should last a month, in cases of this description seldom leaves any mark whatever after the paroxysms have ceased. During the fit, the child is so perfectly insensible as to be literally all but half-dead. Now this brings to my mind a case of infantile convulsions, in which I was gravely requested to meet an *old woman* in consultation—a nurse or midwife, I forget which, who, being much with children, must necessarily be wonderfully clever in the cure of their diseases. You smile, doubtless, that I should be asked to do anything of the kind; but it was in the case of the child of a relative; and relatives, you know, sometimes take strange *liberties* with each other. Still it was not altogether to tell you this, that I reverted to the case in question—it was, on the contrary, to shew you what a wise person she proved, the female doctor who, on this occasion, was proposed for my coadjutor. On being asked by the mother what should be done in the case of a return of the convulsion fits, the old lady answered, “Oh, madam, you must let the child be *very* quiet and not dis-

turb it by *noises* or any thing of that sort !”—which sapient advice I have no doubt was found one of the best antidotes in the world, to a state in which, if you were to roar till your lungs cracked, you could not by any possibility make the subject of it *hear* at all.

In the case of adult epilepsy, especially at the commencement of the fit, a very little thing will often at once produce a counter movement of the brain sufficiently strong to influence the body in a manner incompatible with its further continuance. The application of so simple a means as the *ligature* may then very often do this at once ; but, like every other remedy frequently resorted to, it will be sure to lose its good effect when the patient has become accustomed to it ; for in this and similar cases, every thing depends upon the *suddenness* and *unexpectedness* of the particular measure put in practice—whether you influence the brain of a patient in a novel manner or not. The sudden cry of “fire” or “murder,” nay, the unexpected singing of some old song, in a situation or under circumstances which *surprised* the person who heard it, has charmed away a paroxysm of the severest pain. In the army, the unexpected order for a march or a battle will often empty an hospital. The cerebral excitement thereby produced, has cured diseases which had baffled all the efforts of the most experienced medical officers. In the words of Shakspeare, then, you may positively and literally

“Fetter strong madness with a silken thread,
Cure ache with *air*, and agony with *words* !”

LECTURE VII.

UNITY OF ALL THINGS—DISEASES OF WOMEN—CANCER—TUMOR—
 PREGNANCY—PARTURITION—ABORTION—TEETHING—HEREDI-
 TARY PERIODICITY.

GENTLEMEN,

MANY of you have doubtless read or heard of Dr Channing of Boston, one of the boldest and most eloquent of living American writers. In a little Essay of his, entitled "Self-Culture," I find some observations which bear so strongly upon the subject of these lectures, that I cannot resist the temptation I feel to read them at length. How far they go to strengthen the views I have thought it right to instill into your minds, you will now have an opportunity of judging for yourselves:—"Intellectual culture," says this justly eminent person, "consists, not chiefly, as many are apt to think, in accumulating information—though this is important; but in building up a force of thought which may be turned at will on any subjects on which we are forced to pass judgment. This force is manifested in the concentration of the attention—in accurate penetrating observation—in reducing *complex subjects* to their *elements*—in diving beneath the effect to the cause—in detecting the more *subtle* differences and resemblances of things—in reading the future in the present,—and especially in rising from *particular facts* to general laws or *universal truths*. This last exertion of the intellect—its rising to broad views and great principles, constitutes what is called the philosophical mind, and is especially worthy of culture. What it means, your own observation must have

taught you. You must have taken note of two classes of men—the one always employed on details, on particular facts—and the other using these facts as foundations of higher, wider truths. The latter are philosophers. For example, men had for ages seen pieces of wood, stones, metals falling to the ground. NEWTON seized on these particular facts, and rose to the idea that all matter tends, or is *attracted* towards all matter, and then defined the law according to which this attraction or force acts at different distances;—thus giving us a *grand principle*, which we have reason to think extends to, and *controls* the *whole outward creation*. One man reads a history, and can tell you all its events, and there *stops*. Another *combines these events*, brings them under ONE VIEW, and learns the great causes which are at work on this or another nation, and what are its great tendencies—whether to freedom or despotism—to one or another *form* of civilization. So one man talks continually about the particular actions of this or that neighbour,—while another looks beyond the acts to the inward principle from which they spring, and gathers from them larger views of human nature. In a word, one man sees all things *apart* and in *fragments*, whilst another strives to discover the *harmony*, connection, UNITY of ALL.”

That such *unity*, Gentlemen, does actually and visibly pervade the whole subject of our own particular branch of science, at least,—the History of Human Diseases,—is a truth we have now, we hope, placed equally beyond the cavil of the captious and the interested. In this respect, indeed, we find it only harmonizing with the history of every other thing in nature. But in making INTERMITTENT FEVER OR AGUE, the *type* or *emblem* of this unity of disease, we must beg of you, at the same time, to keep constantly in view the innumerable *diversities* of shade and period, which different intermittent fevers may exhibit in their course. For, betwixt the more subtle and slight *thermal* departures from health,—those scarcely perceptible chills and heats, which *barely deviate* from that state,—and the very intense cold and hot stages characteristic of an *extreme* fit of ague, you may have a thousand differences of scale or degree. Now, as it is only in the question

of scale that all things can possibly differ from each other, so also is it in this that all things are found to resemble each other. The same differences of shade remarkable in the case of *temperature* may be equally observed in the *motive* condition of the muscles of particular patients. One man, for example, may have a tremulous spasmodic or languid motion of one muscle or class of muscles simply—while another shall experience one or other of these morbid changes of action in every muscle of his body. The chills, heats, and sweats, instead of being in all cases *universal*, may in many instances be *partial* only. Nay, in place of any increase of *perspiration* outwards, there may be a vicarious superabundance of some *other secretion* within : of this, you have evidence in the dropsical swellings, the diarrhœas, the bilious vomitings, and the diabetic flow of urine with which certain patients are afflicted. In such cases, and at such times, the skin is almost always dry. The same diversity of shade which you remark in the *symptoms* may be equally observed in the *period*. The degree of duration, completeness, and exactness of both paroxysm and remission, differs with every case. The cold stage, which in most instances takes the patient first—in individual cases may be preceded by the hot. Moreover, after one or more repetitions of the fit, the most perfect ague, indeed, may become gradually less and less regular in its paroxysms and periods of return ; passing in one case into a fever *apparently* continued—in another, reverting by successive changes of shade into those happy and more harmonious alternations of temperature, motion, and period, which Shakspeare, with his usual felicity, figured as the “fitful fever” of healthy life. If you take health for the standard, every thing *above* or *beneath* it—whether as regards time, temperature, motion, or rest, is disease. When carefully and correctly analyzed, the symptoms of such disease will, to a physical certainty, be found to resolve themselves into the symptoms or shades of symptom, of intermittent fever. Fever, instead of being a thing apart from man, as your school doctrines would almost induce you to believe, is only an abstract expression for a greater or less change in the various revolutions of the matter of his

body. FEVER and DISEASE, then, are ONE and IDENTICAL. They are neither “essences” to extract, nor “entities” to combat—they are variations simply in the phenomena of the corporeal movements; and in most cases, happily for mankind, may be controlled without the aid either of physic or physicians. The same reparative power by which a cut finger, in favourable circumstances, becomes united and healed, may equally enable every part of a *disordered* body to resume its wonted harmony of action. How often has nature in this way triumphed over physic, even in cases where the physician had been only too busy with his interference! It is in these cases of *escape* that the generality of medical men arrogate to themselves the credit of a *cure*.

“It was a beautiful observation of Parmenio,” remarks Lord Bacon, “though but a *speculation* in him, that all things do by scale ascend to *unity*.” Surely, Gentlemen, I do not need to tell *you* that every thing on this earth which can be *weighed* or *measured*, is *matter*—matter in one *mode* or another. What is the difference betwixt a piece of gold and a piece of silver of equal *size*? A mere difference of degree of the SAME THINGS,—a different *specific gravity*, a different *colour*, a different *ring*, a different degree of *malleability*, a different *lustre*. But who, in his senses, would deny that these two substances approach nearer in their nature to each other than a piece of wood does to a stone? If they have differences, then, they have resemblances also,—certain things in common, from which we deduce their unity, when we speak of them both as *metals*. Are not gold and silver much more akin to each other in every respect, than water is to either of its own *elemental* gases? How are you sure, then, that both metals are not the same identical matter, differing from each other in their condition or mode simply? Does not every thing in turn change into something else,—the organic passing into the inorganic, solids into fluids and gases, and vice versa? The more you reflect upon this subject, the more must you come to the opinion, that all things at last are only modes or differences of ONE. The unity of disease is admitted by the very opponents of the doctrine, when they term both an apoplexy and a toothache

diseases or *DISORDERS*. But the approaches to unity may be traced throughout every thing in nature. Betwixt the history of man's race, for example,—the revolutions of empires, and the history of the individual mind, the strongest relations of affinity may be traced. The corporeal revolutions of the body, like the revolutions of a kingdom, are a *series of events*. *Time* and *motion* are equally elements of both. “An analyst or a historian,” says Hume, “who should undertake to write the History of Europe during any century, would be influenced by the connection of *time* and *place*. All *events* which happen in that portion of space and period of time, are comprehended in his design, though, in other respects, different and unconnected. They have still a species of *unity* amid all their *diversity*.”

The *LIFE* of *MAN* is a *series of revolutions*. I do not at this moment refer to the diurnal and other *lesser* movements of his body. I allude now, to those *greater* changes in his economy, those *climacteric* periods, when certain organs which were previously *rudimental* and inactive, become sooner or later successively developed. Such are the *teething* times, the time of *puberty*, and the time when he attains to his utmost *maturity* of corporeal and intellectual powers. The girl, the boy, the man, are all *different*, yet are they the same. When we speak of *MAN* in the abstract, we mean all ages and both sexes. But betwixt the female and the male of all animals there is a greater degree of conformity or unity than you would at first suppose, and which is greatest in their *beginning*. Now, this harmonizes with every thing else in nature; for all things in the beginning approach more nearly to simplicity. The *fœtal germ* of every animal, is, in the first instance, *hermaphrodite*, and it depends entirely upon the greater or less *degree* of development of their several parts, whether the organs for the preservation of the race, take the male or female form. How they become influenced to one or the other form we know not. Does it depend upon position? It must at any rate have a relation to temperature. For a long time even after birth, the breasts of the boy and the girl preserve the same appearance precisely. That you can see with your own

eyes. But the anatomist can point out other analogies, other equally close resemblances in the rudimental condition of the reproductive organs of both sexes. During the more early fœtal state the rudiments of the *testes* and the *ovaries* are so perfectly identical in place and appearance, that you could not tell whether they should afterwards become the one or the other. What in the male becomes the *prostate gland*, in the female takes the form of the womb. To sum up all, the outward generative organs of both sexes are little more than *inversions* of each other. Every hour that passes, however, while yet in its mother's womb, converts more and more the unity of sex of the infant into *diversity*. But such diversity, for a long period, even after birth, is less remarkable than in the adult life. How difficult at first sight to tell the sex of a child of two or three years old. At puberty the difficulty has altogether vanished. Then the boy becomes bearded and his voice alters. Then the breasts of the girl, which up to this period in no respect differed from his, in appearance at least, become fully and fairly developed,—assuming by gradual approaches the form necessary for the new function they must eventually perform in the maternal economy. Another, and still greater revolution, imbues them with the power of secreting the first nutriment of the infant. But even before the girl can become a mother a new secretion must have come into play,—a secretion which, from its period being, unlike every other, *monthly* only, is known to physicians under the name of *catamenia* or the *menses*. How can such things be done but by a great constitutional change,—without a new febrile revolution of the whole body? Mark the sudden alternate *pallor* and *flush* of the cheek and lip, the tremors, spasms, and palpitations,—to say nothing of the uncontrollable mental depressions and exaltations,—to which the girl is then subject, and you will have little difficulty in detecting the type of every one of the numerous diseases to which she is then liable. Physicians may call them *chlorosis* or any other name; you will recognize in them the developments of an Intermittent Fever simply,—as various in its shades, it is true, as a fever from any other cause may become,—producing, like

that every wrong action of place and time you can conceive, and curing each and all of them in the same manner, by simply *reversing* the atomic motions of the different parts of the body in cases where they previously existed. Before touching upon the principal

DISEASES INCIDENTAL TO WOMAN,

I must tell you that the Catamenia, in most cases, disappears during the period of actual pregnancy; nor does it return while the mother continues to give suck. During health, in every other instance, it continues from the time of puberty, or the period when women can bear children, to the period when this reproductive power ceases. As with a fever it comes into play, so with a fever it also takes its final departure. Why it should be a peculiarity of the *human* female, I do not know,—but in no other animal has anything analogous been observed. Some authors, indeed, pretend to have seen it in the monkey; but if this were really the case, I do not think so many physiologists would still continue to doubt it, especially when they have so many opportunities of settling the question definitively. Various speculations have been afloat as to the uses of this secretion, but I have never been satisfied of the truth of any of them. I am better pleased to know that the more perfect the health, the more perfectly periodical the recurrence of the phenomenon. It is therefore without question a *secretion*, and one as natural and necessary to females of a certain age, as the saliva or the bile to all people in all times. How absurd, then, the common expression that a woman, during her period, is “unwell.” It is only when the catamenia is too profuse or too defective in *quantity*, or too frequent or too far between in the period,—when the *quality* must also be correspondingly altered,—that the health is in reality impaired. Then, indeed, as in the case of other secretions imperfectly performed, pain may be an accompaniment of this particular function.

Need I tell you that no female of a certain age can become the subject of any *Fever* without experiencing more or less change in the catamenia? or that during any kind of *in-*

disposition, how slight soever it may be, some corresponding alteration in this respect must, with equal certainty, take place? In cases where the alteration thus produced takes the shape of a too profuse flow, practitioners are in the habit of prescribing astringents and cold applications. Happily for the patient the medicines usually styled "astringents," (iron, bark, alum, opium, &c.) are all CHRONO-THERMAL in their action; and the *general* salutary influence which they consequently exercise over the *whole* economy, very frequently puts the CATAMENIA, in common with every other function, to rights,—when the practitioner who prescribes them has no idea that he is doing more than attending to the derangement of a part. He accordingly places profuse menstruation in his list of *local* diseases! When *deficiency* or *suppression* of this secretion, on the contrary, chances to be the *coincident* feature of any general constitutional change,—a thing which may happen from a transitory *passion* even,—such effect or coincidence of *cerebral* disturbance is by many practitioners assumed to be the *cause* of all the other symptoms of corporeal derangement! And under the formidable title of "obstruction," how do you think some of your *great* accoucheur-doctors are in the habit of combating it?—By leeching the patient—by applying leeches *locally*. Now, I only ask you what you would think of a practitioner, who, on finding the same patient feverish and *thirsty*, should leech her *tongue*? or when she complained of her *skin* being uncomfortably *dry* should apply leeches to that? You would laugh at him of course; and so you may, with just the same reason, laugh at the fashionable practitioners of the day, when you find them leeching their patients for defective or suppressed menstruation,—a derangement of function which a *passion* might produce, and another restore to its healthy state. Is it, then, a *local* disease or a disease of the BRAIN—an affection of a *part* or a disorder of *totality*? If the latter, who but a mechanic would think of applying leeches locally? In *either* case, who but a farrier or a drug-vender would dream of restoring any *periodical* secretion by a mode of practice so barbarous and disgusting? You might just as well expect

to give a person an appetite for dinner by applying leeches to his *stomach* when the clock should strike five!

Having thus far explained the nature of these cases, I have now little else to say of them. The general principle of treatment is obvious—attention to temperature; for, in every case of catamenial irregularity, whether as regards *quantity*, *quality*, or *period*, the *temperature* of the loins must be more or less morbid,—one patient acknowledging to chill, another to heat. In the former case, friction or a warm plaster may be tried as a *local* means—in the latter, cold or tepid sponging; though I may tell you, that, with the chronothermal remedies singly, I have produced the most salutary results. In both instances, cold, warm, and tepid baths may also be advantageously employed, according to the varying circumstances of the case.

The great majority of Englishwomen, who suffer from any general indisposition short of Acute Fever, are more or less subject to a particular discharge which, by the patients themselves, is very often termed *weakness*, but which, to the profession, is more familiar under the name of *Leucorrhœa* or *Whites*. The usual concomitant of this disease is a dull aching pain at the lower part of the back. Now, I never questioned a woman who suffered from it, but she at once acknowledged that the local *flow* was one day more, another less, and that she had, moreover, the chills, heats, and other symptoms of general constitutional derangement. But of that derangement, the discharge so often supposed to be the cause, is in the first instance, nothing more than a *feature* or effect; though, from pain or profuseness, it may again *react* upon the constitution at large, and thus form a secondary and super-added cause or *aggravant*. In cases of this kind I am in the practice of prescribing quinine, iron, or alum, sometimes with, and sometimes without copaiba, catechu or cantharides—one medicine answering best with one patient, another with another.

I have been frequently consulted in cases of painful Whites, and also in cases of painful menstruation, disorders which practitioners, as remarkable for their professional *eminence*, as

for their utter want of high professional knowledge, had been previously treating by leeches,—some applying these to the *loins*, which, in every case, whether of whites or irregular menstruation, is *weak* and consequently *painful*; some, to the disgust of every woman of sensibility, introducing them even to the orifice of the womb itself. What practice can be more erroneous? What relief, if obtained, more delusive? Bark, iron, opium,—these are the remedies for cases of this description; and the general constitutional improvement which, for the most part, follows their use, together with the disappearance of the more prominent local irregularity for which your aid had been asked, affords the best answer to any theoretic objections that may be brought against their employment. The best topical application in these cases—and you will find it useful in most—is a plaster to the spine to warm and support it; though cold, hot, or tepid fomentation to the loins or womb may also be occasionally employed, according as one or other shall prove most agreeable to the patient's own feelings.

The various female disorders of which I have just been treating are matter of daily practice. The more formidable affection to which I now draw your attention,

CANCER OF THE BREAST,

fortunately for the sex, is of rare occurrence,—not one woman in a thousand perhaps ever becoming the subject of it. Now, what is Cancer? What but a slow and painful decomposition,—a *blight* or *canker* of the particular organ affected. The manner in which a cancer of the breast generally commences is this:—A tumour, at first smaller than a nut, possessing more or less hardness, and to a certain extent circumscribed, is observed in the neighbourhood of the nipple; the patient's attention, in most cases, being first called to it by a slight uneasiness in the part affected, which soon deepens into a “pricking,” “darting,” or “shooting” pain,—for such are the various phrases by which different patients describe their sufferings. The tumor slowly but gradually increases in size and hardness, while the pain becomes more and more in-

tolerable and "*lancinating*." The disease, in every case, is *intermittent*, and in most instances, this intermission is *periodical*, the tumor being one day perceptibly diminished, another as obviously enlarged. The pains, in like manner, disappear more or less completely, for a time, to return at a particular hour of the clock with undiminished violence. Now, when surgeons were more in the habit of performing operations, in cases of this kind, than at present, such tumors, after removal by the knife, were usually, from motives of curiosity, bisected. If their internal structure when thus divided, resembled something betwixt a turnip and a cartilage, the disease was pronounced to be "true cancer"—a *Schirrus* or *Carcinoma*. If, on the contrary, instead of such resemblance, the tumor presented a cerebriform appearance, or had a lard-like, gelatinous, or mixed character, disputes frequently arose as to the *name* by which the disease should be christened;—as if it signified one straw whether the breast, when so completely *changed in its structure and nature*, as to be productive of nothing but *misery* to its owner, should be called schirrus, carcinoma, cancer, or any thing else! Oh! it matters very little what that organic change be termed, where, as in all these cases, the glandular fabric of the breast becomes at last completely destroyed and *decomposed*.

How and in what manner does this disease become developed? Gentlemen, it is the result of general constitutional change. It is the effect of a weak action of the nerves on an originally weak organ; and of this you may be satisfied, when I tell you that in most instances cancer is a *hereditary disease*; and what is more, it generally makes its first appearance about that period of life when the breast ceases to be anything but a mere personal ornament to its possessor. It comes on much about the same time when the catamenial secretion is about to terminate for life. Can such termination take place without a new corporeal revolution? Certainly not: every female at such time suffers more or less from constitutional disorder. Analyze this disorder, and you will find it resolve itself into a general intermittent febrile action of the whole body, varying in its shade with every case. Cancer,

then, is a development of that fever. Gentlemen, never in my life did I meet with a cancer in any state or stage, the subject of which did not acknowledge to chills, and heats, or who did not admit errors of secretion; to say nothing of variations in the volume, temperature, and sensation of the part affected. I am at this moment attending the sister of a Fellow of the Royal College of Physicians, who was first induced to consult me, from hearing that I looked upon Ague as the primary type or model of all complaints. Her own cancer, she assured me, was preceded by shivering-fits, which she traced to a sudden chill; and during the whole progress of the disease she suffered more or less from aguish feelings. Previously to my seeing her, she had been visited by a surgeon of eminence, who ordered her to apply leeches; but the effect of their employment was an increase of her pain. And no wonder—for if that great man had only taken the trouble to inquire, he would have found that, instead of the theoretic “inflammation,” which doubtless suggested their employment, the breast in that instance was generally cold! Would not a warm plaster under these circumstances have been of more service? You, Gentlemen, may try it at least, and if you do not find it produce more or less relief in many similar instances, I know nothing whatever of the science I now pretend to teach you. No *local* application, however, will be long productive of any very effectual advantage in this or any other disease, without attending to the chrono-thermal principles of paroxysm and remission. Arsenic, quinine, opium, copper, prussic acid, may be all successively tried. But you must here always keep in mind that cancer is a *chronic* disease, a disease of *time*; and you must farther hold in your remembrance what I have already said in regard to most cases of chronic disease, namely, that no single remedy will produce its beneficial effect for any great continuance in those disorders; for once the constitution becomes accustomed to its use, such remedy either loses its salutary influence altogether, or acts in a manner the *reverse* of that which it did when tried in the first instance. No remedy had a greater reputation at one time, in the treatment of cancer, than arsen-

ic. In fact it was supposed to be a very wonderful *specific* in cases of that nature. What was the consequence? Like every thing else in this world, whether *person* or *thing*, physician or physic, that ever enjoyed the temporary distinction of *infallibility*, after a few decided failures in particular instances, arsenic came at last to be almost entirely abandoned in such cases. And yet, notwithstanding this, I do not know a remedy which may be more successfully used in cancer than arsenic. "We have seen from its use," says Dr Parr in his Dictionary, published in 1809, "an extensive [cancerous] sore filled with the most healthy granulations, the complexion become clear, the appetite improved, and the general health increased. Unfortunately," he continues, "these good effects have *not* been permanent. By increasing the dose we have gained a little more, but, at last, these advantages were apparently lost." And was it ever otherwise with any other remedy? No power on earth could always act upon the living body in the same manner. The strongest rope will strain at last, and so will the best medicine cease, after a time, to do the work it did at first. But a physician who should, on that score, despise or decry a power that had, for a given time, proved decidedly advantageous in any case, would just be as wise as the traveller, who, instead of being thankful to his horse for a great piece of ground it had enabled him to clear, should complain of the animal for not carrying him to the end of a journey, which, without *resting for a time*, no horse in the world could possibly do. What, under the circumstances mentioned by Dr Parr, either he or any other doctor should have done,—and what I have confidence in recommending you to do on every similar occasion, is this,—Having obtained all the good which arsenic or any other remedy has the power to do in any case, change such remedy for some other constitutional power, and change and change until you find improvement to be the result; and when such result no longer follows its employment, change your medicine again for some other; or you may even again recur with the best effect to one or more of the number you had formerly tried with bene-

fit ; for when (if I may speak so metaphorically) the constitution has been allowed time to forget a remedy that once beneficially influenced it, such remedy, like the re-reading of a once-admired, but long forgotten book on the mind, may come upon the corporeal economy once more with much of its original force and freshness. In all such cases, then, you must change, combine, and modify your medicines and measures in a thousand ways to produce a sustained improvement. Arsenic, gold, iron, mercury, creosote, iodine, opium, &c., may all be advantageously employed, both as internal remedies and as local applications, according to the changing indications of the case.

When cancer is suffered to run its course undisturbed by the knife of the surgeon, or the physic of the doctor, the usual termination of it is this :—A small ulcer shews itself upon the skin of the most prominent part of the tumor, gradually increasing in dimension. And so exceedingly weak do the atomic attractions of the matter of the breast become during the change produced by the disease, that scarcely has the atmospheric air been allowed to come in contact with the tumor, than it commences to mortify and die—falling away in most cases, (as it did indeed in the case of the lady to which I have already alluded,) after a certain time, in a dead and corrupted mass. The ulcer which it leaves behind, is in all such cases, extremely fetid, and shews a great disposition to spread ; the reason of which is this,—first, because the whole constitution of such persons is more or less weak ; and secondly, because the particles of dead, or half-dead matter, which coat the bowl of the ulcer, not only have no power of reparation in themselves, but are the causes of a further failure of reparative power in the already weak parts with which they come in contact. The same thing, exactly, takes place when any part of an old tree becomes decayed. Unless every portion of the decay be completely removed, you must not hope to arrest its progress. In the case of cancer, then, the whole surface of the ulcer should be cauterized and completely destroyed with a burning iron, nitrate of silver, ammonia, or potass. All four may, in most cases, be resorted to with advantage. Nor must

you here spare any part that shews even a symptom of weakness; but cauterize, and cauterize again and again, until you get red and healthy granulations to appear. The dressings which you will now find most successful, are ointments or other preparations of the red oxide of mercury, iodine, arsenic, creosote, lead, &c., and each and all of these will only prove beneficial in particular cases, and for *particular periods*. The law that holds good in the case of *internal* remedies, will be now more conspicuous in the case of *external* applications,—namely, that all medicinal powers have a certain relation to *persons* and *periods* only, and must in no case be *a priori* expected to do more than produce a temporary action. If that action be of a novel kind, they will produce benefit; if, on the contrary, the increased motion from their action be in the old direction, and which cannot be foreseen till tried, the result of such trial will be a greater or less aggravation of the state for whose improvement you ordered them to be applied.

The only medical man that I ever knew treat cancer of the breast correctly, is Dr Abel Stuart, a gentleman who, while practising in the West Indies, where the disease is more frequent than in England, had many opportunities of making himself acquainted with every one of its various states and stages. In London, where he now practises, he has shewn me cases of this kind, which he has treated with the greatest success. You must not therefore suppose, like most of the vulgar, and not a few of the members of the profession, that cancer of the breast is necessarily a mortal disease. So long as you can prevent the ulcer from spreading, and at the same time keep up the general health to a certain mark, how can there be danger? The breast is not a vital organ; it is not, like the lungs or heart, necessary to the individual life,—it is a part superadded for the benefit of another generation. Many women formerly remarkable for large breasts, have, in the course of years, lost every appearance of bosom by the slow but imperceptible process of interstitial absorption;—what inconvenience have these suffered in consequence? But for the tendency to spread, and the accompanying pain, cancer would seldom terminate fatally at all; it is the pain

principally that makes the danger, not any loss of the organ itself. Pain alone will wear out the strongest: relieve this, therefore, in every way you can, but avoid leeches and depletion, which, I need not say, are the readiest means, not only to exhaust the patient's strength, but to produce that extreme sensibility of nerve, or that intolerance of external impression, that converts the merest touch into the stab of a dagger. Strong people seldom complain of pain: it is bloated and emaciated persons who mostly do so. Keep up your patient's health, then, by every means in your power, and she may live as many years with a cancer of the breast, as if she had never suffered from such a disease. Sir B. Brodie mentions the case of a lady who lived *twenty years* with Cancer, and died at last of an affection of the lungs, with which it had no necessary connexion. What shall I say in regard to amputation of the breast? Will amputation harmonize the secretions? Will it improve the constitution in any way whatever? Those patients who, in the practice of others, have been induced to undergo operations, have seldom had much cause to thank their surgeons,—the disease having, for the most part, reappeared at a future period in the *cicatrix* of the wounded part. Gentlemen, you have only to look at the pallid, bloated, or emaciated countenances of too many of the sufferers, to be satisfied that something more must be done for them than a mere surgical operation,—a measure doubtful at the best in most cases, and fatal in not a few. Shiverings, heats, and sweats, or diarrhœa, or dropsy,—these are the constitutional signs that tell you you have something more to do than to dissect away a diseased structure, which structure, so far from being the cause, was in reality but one feature of a great totality of infirmity. Many and many a breast have I known to be condemned as cancerous which has nevertheless been cured. That the knife may sometimes be advantageously employed I do not deny, but instead of being the *rule*, it should be the *exception*; for the majority of honourable and enlightened surgeons will admit how little it has served them in most cases beyond the mere purpose of temporary palliation. When you hear a man now-a-days, speaking of the advantage of early operat-

ing, you may fairly accuse him of ignorance, with which, I regret to say, interest, in this instance, may occasionally go hand in hand. The *fee* for amputating a breast enters into the calculation of some surgeons.

I have twice seen cancer of the *male* breast—the subject of one was a European, the other a native of India.

I will now say a few words on

TUMOR

generally. It is a very common error on the part of medical men, to state in their reports of cases, that a healthy person presented himself with a particular tumor in this or that situation. Now, such practitioners have busied themselves with artificial distinctions—distinctions which have no foundation in nature or reason—to the neglect of the circle of actions which constitute the state of the body termed health. Never did a tumor spring up in a perfectly healthy subject. In the course of my professional career, I have witnessed tumors of every description, but I never met one that could not be traced, either to previous constitutional disturbance, or to the effect of local injury on a previously unhealthy subject. Chills and heats have been confessed to by almost every patient, and the great majority have remembered that in the earlier stages, their tumor was *alternately* more and less voluminous.

Every individual, we have already shewn, has a predisposition to disease of a particular tissue. Whatever will derange the general health, may develop the weak point of the previously healthy, and this may be a tendency to tumor in one or more tissues. The difference in the organic appearance of the different textures of the body, will account for any apparent differences betwixt the tumors themselves; and where tumors appear to differ in the same tissue, the difference will be found to be only in the amount of the matter entering into such tissue, or in a new arrangement of some of the elementary principles composing it.

It is a law of the animal economy, that when a given se-

cretion becomes morbidly deficient, some others make up for it by their preternatural abundance. If you do not perspire properly, you will find the secretion from the kidneys or some other organ increase in quantity. I was consulted some time ago by a female patient, whose breasts became enormous from excess of adipose or fatty deposit. Now, in the case of this female, the urine was always scanty, and she never sweated. Every tissue of the body is built up by secretion. The matter of muscle, bone and skin is fluid before it assumes the consistence of a tissue, and the atoms of every texture are constantly passing into each other by what may be called vital chemistry. "The great processes of nature," says Professor Brande, "such as the vegetation of trees and plants, and the phenomena of organic life, generally, are connected with a series of chemical changes." Secretion of every kind is the effect of chemical change, and tumors, instead of being produced, as Mr Hunter supposed, by the organization of extravasated blood, are the result of *errors of secretion*. They are principally made up of excess of some portion of the tissue in which they appear, or the result of new combinations of some of the ultimate principles which enter into its composition.

If you search the records of medicine upon the subject of tumors, you will find that the medicinal agents by which these have been cured or diminished, come at last to the substances of greatest acknowledged efficacy in the treatment of ague. One practitioner (Carmichael) lauds *iron*; another (Alibert) speaks favourably of the *bark*; the natives of India prefer *arsenic*: while most practitioners have found *iodine* and *mercury* more or less serviceable in their treatment. Gentlemen, do you require to be told that these substances have all succeeded and failed in ague! Wonder not, then, that each has one day been lauded, another decried, for every disease which has obtained a name, tumors of every description among the number.

We now come, Gentlemen, to

PREGNANCY.

But this, you will very likely say, is not a disease. In that case, I must beg to refer you to ladies who have had children, and I will wager you my life, that they will give you a catalogue of the complaints which affected them during that state, equal in size to Dr Cullen's Nosology. In the case of every *new* phenomenon in the animal economy, whether male or female, there must be a previous corporeal revolution. We find this to be the case at the times of *teething* and *puberty*—and so we find it in the case of pregnancy. Can the seedling become an herb in the frost of winter, or the sapling grow up into maturity without a series of changes in the temperature and motion of the surrounding earth?—No more can the infant-*germ* become the *fœtus* without a succession of *febrile* revolutions in the parent frame! Once in action it reacts in its turn.

The brain, like the body, though a *unity*, has, like every other organ, a *diversity* of parts. It is no argument against this *phrenological* doctrine, that the scalpel has hitherto failed to trace any well-marked divisions betwixt the various cerebral portions to which phrenologists have ascribed variety of function. Do not all the different parts of the frame merge into each other—the elbow into the arm, the arm into the hand, &c.? What is more clearly a unity than the hand—yet do we not frequently find, from the weakness of one or more of its joints or muscles, an inability on the part of its possessor to do a particular work? Should we not, then, *a priori*, expect to find the same kind of thing in the brain. What is *monomania*? It is the result of an analogous cerebral state. The subject of it can reason rightly upon every subject but one. Oh, I want no better evidence of diversity of parts in the brain than this. Now, here also, as in the case of other parts of the body, some of the cerebral divisions act in association or simultaneously, while others act independently or in *alternation*. You can now understand how the brain of the mother influences the growth of the child *in utero*, and at the same time continues to play its part

in the parental economy. Some of its various portions must act in these respects *alternately*, for they cannot do *both* at one and the same moment of time. Now, here again, as in other instances, a want of harmony may arise—the brain may continue to exercise its influence over the child too long; in other cases it may forget the child for the mother. How such want of harmony affects the child, we can only guess from analogy. How a too long cerebral neglect of the mother's economy may influence her, we may daily see in the numerous disorders to which she is then liable—more particularly in the *periodic* vomitings which take place in most instances, and also in the swoon or faint which occasionally comes on during the pregnant state. Are not these the very symptoms that happen in the case of a person who has had a blow on the head, or who has been much bled? It appears to me probable that the infant's growth must take place principally during the period of maternal sleep. For it is chiefly in the morning, just as she awakes, that the mother experiences those vomitings and other symptoms which tell us that the brain has been too long neglecting her own economy. But even as a natural consequence of the more favourable *alternations* of cerebral movement which take place during pregnancy, the mother for the most part experiences *chills, heats, and sweats*,—she has symptoms, or shades of symptom, at least, of the same disorders that may arise from any other agency affecting the brain in a novel or unusual manner—she becomes at certain times pale and flushed alternately, and, as in the case of other fevers, frequently complains of headache. When blood-letting—the usual refuge of the ignorant—is in such cases tried, the blood drawn exhibits the same identical crust which, under the name of “buffy coat,” “inflamed crust,” &c., so many practitioners have delighted to enlarge upon as the *peculiarity* of “true *inflammatory* fever!”

Pregnancy has been defined by certain very great doctors, to be a “natural process.” Now, that certainly is a great discovery; but they might have made the same discovery in the case of disease and death. Is not every thing in *Nature* a *natural* process, from the fall of an apple to the composi-

tion of the Iliad? Every thing that the eye can see or the ear can hear is natural. Miracles only are miraculous; for they are events that are *CONTRARY* to the natural order of things. Pregnancy, then, is a natural process;—but is it on that account the less surely a *febrile* state? Is it for that reason the less certainly an *intermittent* fever?—What disorders have not originated in pregnancy? What, in cases where they previously existed, has it not like every other fever cured? If it has produced epilepsy, apoplexy, toothache, consumption, palsy, mania,—each and every one of these diseases have I known it to ameliorate, suspend, or cure! I remember the case of a lady who, before her marriage, squinted to perfection. But the moment she became pregnant her squint diminished, and long before the period of her confinement it was cured. Never did I see such an improvement in the face of any person. Still, if pregnancy has cured squint, I have known cases where it produced it. How completely, then, does this state harmonize with the unity which pervades Disease generally!

PARTURITION,

I have already said, is a series of pains and remissions, but it is *not* an intermittent fever; nor, indeed, has it any resemblance to that affection! So, at least, I have been assured by very clever doctors; and they have told me the same of pregnancy! Is this question, then, completely settled in the negative? Certainly—It is settled to the satisfaction of all who pin their faith upon mere human *authority*. But human authority seldom settled any thing with me. For wherever I have had an interest in knowing the truth, I have generally appealed from the decree of that unsatisfactory court to the less fallible decision of the Court of Fact. And what does Fact say in this instance? Fact says that child-labour, in almost every case, commences with chills and heats, and that these are again and again repeated with longer or shorter periods of immunity during its progress. But how do I know all this? you will ask,—I who hold modern midwifery in such horror! I will tell you truly—I first *guessed*

it; for I could not suppose that parturition, unlike every other great revolution of the body, could be either a *pain-less* or an unperilous state, or that it could be free from the chills, heats, and remissions which I had always observed in cases of that character. Still, not being a person easily satisfied with guess-work, I took the trouble, in this particular instance, to interrogate Nature. And as sure as the sun ever shone on this earth, Nature completely verified the fact of my anticipation, that parturition, in every instance, *is* an intermittent fever. In some of my medical books, too, I found *shiverings* among the numerous other symptoms mentioned as incidental to women at this period. "Sometimes," says Dr Ramsbottom, himself a man-midwife, "they are sufficiently intense to shake the bed on which the patient lies, and cause the teeth to chatter as if she were in the cold stage of an *ague-fit*, and although she complains of feeling cold, the surface may be warm, and perhaps warmer than natural." Now, this cold sensation is often complained of by *ague* patients, even in the hot stage. In spite of every assertion to the contrary, then,—in spite of every declaration on the part of medical or other persons, Pregnancy and Parturition *are* *agues*—*agues* in every sense of the word; for not only do their revolutions take place in the same identical manner as *ague*, but, like *ague*, they may both be influenced by medicines as well as by mental impressions. Indeed, in most cases of parturition, the labour-fit will stop in a moment from the new cerebral movement induced by fright or surprise. In some the fit never returns, and the most terrible consequences ensue. When the *fœtus* is fairly developed in the one case, and the labour completed in the other, health is the general result; but in the course both of pregnancy and parturition, as in the course of other fevers, every kind of disease may shew itself, and, when developed, may even proceed to mortality. An occasional termination of pregnancy is

ABORTION OR MISCARRIAGE.

And this, in every case, is preceded by the same constitutional symptoms as pregnancy and parturition, namely, the symptoms of

ague. Moreover, when a woman gets into a habit of miscarrying, such miscarriage, like an ague, recurs periodically, and takes place almost to a day at the same month as the first. A lady who had been married several years, but who had never borne a living child, although she had had frequent abortions, consulted me upon the subject. Her miscarriages having always taken place at the *same period* of pregnancy—about the end of the third month—I desired her when she should again become pregnant to send for me within a fortnight of the time she might expect to miscarry. She did so, telling me at the same time she knew she should soon be taken ill, as she had already had *shiverings*. I directed her to use an opium suppository nightly, which she did for a month, and she was thus enabled to carry her child to the full time. She has had two children since, and all three are now well and thriving. I have succeeded in similar cases with the internal exhibition of quinine, iron, hydrocyanic acid, &c. But opium, where the drug does not decidedly disagree, will be found the most generally useful of our medicines in checking the *habit* of miscarriage. Need I tell you that in no case should it be continued where it excites vomiting.

The tendency to return of any action which has once taken place in the constitution, is a law even in some effects of accidents. A lady, who from fright during a storm, miscarried of her first child, a Boy, never afterwards, when pregnant with *boys*, could carry them beyond the time at which she miscarried of the first. On the other hand, she has done well with every one of her *daughters*, five in number, all of whom are at this moment living.

To mothers and nurses, next to Pregnancy and Parturition, there is no subject so interesting as that of

TEETHING.

The birth of the first tooth, like the birth of a first child, is commonly expected by both with a certain degree of anxiety, if not with fear. Why is this? Why, but because as in the case of pregnancy, *before* the dormant germ can be called into action—*before* the embryo tooth can be developed

—there must be a complete corporeal REVOLUTION, an intermittent FEVER, of more or less intensity, varying according to the varying conditions of particular constitutions. The more *healthy* and vigorous the child, the more subdued will this fever for the most part be, and the teething will consequently be less painfully accomplished; just as under the same circumstances the parturient mother will more surely bring forth her young in safety. In those cases, on the contrary, where the child is weakly or out of health, the fever will be proportionally severe. The generality of teething children, after having been comparatively well during the day, become feverish at a particular hour in the night. Now, the newly developed tooth, though in the first instance itself a mere effect of the fever, very soon contributes, by the painful tension which its increasing growth produces in the gum, to aggravate and prolong the constitutional disorder. It is first an *effect*, and then a superadded *cause*, or aggravant. Gentlemen, in this fever we have a fresh illustration of the unity of disease—a fresh proof that Intermittent Fever in some of its many shades is the constitutional revolution which ushers in every kind of corporeal disorder. How many varieties of disease may not be produced during the *intermittent* fever of teething; every spasmodic and paralytic distemper you can name—convulsions, apoplexy, lock-jaw, squint, hemiplegia, curved spine, with all the family of structural disorders, from cutaneous rash and eruption to mesenteric disorganization and dysentery. Should the gum be lanced in these cases? Who can doubt it? If you found the painful tension produced by the matter of an abscess keeping up a great constitutional disorder, would you not be justified in letting out the matter with a lancet? The cases are similar. In many instances of teething, then, the gum-lancet may be used with very great advantage—but with greater advantage still may you direct your attention to the temperature of the child's body. When that is hot and burning, when its little head feels like fire to your hand, pour cold water over it, and when you have sufficiently cooled it throughout, it will in most cases go to sleep in its nurse's arms. During the *chill-*

fit, on the contrary, you may give it an occasional tea-spoonful of weak brandy and water, with a little dill or aniseed to comfort and warm it—having recourse also to friction with hot flannel, or to the warm bath. During the period of *remission*, the exhibition of small doses of calomel, quinine, or opium, with prussic acid occasionally, will often anticipate the subsequent fits, or render them trifling in comparison with those that preceded them.

But, Gentlemen, I should explain to you that you may sometimes be met with considerable opposition on the part of the wisecracs of the profession, when you propose quinine or prussic acid in infantile disease. I was once requested to see the infant son of a gentleman living in Hertford Street, which had been suffering from convulsions and flatulence. You remember what I told you of this disease—that infantile convulsion suspends in every instance upon cerebral exhaustion. It is often the effect of cold, and frequently follows upon a purge. I have known the disease come on after the application of a leech. “No fact,” says Dr Trotter, “is better known to the medical observer, than that frequent *convulsions* are a common consequence of the large *loss of blood*.” And you may recollect that in the experiment of the animal bled to death by Dr Seeds, flatulence and convulsions were among the symptoms produced by the evacuation. But to return to the child in question. Before I saw it, the poor little thing had been the subject of thirteen distinct convulsive fits, with an interval of remission of longer or shorter duration between each. What do you think was the treatment to which this infant had been in the first instance subjected by the practitioner, then and previously in attendance? Though its age was under six months, and the disease clearly and obviously remittent, he had ordered it to be cupped behind the ear,—afraid, as he explained to me, of the old bugbear *pressure on the brain*! How compatible this doctrine, *permanency of cause with remission of symptom*! The quantity of blood taken was about an ounce, but the convulsions recurred as before. This was the reason why I was called in. The child at that particular moment had *no fit*—so after taking the trouble to ex-

plain the nature of the symptoms to the attending Sangrado, I suggested quinine as a possible preventive. The man of cups and lancets *stared*, but acceded. But the quinine upon trial proved abortive here. I then changed it according to my custom, for prussic acid—after taking which, the infant was free from *fits* for a period of at least five or six weeks;—when the convulsive paroxysm again recurred—from what cause I know not, unless it might be from a *purge* which its mother injudiciously gave it on the morning of recurrence.—The flatulence too, with which the child was all along troubled, began to diminish from the moment it took the prussic acid. You may perhaps ask me in what *dose* I prescribed prussic acid here. I ordered *one drop* to be mixed with *three ounces* of cinnamon water, and a tea-spoonful of the mixture to be given every two hours all that day—so that there is no earthly agent, however powerful, even in a *small* quantity, that may not, by dilution, or some other mode or diminution, be fined away to any state and strength—to any age or condition of life for which you may be desirous of prescribing it. In this respect, medicine resembles every thing in nature. Take colours, for example, the most intense blue and the deepest crimson may both, by the art of the painter, be so managed that the eye shall not detect, in his design, a trace of either one or the other. In the case of the infant just mentioned, the dose of prussic acid was about the *twenty-fourth* part of a drop, and its good effects were very immediate and very obvious. Nevertheless, when the attending practitioner came in the morning to see the little patient, then completely out of danger, he was so horrified by the medicine which had produced the improvement, that he stated to the family that he could not, in conscience, attend with me any longer. He accordingly took his leave of the child which he himself had brought into the world, and all because he, a man-midwife! could not approve of the treatment that saved its life. Yet this very person, without hesitation, let loose all at once the *eight* lancets of the cupping instrument on the head of an infant, whose age, be it remembered, was under six months. Gentlemen, though I will not condescend to name the indi-

vidual who having so heroically, in this instance, swallowed the camel, found such a difficulty afterwards, in approaching the gnat, I may state for your diversion that he is nevertheless a very great little man in his way—being no less than one of Her Majesty's principal accoucheurs—a proof to you that “*court-fools*” are as common as ever. Indeed, the only difference that I see in the matter is this,—that whereas in the olden times such personages only exhibited in cap and bells at the feast and the revel, they are now permitted to appear in a less obtrusive disguise, and act their still more ridiculous parts on the gravest occasions.

One very great obstacle to improvement in medicine has been the very general preference given by Englishwomen to male over female midwifery practitioners. For by means of that introduction, numbers of badly educated persons not only contrive to worm themselves into the confidence of families, but by the vile arts to which they stoop, and the collusions and conspiracies into which they enter with each other, they have in a great measure managed to monopolize the entire practice of physic in this country. And what an infamous business medical practice has become in their hands! To check the career of these people, Sir Anthony Carlisle wrote his famous letter to the *Times* newspaper, wherein he declared that “the birth of a child is a natural process, and not a surgical operation.” Notwithstanding the howl and the scowl with which that letter was received by the apothecaries, it is pleasing to see that the public are now beginning to be aware of the fact that more children perish by the meddling interference of these persons, than have ever been saved by the aid of their instruments. How many perish by unnecessary medicine common sense may form some notion—for the fashion of the day is to commence with physic the moment the child leaves the womb—to dose every new-born babe with castor oil before it has learnt to apply its lip to the nipple! Who but an apothecary could have suggested such a custom? Who but a creature with the mind of a mechanic and the habits of a butcher would think of applying a cupping instrument behind an infant's ear to stop wind

and convulsions? The nurses and midwives of the last age knew better. Their custom in such cases was to place a *laurel-leaf* upon the tongue of the child. The routinists laughed at what they called a mere old woman's remedy, and declared that it could have no effect whatever; they little knew that its strong odour and bitter taste depended upon the *prussic acid* it contained! Gentlemen, you may get many an excellent hint from every description of old women but the old women of the profession—the pedantic doctors, who first laugh at the laurel-leaf as *inert*, and yet start at the very medicine upon which its virtues depend when given with the most perfect precision in the measured form of *prussic-acid*! men who, in the same mad spirit of inconsistency, affect to be horrified at the mention of opium or arsenic, while they dose you to death with calomel and colocynth, or pour out the blood of your life as if it was so much ditch-water!

Gentlemen, there is such a thing as

HEREDITARY PERIODICITY.

If you take a particular family, and as far as practicable, trace their diseases from generation to generation, you will find that the greater number die of a particular disease. Suppose this to be pulmonary consumption. Like the ague, which makes its individual revisitation only on given days, you will find this disease attacking some families only in given generations—affecting every second generation in one case; every third or fourth in another. In some families it confines itself to a given sex, while in the greater number, the ages at which they become its victims is equally determinate—in one this disease appearing only during childhood, in another restricting itself to adult life or old age. By diligently watching the diseases of particular families, and the ages at which they respectively reappear, and by directing attention in the earliest stages of constitutional disorder to those means of prevention which I have in the course of these lectures so frequently had occasion to point out to you, much might be done to render the more formidable class of disorders of less frequent occurrence than at present—mania, asthma,

epilepsy, and consumption might thus, to a certain extent, be made to disappear in families where they had been for ages hereditary.—But alas! then, for the medical profession, the members of which might in that case exclaim, “Othello’s occupation’s done!”

[While this sheet was in the course of printing I received the three following letters, which, as they go far to bear me out in many of my previous observations, may not be deemed by the reader to be entirely out of place here. The first is from Dr M^cKenzie of Kenellan, in Scotland.]

KENELLAN, NEAR DINGWALL,
24th Feb. 1841.

DEAR SIR,—After studying at Edinburgh, London, and Paris, I graduated in 1824, and immediately afterwards received an appointment to the Medical Staff of the army. I conceive that, phrenologically speaking, my head is a fair sample of the common run, and during my period of pupilage I had the very best opportunity of acquiring what most people call “medical information.” In the military hospital at Fort Pitt I had abundant opportunities of testing its value, yet, though I did my best to put in practice the rules and directions which I had so sedulously studied in the schools of medicine, the result of their application was anything but satisfactory to me; nor did the observations I made, or the practice of my comrades mend the matter. The Sangrado system was in full operation. Like my neighbours, I did as I had been taught, but the more I considered the result of our practice, the more convinced I became that we were all in the dark, and only tampering with human life most rashly, in a multitude of cases.

Still I thought it my duty to do as my superiors directed, hoping soon to see my way more clearly. In process of time I was appointed to a regiment, with which I served about two years. I then married, and finding that a married man has no business to be in the army, I resolved to embark in private practice, expecting that with the excellent opportunities

of becoming acquainted with disease in every form which I had possessed in the army, and, aided by numerous friends, I might rise easily in my profession. I settled in Edinburgh, and became a Fellow of the College of Physicians. I soon found, however, that in leaving the army for private practice, I was "out of the frying-pan into the fire;"—there were obstacles to success that I had never even dreamt of. In the military hospital I had only to say "do," and it was done; and I knew to a nicety the effect of my remedies, for in every instance they were faithfully administered. In private practice all this was changed. There, in order to live like other men by my labour, I found it absolutely essential to practise the *suaviter in modo* on many occasions when the *fortiter in re* would have been the best for my patients. I therefore felt myself obliged to consider how others managed such matters, and I was soon able to divide the medical body into three classes.

At the top of the tree I noted here and there a solitary individual whose word was law to his patients. I endeavoured to trace the career of these favoured practitioners, and was grieved at being compelled to think that in few instances had they ascended to their eminence by the ladder of integrity, talent, and real medical knowledge. On the contrary, I was compelled to believe that these qualities often were a bar to a physician's rise, and that flattery and humbug were far more valuable qualities in the eye of the world, and if skillfully practised, would ensure first-rate eminence.

Lower down I found a certain number who, like myself, did their best to retain practice, and preserve the "vultus ad sidera." But when I looked to the bottom of the tree, I saw around it a host of creatures, void of any scruples, determined to acquire wealth, and to act on the ancient maxim, "rem si possis recte; si non, quocunque modo rem;" men who, void of integrity and all honourable self-respect, looked upon such as differed from them in this point as insane.

I certainly was taken quite aback, and looked and better looked in hopes that my senses deceived me, but the more

I looked the more was I satisfied, or rather *dissatisfied* with the correctness of my views. It was now quite clear that I never could rise in the profession, and that "although *bred* to physic, physic would never be *bread* to me." I could not scramble for subsistence at the expense of self-respect, and live upon an *ipecacuan loaf*. In spite of the lamentation of my friends and patients who thought me "getting on so nicely," but who were unable to read my feelings, and at the expense of being ridiculed by many who supposed me actuated by foolish pride, &c., I bade adieu to private practice, and turned my lancet into a ploughshare. In short, I took to farming, in which vocation I have now continued for nine years, enjoying a happiness and peace of mind that I think few medical men can understand.

Among the poor I still keep up a little practice, and occasionally am consulted by my country practising friends, but, like my old lancets, I grow very rusty. Perhaps you will say so much the better.

And now, why have I troubled you with all this from an entire stranger. Simply as a preface to the thanks I now beg to offer you for the new light that broke upon me on reading your *Fallacies of the Faculty*, sent me by a non-medical friend. My ideas on physic have been totally revolutionized by it, and I now recal to mind many cases where I made most fortunate cures *accidentally*, by following your system, though without any knowledge of the principles of application. Most sincerely do I congratulate you on your discoveries, and most confidently do I look forward to the day, not distant, when they will be duly appreciated.

I have myself been all but a martyr at the shrine of Sangrado, but nothing will ever again induce me to part with a drop of blood so long as it will circulate in the veins of

Your obliged and faithful

J. M·KENZIE, M.D.

"DR DICKSON,
Clarges Street, Piccadilly."

The next letter is from Dr Charles Greville of Bath :—

BATH, Feb. 24, 1841.

MY DEAR SIR,—I have perused with much interest your excellent and original lectures on the “Fallacies of the Faculty,” and have much pleasure in attesting the truth of your remarks. I have treated numerous cases of disease upon the chrono-thermal principle, with perfect success. Should time permit, I will furnish you with various instances. I have no doubt the public will eventually appreciate the superiority of your views, and take its leave of the nefarious apothecary whose existence seems to depend upon the deluging of his patient with unnecessary and too often deleterious compounds.

I remain, my dear Sir,

Yours very faithfully,

CHARLES GREVILLE.

The third and last letter is from Mr Henry Smith, a surgeon in very extensive practice at Cheshunt, in Hertfordshire :—

CHESHUNT, Feb. 24, 1841.

MY DEAR SIR,—At a time when your doctrines are so much the subject of discussion both with the profession and the public, the evidence of a country practitioner as to the result of their application in his hands, may not be altogether unacceptable to their author.

The first time I heard your name, was about *eighteen months* ago, when the Hon. Edmund Byng sent your “Unity of Disease” to my father-in-law, Mr Sanders. We were both equally struck with the novelty and simplicity of your views, as there detailed, and we determined to put them to the test. You will be gratified to hear, that neither Mr Sanders nor myself, from that time, have ever had occasion to use either leech or lancet in our practice, though formerly we felt ourselves compelled to use both. Every day has confirmed us in the truth of your opinions by our increased suc-

cess. I have treated cases of apoplexy with the most perfect success with no other means than the application of cold water dashed over the head and face;—following that up after the fit had gone off, with quinine, ammonia, and prussic acid. I have cured all kinds of cases of convulsion, by the same treatment; indeed in the convulsive diseases of children, the prussic acid has been my sheet anchor. In cases where children have been apparently still-born, I have succeeded in rousing them by dashing cold water over their bodies. With quinine, and prussic acid, I have treated many cases of croup, and in no instance do I remember to have lost a patient. Many cases of hysteria, and some of epilepsy, have been cured or relieved by creosote, after every other likely medicine had been tried in vain. I have treated cases of both chronic and acute rheumatism successfully by arsenic. By the tonic practice I have been equally successful in inflammations of the chest and bowels. Before concluding this hasty sketch, permit me to express how *thankful* and *grateful* I feel towards you, for the light by which you have expelled the darkness in which medicine was formerly so much enveloped by its professors.

Yours, my dear Sir,

Very faithfully,

HENRY SMITH.

To DR DICKSON,
Clarges Street, London.

LECTURE VIII.

THE SENSES—ANIMAL MAGNETISM—THE PASSIONS—BATHS—
EXERCISE—HOMCEOPATHY.

GENTLEMEN,

The CAUSES of DISEASE, we have already said and shown, can only affect the body through one or more of the various modifications of *nervous perception*. No disease can arise independent of this—no disease can be cured without it. Who ever heard of a corpse taking the Small-pox? or of a tumour or an ulcer being healed in a dead body? A dreamer or a German novelist might imagine such things. Even in the *living* subject, when nerves have been accidentally paralyzed, the most potent agents have not their usual influence over the parts which such nerves supply. If you divide the *pneumo-gastric* nerves of a living dog—nerves which, as their name imports, connect the *Brain* with the *Lungs* and *Stomach*—arsenic will not produce its accustomed effect on either of these organs. Is not this one of many proofs that an external agent can only influence *internal* parts BANEFULLY, at least, by means of its electric power over the nerves leading to them? Through the same *medium*, and in the same *manner*, do the greater number of our REMEDIAL forces exert their SALUTARY influence on the human frame. But whether applied for good or for evil, all the forces of nature act simply by ATTRACTION or REPULSION. The *Brain* and *Spinal Column*—the latter a prolongation of the former—are the grand centres upon which every medicine sooner or later tells, and many are the avenues by which these centres may be approached. Through each of

THE FIVE SENSES,

the *Brain* may be either beneficially or banefully influenced.

Indeed, take away these, where would be the joys, sorrows, and more than half the DISEASES of mankind?

We shall first speak of SIGHT. The view of a varied and pleasant country may, of itself, improve the condition of many invalids—while a gloomy situation has too often had the reverse effect. There are cases, nevertheless, in which pleasant objects only pain and distract the patient by their multiplicity or brightness. Night and darkness, in such circumstances, have afforded both mental and bodily tranquillity. The presence of a strong light affects certain people with headache; and there are persons to whom the first burst of sunshine is troublesome, on account of the fit of *sneezing* it excites. A flash of lightning has caused and cured the palsy. Laennec mentions the case of a gentleman who, when pursuing a journey on horseback, suddenly arrived at an extensive plain. The view of this apparently interminable waste affected him with such a sense of suffocation that he was forced to turn back. Finding himself relieved, he again attempted to proceed; but the return of the suffocative feeling forced him to abandon his journey.

The common effects of gazing from a great height are giddiness, dimness of sight, with a sense of sickness and terror; yet there are individuals who experience a gloomy joy upon such occasions; and some become seized with a feeling like what we suppose *inspiration* to be—a prophetic feeling, that leads them to the utterance and prediction of extravagant and impossible things. Others, again, under such circumstances, have an involuntary disposition to hurl themselves from the precipice upon which they stand. Sir Walter Scott, in his *Count Robert of Paris*, makes Ursel say, “Guard me, then, from myself, and save me from the reeling and insane desire which I feel to plunge myself in the abyss, to the edge of which you have guided me.” Every kind of motion upon the body may affect the brain for good or for evil; and through the medium of the eye *novel* motion acts upon it sometimes very curiously. You have all experienced giddiness from a few rapid gyrations. Everything in the room, then, appears to the eye to turn round. If you look from

the window of a coach in rapid motion, for any length of time, you will become dizzy. The same thing produces sickness with some. Many people become giddy, and even epileptic, from looking for a length of time on a running stream; with others, this very *stream-gazing* induces a pleasurable reverie, or a disposition to sleep. Apply these facts to Animal Magnetism—compare them with the effects of the manipulations so called, and you will have little difficulty in arriving at a just estimation of that kind of imposture. What is animal magnetism? It consists in passing the hands up and down before the eyes of another slowly, and with a certain air of pomp and mystery; now moving them this way, now that; shaking them occasionally to appear the more important. You must, of course, assume a very imperturbable gravity, and keep your eye firmly fixed upon the patient, in order to maintain your mental ascendancy. On no account must you allow your features to relax into a smile. If you perform your tricks slowly and silently in a dimly-lit chamber, you will be sure to make an impression. What impression?—Oh! as in the case of the *stream-gazer*, one person will become dreamy and entranced; another, sleepy; a third, fidgetty, or convulsed. Who are the persons that, for the most part, submit themselves to this mummery? Dyspeptic men, and hysteric women—weak, curious, credulous persons, whom you may move at any time by a straw or a feather. Hold up your finger to them and they will cry; depress it, and they will laugh! So far from being astonished at anything I hear of these people, I only wonder it has not killed some of them outright—poor fragile things! A few years ago I took it into my head to try this kind of humbug in a case of epilepsy. It certainly had the effect of keeping off the fit; but what hocus-pocus has not done that? I tried it lately in a case of cancer; but the lady got so fidgetty, I verily believe, if I had continued it longer, she would have become hysterical or convulsed! That effects remedial and the reverse may be obtained from this as from other modes of imposture, which we shall speak of in the course of this lecture, I am perfectly satisfied. And I admit, that

they may be obtained without *collusion*, though certainly more readily by means of it. The *nature* of the agency will be apparent when we come to consider the effects of charms and talismans.

The greater part of the influence of external impressions upon the eye, as upon other organs, depends upon novelty solely. Pomp and pageantry affect the actors and the spectators in exactly opposite ways. How differently, for example, the courtier feels in the presence of his Sovereign, from a person newly presented. The one, all coolness, looks for an opportunity of improving his advantages; the other's only care is not to make a fool of himself. Gentlemen, the Pope, in all the odour of his sanctity, would sometimes exchange places with the kneeling peasant. I have often marked the different effect produced by a *punishment parade* upon the raw recruit and the old soldier. In a regiment of veterans, a thousand strong, not a man will move from his place—not a countenance shall change its cast or hue, while lash follows lash, and the blood flows in streams from the back of the culprit. The same scene enacted before a body of newly enlisted lads of equal numerical strength, will alter the expression of every face; nay, a dozen or more will drop, some fainting, some vomiting, some convulsed and epileptic. I knew a medical student who, the first time he saw an amputation, not only fainted, but lost his sight for nearly half-an-hour. The same student afterwards became celebrated for his manual dexterity, and the coolness and steadiness with which he performed his amputations. How awkward most persons feel when, for the first time, they experience a ship's motion at sea. The young sailor, like the young surgeon, soon gets cured of his squeamishness. The disposition to be sea-sick vanishes after a voyage or two. Now all this ought to convince you of the necessity of changing your remedies in disease. For what will produce a particular effect one day will not always do it another. With the body, as with the mind, *novelty* and surprise work wonders.

Do you require to be told that you can influence the whole corporeal motions through the organ of HEARING? I have

stopped the commencing epileptic fit by simply vociferating in the ear of the patient. The atoms of the brain, like the atoms of other parts, cannot do two things at once; they cannot, at one and the same moment of time, maintain the state of arrest which constitutes *attention*, and the state of motion on which the epileptic convulsions depend. Produce cerebral attention in any way you please, and there can be no epilepsy. In this way a word may be as efficacious as a medicine.

The influence of melody upon the diseases of mankind was so fully believed by the ancients, that they made Apollo the god both of medicine and music; but sweet sounds, like other sweets, are not sweet to everybody. Nicano, Hippocrates tells us, swooned at the sound of a flute. What would he have done had he been obliged to sit out an opera? Many people become melancholy when they hear a harp played. The melancholy of Saul was assuaged by David's harping. You have all heard of the wonderful effects of the Ranz des Vaches—that air which, according to circumstances, may either rouse the Switzer to the combat, or stretch him hopeless and helpless upon the sick-bed from which he shall rise no more. Oh! these national airs have marvellous effects with many people! I have known them produce and cure almost every disease you can name; but their influence in this case greatly depends upon association. Captain Owen had more faith in an old song as a remedy for the tropical fever, from which his crew suffered, than in all the physic prescribed for them by the ship's surgeon. The singing of a long remembered stanza, he assures us, would, in a minute, completely change for the better the chances of the most desperate cases. Upon what apparently trifling things does not life itself often turn!—

————— “It may be a sound,

A tone of music, summer's eve or spring—

A flower, the wind, the ocean, which shall wound,

Striking the ELECTRIC CHAIN with which we are darkly bound.”

How strangely some people are affected by SMELL. Who that had never seen or experienced it, would believe that the odour of the rose could produce *fainting*? or that the helio-

trope and the tuberose have made some men asthmatical? There are persons who cannot breathe the air of a room which contains ipecacuan, without suffering from asthma. The smell of musk, so grateful to many people, sickens some. An odour, in certain cases, may be as good a cordial as wine: every old woman knows the virtue of hartshorn or burnt feathers in fainting fits.

I am almost afraid to speak of TASTE, for, you know, *de gustibus non est disputandum*. Might not the Red Indian, when taunted for devouring vermin, retort upon the "Pale-face" for his mite-eating propensity? The Esquimaux, who rejects sugar with disgust, esteems train-oil a luxury; but though he prefers a tallow candle to butter, he has as perfect a taste for whisky as any Irishman among us—that is, before Father Mathew and Temperance Societies became the rage. How you would stare if you saw a man, in his senses, chewing quick-lime; yet I have seen some hundreds at a time doing that. I allude to the practice of the Asiatics, who first wrap up a little portion of lime in a betel-leaf, and chew both, as our sailors do tobacco. Now, that very tobacco-chewing has always seemed to me an odd taste, and I do not wonder that fine ladies have sickened at the sight of a *quid*. Was there ever such a fancy as that of the Chinese, who eat soup made of birds' nests! Morbid in the first instance, such tastes, like other diseases, spread by imitation or contagion. In the West Indies, the negro is liable to a peculiar fever, called, from the avidity with which he devours clay, *mal d'estomac*. His whole sensations then are, doubtless, more or less deranged. What extraordinary likings and longings ladies in the family way occasionally take! Some will eat cinders, some have a fancy for rats and mice, and some, like Frenchmen, take to frog-eating! I remember reading of a lady who paid fifty pounds for a bite of a handsome young baker's shoulder. The same lady went into hysterics because the poor fellow would not permit her to take another bite, at any price. If you smile, and look incredulous at this, how will you receive what I am now going to tell you? While I was myself studying at Paris, some

fourteen or fifteen years ago, a woman was tried for decapitating a child. When asked her motive for a crime so horrible she replied, "*l'envie d'une femme grosse.*"

Well now, I think we have had quite enough of Tastes— We shall therefore say something of TOUCH. Oh! you will tell me, not to bother you on that subject—no great good or ill can happen from a touch, you will say. But here you are mistaken: many curious and even dangerous affections may originate in touch simply, provided it be of a novel or unusual kind. Touch the white of the eye, however lightly, with your finger, or a feather, and you shall have pain that may last an hour. The application of either the one or the other to the throat or fauces may vomit you as effectually as tartar emetic or ipecacuan: every nurse knows that. A bristle introduced, in the softest manner, into the nose or ear, has thrown some people into fits. Then what extraordinary effects may sometimes follow the most painless touch of the bladder by a catheter or a bougie. I do not know what other medical men have seen, but I have again and again witnessed ague, epilepsy, faint, vomit, and diarrhœa all from the mere introduction of the catheter or bougie. I have even traced rheumatism and eruptions to the same operation. You all know the effect of *tickling*. Now what is tickling but a succession of short touches? And see how wonderfully it affects most people!—oh, you may drive some men mad by it. It has been carried so far, in some cases, as to have produced convulsions and even death itself. Mr Wardrop, on the other hand, has found tickling efficacious in convulsive affections. I have already given you instances where the mere application of a ligature to the arm or leg has stopped fits of mania, epilepsy, &c. Now the influence of that apparently trifling application depends upon the cerebral *attention* which it excites through the double influence of sight and touch. As I hinted to you before, the lancet has often got the credit for the good effects produced by the bandage. Fear of the operation may also, on some occasions, have had its efficacy.

How many virtues were, at one time, attributed to a king's

touch!—how many more are still believed to attach to the touch of relics—the bones, rags, and other rattle-traps of saints! Priests and Princes, you have by turns governed mankind—justly and well, sometimes—more frequently you have deluded and deceived them. If the credulity and weakness of the masses have, in most cases, been *your* strength, here at least the *dupe* has not always been a loser by the deceptions you practised. The emotions of Faith and Hope, which your mummery inspired, by exciting new revolutions in the matter of the brain, have assuredly alleviated and even cured the sufferings of the sick. Strange infatuation of mankind,—with whom, where truth fails, imposture may succeed! In what does the adult differ from the infant—gullible man, who gives his gold for an echo, from the child who caresses its nurse when telling lies to please it? IGNORANCE in *degree* makes the only difference.

Gentlemen, let us now inquire into the manner in which the human frame may be influenced through the medium of

THE PASSIONS.

What are the Passions? Grief, Fear, and Joy—what are these?—are they entities or actions—the workings of demons *within*, or corporeal variations caused by impressions from *without*? Have not the Passions all something in common, some features or shades of feature so precisely the same as to form a bond of unity by which they may be all linked together? Are not the resemblances, in many instances, so strong that you could not tell one from another? A person is pale in the face, his lip quivers, his whole frame trembles or becomes convulsed. Is this fear, rage, love, or hate? May it not be the effect of a change of temperature simply? Criminals on the scaffold, when taunted by bystanders for *trembling*, have replied, “It is with *cold* then.” “You are pale, M——, your *fears* betray you.” “If I am pale, it is with *astonishment* at being accused of such a crime!” “You blush L——, you are *ashamed* of yourself.” “Pardon me, it is your audacity that brings the redness of *rage* to my cheek.” You see, then, how like the passions are to

each other, and how difficult it is to guess at the causes of them from mere appearance.

Like the various diseases of which we have had occasion to speak, the Mental Emotions, or rather the corporeal actions so called, have all been associated with particular organs and secretions. Their very names have changed with the changes in medical doctrine. Who among you would dream of placing *grief* in the liver? That the ancients did so, is evident by the name they gave it—Melancholy literally signifies “black-bile.” Envy or spite we still call the “spleen,” and when a person is enraged, we say “his *bile* is up.” Europeans place courage and fear in the heart. The Persians and Arabs associate both with the liver: “White-liver” is their term for a coward. Shakspeare uses the word *lily-liver-ed* in the same sense.

People often speak of *Temperament*, and professors of philosophy tell us there are four kinds. If a man is hasty or violent, his temperament is said to be *choleric* or bilious; if mentally depressed, *melancholic* or black-bilious; if of a joyful and happy turn of mind, he is of a *sanguineous*, or full-blooded temperament; if apathetic or listless, the temperament is *phlegmatic*—a word somewhat difficult to translate, inasmuch as it originated in a fanciful phantom, which the ancients believed to be an element of the body, and which they termed “phlegm.” Some add another temperament, which they call *leuco-phlegmatic*, or white phlegm. Pretty gibberish, Gentlemen!—mere sounds, in fact, invented by ignorant Knavery to cheat ignorant Folly, or, in the words of Horne Tooke, “an exemplar of the subtle art of saving appearances and of discoursing deeply and learnedly on a subject with which we are perfectly unacquainted.” It never occurred to the sophists of the schools that man’s mental dispositions, like his corporeal attributes, are every day altered by time and circumstance. Need I tell you, that disease has made the bravest man quake at his own shadow, and turned the most joyous person into a moody and moping wretch? When the doctrines of the Humoral School prevailed, the word temperament gave way to *humour*, and good and bad

humour took the place of cheerful and sulky *temper*. We are in the daily habit of speaking of "the spirits." We say "low spirits," and "high spirits;" which forms of expression may be traced to the period when physicians were so ignorant as to suppose that the arteries, instead of carrying blood, contained "spirits," or "air." That was the reason why these blood-vessels were first called *aer-teries*. The confusion which pervades all language has materially impeded our knowledge both of the *physical* and moral man. Locke must have felt this when he said, "Vague and insignificant forms of speech, and abuse of language, have so long passed for mysteries of science, and hard or misapplied words, with little or no meaning, have, by prescription, such a right to be mistaken for deep learning and height of speculation, that it will not be easy to persuade either those who speak or those who hear them, that they are but the covers of ignorance and hindrances of true knowledge."

"We cannot entertain a doubt," says Sir H. Davy, "but that every change in our *sensations and ideas* must be accompanied with some *corresponding* change in the *organic matter* of the body." Through the medium of one or more of the five senses must some external circumstance first operate on the brain, so as to change the existing relations and revolutions of its atoms, before there can be what we term a *Passion*. Whatever shall alter the cerebral atoms must alter the actions of every part of the body—some more, some less. According to the prominence and locality of one set of actions or another, do we, for the most part, name the passion. The jest that will make one man laugh may enrage another. What are the features common to all passions?—Tremor, change of temperature, change of secretion. Do not these constitute an *ague-fit*? Shakspeare, with his accustomed penetration, speaks of "this *ague-fit* of FEAR," and he stretched the analogy even to the world around him:—

"Some say the EARTH was *fever'd* and did *shake*."

HATE and LOVE are equally remarkable for their *ague-like* changes. You remember what Hudibras says of LOVE—that

it is only an ague-fit "reversed." The same may be said of HOPE, JOY, and RAGE, for in all these passions the "hot fit takes the patient first." I care not what be the nature of the passions, joy, grief, or fear—the constitutional circle of actions is still the same; differing, where they do differ, in shade, place, and prominence solely—but in no greater degree than one fever differs from another. Moreover, there is no constitutional affection which these passions may not excite or cure. In this respect, also, they resemble the Ague, that type of every disturbed state, whether of man the microcosm, or the globe he inhabits. We have already, to a certain extent, demonstrated the influence of particular passions in the production of certain diseases. We have further proved that the same morbid actions which we recognize under so many different names, when arising from a blow or a poison, may be equally the result of a mental impression: we have established their *absolute identity* by curing them with the same physical agents. If, in this manner, we have ameliorated or cured the subjects of disease originating in a mental impression—so also does the history of medicine present us with innumerable instances of the beneficial agency of these very passions in every kind of disorder, whatever may have been the nature of the primary cause. FAITH, CONFIDENCE, ENTHUSIASM, HOPE, or rather the Causes of them, are as powerful agents in the cure of the sick as any remedies we possess. Not only, like bark or wine, do they often produce a salutary excitement, or mild fever, sufficient to prevent the access of the most malignant diseases—but, like these agents, they have actually arrested and cured such diseases after they had fairly and fully commenced. A stone, or ring with a history real or supposed, a verse of the Koran or the Bible sewn in a piece of silk—these worn, now on one part of the body, now on another, have inspired a mental firmness and induced a corporeal steadiness which have enabled the wearer to defy the united influence of Epidemic and Contagion. If the Arabs have still their talismans, and the Indians their amulets, the Western nations have not ceased to vaunt the cures and other miracles effected by their relics, their holy

wells and holy water. When we boast of the success of a particular measure, we say it acted like a *Charm*. What is a charm? Whence its origin? It is a corruption of the Latin word, *carmen*, a song or verse. In all times and in all countries, there have been men who have found their advantage in playing upon the ignorance of their fellow men; he that would appear wiser than another has always had recourse to some kind of imposture; and as priest, poet, prophet and physician were often united in one person, it was not wonderful that such person should clothe his mummery and mysticism in verse. To be able to read or spell was, at one time, a mark of superior wisdom, and he who could do so, had only to mutter his *spell* to cure or kill. From the earliest antiquity, we find charms a part of medical practice. Homer in his *Odyssey*, introduces the sons of Autolycus charming to *staunch blood*. The physicians of Egypt and India are to this day charmers. The north-men composed Rhunic rhymes to charm away disease. Indeed, with the Norwegians and Icelanders verse or song was supposed to be all-powerful. One of their poets thus expresses the belief of his time and country in this respect. "I know a song by which I can soften and *enchant* the arms of my enemies, and render their weapons harmless. I know a song which I need only to sing when men have loaded me with bonds; for the moment I sing it, my chains fall in pieces, and I walk forth at liberty. I know a song useful to all the children of men; for as soon as hatred inflames them I sing it, and their hate ceases. I know a song of such virtue, that I can hush the winds with it, and subdue the storm to a breath." Such, Gentlemen, was the origin of Enchantment, or Incantation, terms borrowed from the Latin verb, *Canto*, I sing. With the Jews, the simple enunciation of their mystical word, *Ab-racalan*, was sufficient to inspire the confidence that baffled disease; nay, Quintus Severinus Simonicus vaunted his success in the cure of the hemitritic fever, by pronouncing mysteriously the word, *Abracadabra*, a phonic combination of his own invention! At this very hour, the Caffre rain-maker, the Cingalese devil-dancer, and the Copper Indian

sorcerer, with their charms and chaunts, are enabled to work changes in the bodies of their several countrymen that put the boasted science of the schoolmen to shame. That these act by inspiring Confidence simply may be seen from what took place in 1625, at the Siege of Breda.* “That city, from a long siege, suffered all the miseries that fatigue, bad provisions, and distress of mind could bring upon its inhabitants. Among other misfortunes, the scurvy made its appearance, and carried off great numbers. This, added to other calamities, induced the garrison to incline towards a surrender of the place, when the Prince of Orange, anxious to prevent its loss, and unable to relieve the garrison, contrived, however, to introduce letters to the men promising them the most speedy assistance. These were accompanied with medicines against the scurvy, said to be of great price, but of still greater efficacy; many more were to be sent them. The effects of the deceit were truly astonishing. Three small vials of medicine were given to each physician. It was publicly given out that *three or four drops* were sufficient to impart a *healing virtue* to a GALLON OF WATER. [Mark this, Homœopathists!] We now displayed our wonder-working balsams. Nor even were the commanders let into the secret of the cheat upon the soldiers. They flocked in crowds about us, every one soliciting that part may be reserved for his use. Cheerfulness again appears in every countenance, and an universal faith prevails in the sovereign virtues of the remedies. The effect of this delusion was truly astonishing; for many were quickly and perfectly recovered. *Such as had not moved their limbs for a month before*, were seen walking the streets with their limbs sound, straight, and whole! They boasted of their cure by the Prince’s remedy,” —a mere sham medicine, Gentlemen! After this, do I require to caution you, when you visit your patients, not to put on a lugubrious or desponding look before them. Such conduct, on the part of a medical man, is unpardonable. Yet there are practitioners so base and sordid as to make it a part

* Ives’ Journal, 1744.

of their policy to represent the malady of every patient as dangerous. These find their profit in croaking, for it is a course of conduct that almost infallibly contributes to keep up disease. To God and their consciences I leave these men.

Such of you as might be disposed to question the depressing influence of a long face upon the sick, may read the history of Lord Anson's voyages with profit. There you will find it recorded, "that whatever discouraged the seamen, or at any time damped their hopes, never failed to add new vigour to the distemper (the Scurvy) for it usually killed those who were in the last stages of it, and confined those to their hammocks who were before capable of some kind of duty."

You now see how much may be done with the mere countenance in cases of disease. Let me, therefore, counsel you always to assume a cheerful look in the presence of the sick—and endeavour, in Lord Byron's words,

" To render with your *precepts* less
The sum of human wretchedness,
And STRENGTHEN man with HIS OWN MIND."

What are all your trumpery Pathology and Dissecting-Room knowledge to this? Oh! you may dissect dead bodies for twenty years and never be one whit the wiser on the mode of influencing the motions of the living! Yet are we gravely told by Professors, that anatomy is the foundation of medicine! Now, this only brings to my mind some lines of a cotemporary poet, the celebrated Beranger; but as some of you may not perfectly understand his French, I will offer no apology for giving you his sentiments in my own not over poetical English:—

Was ever such an ass as that
Who hoped by slicing mutton-fat,
And pulling candle-wicks to pieces,
To find why *light* should spring from *greases*?
Yes one—that still more curious fool,
Who in the anatomic school
Expected with dissecting knife
To learn from *Death* the laws of *Life*!

Ha! ha! I'd rather beg some old
 Domestic nurse to cure my cold,
 Than trust to such pedantic brain
 To wake *my* lamp's low flame again!

Jesting apart, Gentlemen, I have known a great many first-rate anatomists in my time, but there are old women who never saw the inside of a dead body, whom I would sooner consult in my own case than any of these hair-splitting gentry. These men are mere geographers, who will point out rivers and towns, if I may say so,—corporeal hills, dales, and plains,—but who know nothing of the manners, customs, or mode of influencing the animated atoms that are constantly entering into and departing from them. If any such mechanical-minded creature presume hereafter to mystify you on this point, tell him to watch the wounded of contending armies; and ask him to explain to you why the same description of injuries which heal with rapidity when occurring in the persons of the victors, too often prove intractable, or even fatal, to the vanquished! He might dissect their dead *nerves* as clean as he pleased, and never find out that the living body of man may be either weakened or strengthened by his own mind.

The depressing power of GRIEF is familiar to every body; but there are cases where a reverse effect may take place from it—and Shakspeare, with his usual accuracy, explains the reason of this.

“ In poison there is physic—and these news,
 Having been well, that would have made me sick,
 Being sick, have in some measure made me well;
 And as the wretch whose fever-weakened limbs,
 Like strengthless hinges buckle under life,
 Impatient of his fit, breaks like a fire
 Out of his keepers' arms, even so my limbs,
 Weakened with Grief, being now *enraged* with Grief,
 ARE THRICE THEMSELVES.”

The strength imparted to the constitution in cases of this nature, has a relation to the novel atomic revolutions caused by DESPERATION; or that determination to act in an energetic manner, which so often comes upon a man in his extremity. Such reaction resembles the glow that succeeds the sud-

den shock of a cold shower-bath. There are persons whom a slow succession of petty misfortunes would worry to death; but who, on sudden and apparently overwhelming occasions, become heroes.

It will be readily admitted, by all who have profited by their experience of life, that one half the world live by taking advantage of the passions and prejudices of the other half. The parent of prejudice is Ignorance; yet there is no man so ignorant but who knows something which you or I may not know. The wisest judges have played the fool sometimes from ignorance; they have allowed themselves to be gulled by individuals of a class they despise. Poor, decrepid, ill-educated females, calling themselves Witches, have imposed upon the ablest and most learned men of a nation. Lord Bacon and Sir Mathew Hale, for example, believed in witchcraft. The latter judge went so far, even, as to sentence to death wretches supposed to be convicted of it, and they were executed accordingly. Samuel Johnson was a believer in ghosts and the second-sight. Where, then, is the country so enlightened that, upon some points, the wisest and best may not be mystified? If such a country exists, it must be England at the present moment. If there is a profession in which deception is never practised, it must be Medicine. Happy England! happy Medicine! where all is perfect and pure—where ignorance exists not—where the public are neither cheated by an echo, nor led by a party for party interests. Here collegiate corruption is unknown, and corporate collusion is a mere name. Here we have no diplomas or certificates to buy—no reviewers to bribe—no Dr Connollys—no Dr James Johnsons—no humbug schools—no venal professors. Here, having no mote in our own medical eye, we can the better distinguish and pluck out that of our neighbours. Who will doubt our superiority in this respect, over all the other nations of the earth? Or who will question me in what that excellence principally consists? Scapegrace, sceptic, read Dr Hawkins—read Dr Bisset Hawkins' Continental Travels—and you will there find it recorded, that the brightest feature of British medicine—the most distinguishing point of excellence in English treatment—is the

copious blood-lettings we practise. “The *neglect* of copious blood-lettings,” quoth Hawkins, “is the great error of the continental Hospitals!” Let us laugh, then, at the do-little “*medicine expectante*” of the French, ridicule the do-nothing homœopathy of the Germans, and turn up our lip in derision at the counter-stimulant doctrine of the Italians. What are the greatest medical professors of the Continent, in comparison with our own meanest apothecaries even—to say nothing of our leading surgeons and physicians—presidents and vice-presidents of learned societies! Only look at the number of scientific bodies to which these little great men belong—you will find their names enrolled in every (so called!) *Literary* and *Scientific* institution throughout the country—Astronomical—Botanical—Geological—Antiquarian—Royal!—Amiable and respectable persons! worthy of the carriages in which you ride, and the arms you bear. You are gentlemen—friendly and disinterested gentlemen. You owe your elevation to your own industry; you preserve your position by your incorruptible honesty; you recommend yourselves, and *each other*, neither by letter nor affection, but upon the score of talent and integrity solely; you are all honourable men. Unlike the honourable members of a certain honourable place, who *have been* purchased, *you*, the members of an equally “honourable” profession, are unpurchaseable! This, your colleges and coteries declare—this, the discriminating world believes and echoes. Who but the reptiles—the few that never think, never reflect—would answer, ALL IS NOT GOLD THAT GLITTERS! Gentlemen, what is the difference betwixt a guinea and its counterfeit? Do not both sparkle with equal brightness? Have they not the same metallic impress, the same form, the same exterior colour? Can the eye detect the imposture? No! It is only by a *trial* of their respective weight and ring, that you can make out the difference. Do you think mankind are to be judged in any other way than this? Is it not as necessary for a person to be a successful cheat, that he should borrow the exterior of worth and integrity, as it is for the counterfeit guinea to bear the name and livery of the coin it purposes to be, before it can pass for

genuine? Be not, then, satisfied with fine names and appearances only. Do not take men for what they pretend to be solely by their manner or titles—because they are professors at this college, or that university. What is a professorship but a *place*? “He who has the best talents for *getting* the office, has *most commonly* the least for filling it; and men are made moral, [medical] and mathematical teachers by the same trick and filthiness with which they are made tide-waiters and clerks of the kitchen.”—[*Sydney Smith.*] Depend upon it, professors thus elected, will always stand by each other—right or wrong, they will always support the same system. In this, they do no more than the members of the swell-mob, who work together by coterie and collusion. Like these professors too, they are all very respectable in their appearance, some of them doing business in a carriage even!

Where is the individual that has not his moral as well as his physical weakness? Upon this point, at least, we are all liable to be overreached. Here we are every one of us imbecile as the infant. Here we are placed as completely at the mercy of the Charlatan, as the child is at the disposal of the parent, whose mental ascendancy he acknowledges. Speak to the prattler of the “haunted chamber,” his countenance instantly falls. With the adult, assume an air of mystery, mutter darkly and indefinitely, and mark how his brain will reel. Is he sane? he becomes your tool. Has he come to you in his sickness? you gull him and guide him at your pleasure. But how can you wonder at the effect of this kind of agency on *individuals*, when you have seen a whole nation similarly hood-winked by a coterie of doctors? I allude to what was done when the Cholera first appeared in England. The influence of fear, in disposing to spread an epidemic, you know. The effect of confidence in strengthening the body against its attacks, you also know. What was the conduct of the College of Physicians when the Cholera broke out? Did they try to allay the alarm of the masses? did they endeavour to inspire them with confidence and hope, that their bodies might be strengthened through their minds? No! they publicly, and by proclamation, declared the disease

to be *Contagious*; without a particle of proof, or the shadow of a shade of evidence, they solemnly announced that, like the small-pox, it was communicable from man to man! That was the signal to get up their Cholera Boards; and Cholera bulletins, forsooth, must be published. I had just then returned from India, where, though I had seen more cases of Cholera than all the Fellows of the College put together, I never heard of Cholera-Contagion; no, nor Cholera-Boards. In the dark and barbaric East, the authorities, civil, military, and medical, acted with coolness and calmness: what they could not arrest they awaited with firmness and fortitude; they placed themselves and those committed to their care at the mercy of the great Disposer of events; while in England, enlightened England, the leading lawgivers, under the influence of the leading medical men, introduced acts that disgrace the Statute Book, and permitted medical jobs to be got up that did any thing but honour to the medical profession. A new tax was actually levied to defray the salaries of their Cholera-Boards! The consequences of these measures might have been foreseen. Throughout the country a universal panic was spread, and a universal gloom prevailed. The rich shut themselves up in their houses, each in terror of his neighbour's touch; the middling classes suffered from the general stagnation which ensued in consequence, for every trade, but the GUINEA-TRADE, languished or stood still; and the poor, when taken ill—for the disease was chiefly confined to that class—were, by act of Parliament, dragged from their houses and hearths, and conveyed to Cholera Hospitals,—where, if they did not perish of the prostration induced by their removal, they had *salt* and *water* injected into their *veins* by the medical madmen in charge! Debarred the society of their nearest and dearest relatives, and tortured in every possible way by their pedantic doctors, was it wonderful that few of these unfortunates should escape from the pest-houses in which they had been so inhumanly immured? All this, the leading men of the country, peers, judges, and members of Parliament, saw and permitted, from a puerile dread of the phantom *contagion* which the ignorance or cupi-

dity of the College of Physicians had conjured up. When acted upon by intimidation, to what miseries will not the feeble submit, if

“ Even the wisest and the hardiest quail
To any goblin hid behind a veil ?”

Is not this a subject for deep reflection ? To some it may suggest a feeling like shame. Let me speak of SHAME. Generally speaking, this is a depressing passion, and under its influence men *sometimes*, and women *daily*, commit suicide. I will give you an instance where it had the reverse effect. The Virgins of Miletus were seized with a mania that led them to believe self-destruction an act of heroism ; and many, accordingly, destroyed themselves. Physic and argument having been alike ineffectually tried, the authorities, to prevent the spread of this fatal *rage*, ordered the bodies of the suicides to be dragged *naked* through the streets of the city. From that moment the mania ceased. But everything depends upon a contingency, whether a particular passion act as a depressant or a tonic in disease. In the case of shame, the past and the future make a great deal of difference.

Some of you may, perhaps, feel inclined to remind me of the efficacy of Fear in the *cure* of diseases ; but in this case the fear must neither be a dread of the disease nor its event, but a dread of some circumstance completely unconnected with it. Thus, Sir John Malcolm, in his History of Persia, tells us of a certain Hukeem who cured ague by the *bastinado*. In this case the Persian doctor availed himself of the double influence of fear and pain, neither of which were contingent upon the disease. The effect of terror in removing tooth-ache is familiar to many who have knocked at a dentist's door. The gout, too, has been cured and caused by every passion you can name. There does not pass a day but we hear of people being *frightened* into epileptic fits ; yet Boerhaave terrified away an epilepsy that had become endemic in a school, by threatening to burn with a red-hot poker the first boy that should have another paroxysm. I have known asthma cured by rage, and also by grief ; yet, if

we may believe what we hear, people occasionally *choke* of both!

Few medical men will dispute the influence of a passion in the cure of Ague. Mention any mental impression, such as faith, fear, rage, or joy, as having succeeded in this affection, and they doubt it not; but superadd to the patient's state a palpable change of volume or structure, such as an enlarged gland or ulcer, and they smile in derision at the efficacy of a charm. Extremes in scepticism and credulity are equally diseases of the mind. The healthy brain is ever open to conviction, and he who can believe that the Obi-charm, or the magic of a monarch's touch, can so operate on the nervous system as to interrupt or avert the mutations of motion and temperature constituting an ague-fit, should pause before he denies their influence over an ulcer or a tumor, which can only be developed or removed by or with change of temperature. Indeed, from what we have already said, it is impossible for any individual to be the subject of any mental impression without experiencing a chill or a heat, a tremor or a spasm, with a greater or less change in the atomic relations of every organ and secretion.

Baron Alibert gives the case of a Parisian lady, who had a large wen in the neck—a *goitre*—which, from its deformity, occasioned her much annoyance. That tumor, which had resisted every variety of medical treatment, disappeared during the Reign of Terror—a period when this lady, like many others of her rank, experienced the greatest mental agony and suspense. The agony and suspense in that case referred to a contingency altogether unconnected with her disease. The mere act of dwelling upon sickness will keep it up; while whatever withdraws the mind from it is beneficial. In my own experience, abscesses of considerable magnitude have been cured both by fear and joy. Few surgeons in much practice have been without the opportunity of satisfying themselves that purulent swellings may recede under the influence of fear. They have assured themselves of the presence of matter—they propose to open the tumor—the frightened patient begs another day, but on the morrow it has vanished.

Akin to Terror is DISGUST, or that feeling which a person naturally entertains when, for the first time, he handles a toad or an asp. This passion has worked wonders in disease. The older physicians took advantage of it in their prescriptions; for they were very particular in their directions how to make broth of the flesh of puppies, vipers, snails, and millipedes. The celebrated Mohawk Chief, Joseph Brandt, while on a march, cured himself of a tertian ague, by eating broth made from the flesh of a rattle-snake! In reality, the flesh of a rattle-snake is as perfectly innocuous, and, for any thing I know to the contrary, quite as nutritious as the flesh of an eel; but when you come to think of the living reptile and the venom of his fang, who among you could feed upon such fare without shuddering, shivering, shaking—without, in a word, experiencing the horrors and horripulations of ague! Spider-web, soot, moss from the dead man's skull, the touch of a dead malefactor's hand, are at this very hour remedies with the English vulgar for many diseases. With the Romans the yet warm blood of the newly slain gladiator was esteemed for its virtues in epilepsy. Even at this day, in some countries of Europe, the lower orders cure the same disorder by drinking the blood as it flows from the neck of the decapitated criminal. In the last century, a live toad hung round the neck was much esteemed, by the same class of people, for its efficacy in stopping bleeding at the nose. Now that the toad is known to be free from venom, it might not be so successful as it once was in this instance.

A consideration of the power by which the Passions cure and cause diseases, affords at once the best refutation of medical error, and the most perfect test of medical truth. By this test, I am willing that my doctrines should stand or fall. Take the influence of *Fear* simply—what disease has not this passion caused?—what has it not cured? The mode of its action, then, establishes beyond cavil not only the unity of disease, but the unity of action of remedy and cause. What does the proper treatment of all diseases come to at last, but to the common principle of *reversing* the existing motion and temperature of various parts of the body? Do this in a dis-

eased body, and you have health—do the same in health, and you reproduce disease. Whatever will alter motion will cure or cause disease. This, then, is the mode in which all our remedies act. Just observe the effect of

BATHS.

In what disease have not baths been recommended?—and in what manner can they cure or ameliorate, but by change of temperature—by change of motion? Put your hand into ice-water—does it not shrink and become diminished in size? Place it in water as hot as you can bear—how it swells and enlarges. You see, then, that change of temperature necessarily implies change of motion;—and that change of motion produces change of temperature, you have only to run a certain distance to be satisfied; or you may save yourself the trouble, by looking out of your window in a winter morning, when you will see the hackney coachmen striking their breasts with their arms to warm themselves. Depend upon it, they would not do that for nothing. *Heat*, then, so far from being itself a material substance, as Black, and other chemists assert, is a mere condition of matter in *motion*—it is no more a substance than *colour*, *sound*, or *fluidity*. Like all these, it is a motive condition merely, or an association of matter. What can be greater nonsense than an *imponderable* substance—as heat and light have been sometimes called? That only is matter which can be weighed and measured—and this may be done with *invisible* as well as visible things,—in the case of a gas for example.

I am often asked, what baths are safest, as if every thing by its fitness or unfitness is not safe, or the reverse. The value of all baths depends upon their fitness; and that, in many instances, can only be known by trial. It depends upon constitution, more than upon the name of a disease, whether particular patients shall be benefitted by one bath or another. Generally speaking, when the skin is hot and dry, a cold bath will do good; and when chilly, a hot bath. But the reverse sometimes happens. For example, I have seen a shivering hypochondriac dash into the cold plunge bath, and

come out, in a minute or two, perfectly cured of all his aches and whimsies. But in cases of this nature, everything depends upon the *glow* or *reaction*, which the bath produces; and that has as much to do with surprise or shock as with the temperature of the bath. I have seen a person, with a hot dry skin, go into a warm bath and come out just as refreshed as if he had taken a cold one. In that case, the perspiration which it excited must have been the principal means of relief.

So far as my own experience goes, I prefer the cold and tepid shower-baths, and the cold plunge-bath to any other; but there are cases in which these disagree, and I, therefore, occasionally order the warm or vapour bath instead.

In diseases termed “inflammatory,” what measure so ready or so efficacious as to dash a few pitchers of cold water over the patient—*cold Affusion*, as it is called? When I served in the army, I cut short, in this manner, hundreds of inflammatory fevers—fevers that, in the higher ranks of society, and under the bleeding and starving systems, would have kept an apothecary, and physician—to say nothing of nurses and cuppers—visiting the patient twice or thrice a-day for a month. With the cold-dash, Gentlemen, you may easily—though in a different sense from Mirmillo in the Dispensary—

“ While others *meanly* take *whole months* to slay,
Despatch the grateful patient in a day !”

Do you wonder that prejudices should still continue to be artfully fostered against so *unprofitable* a mode of practice? Why will not the gullible public examine for themselves? Why will they continue to bribe their medical men to keep them ill? *In* their shops and *out* of their shops, the people of this world generally enact two very different characters. There they take advantage of their customers in every possible way; but the moment they leave their counters, the same persons drop the knave, and become the dupe. The merchant and shop-keeper, who buy cheap and sell dear—the landowner and farmer, who keep up the corn-laws by every possible sophistry,—the barrister and attorney, who rejoice

and grow fat on the imperfections and mazes of the law—the clergyman and his clerk, whose gospel knowledge and psalm-singing, are generally in juxtaposition with tithes and burial fees—become all perfect lambs when they leave their respective vocations,—each giving the others credit for a probity and disinterestedness in their particular line, which himself would laugh at as sheer weakness, were any body to practise in his own! With the most childish simplicity, people ask their doctor what he thinks of this practice, and what he thinks of the other—never for a moment dreaming that the man of medicine’s answer, like the answer of every other man in business, will be sure to square with his own interests. Instead of using the *eyes* that God has given them, they shut them in the most determined manner, that their *ears* may be the more surely abused. “What a delightful person Dr So-and-so is,” you will hear persons say; “he is so kind and so anxious about me. I have no faith in anybody but him.” Just as if all that affected solicitude, and all that pretty manner of his, were not part and parcel of the good doctor’s stock in trade. Silly, simple John Bull! why will you pin your faith to fallible or fallacious *authority*, when you may get the truth so easily by a little personal *examination*!—To be able to discriminate in the choice of a physician, and to guard against medical imposture, would not cost you half the time, or anything like the trouble, of mastering the inflections of *τυπτω*, *verbero*, or *Amo*, *amare*! Which kind of knowledge is of most use in life I leave to pedants and philosophers to settle between them. Meantime, I shall beg your attention to the subject of

EXERCISE.

The effects of mere motion upon the body are sometimes very surprising. Only think of horse exercise curing people of consumption! A case of this kind, you remember, I gave you, on the authority of Darwin. I knew a gentleman who was affected with habitual asthma, but who breathed freely when in his gig. I know, at this moment, another, afflicted with giddiness, who is immediately “himself again,” when on horseback. A dropsical female, who came many miles to con-

sult me, not only felt corporeally better when she got into the coach, but her kidneys acted so powerfully as to be a source of much inconvenience to her during the journey. This corporeal change she experienced every time she came to see me. The motion of the circular swing has cured mania and epilepsy. But what, as we have repeatedly shown, is good for one patient is bad for another. You will not, therefore, be astonished to find cases of all these various diseases, where aggravation may have been the result of horse exercise, and the other motions we have mentioned.

Exercise of the muscles, in any manner calculated to occupy the patient's whole attention, will often greatly alleviate every kind of chronic disease. Dr Cheyne was not above taking a useful hint on this point from an Irish charlatan. "This person," says Dr Cheyne, "ordered his (epileptic) patients to walk, those who were not enfeebled, twelve, fifteen, or even twenty miles a-day. They were to begin walking a moderate distance, and they were gradually to extend their walks, according to their ability. In some of the patients, a great improvement took place, both with respect to digestion and muscular strength; and this was so apparent in a short time, that ever since this luminary shone upon the metropolis of Ireland, most of our patients affected with epilepsy, have been with our advice peripatetics." Exercise, then, is one of our best remedial means. Moreover, it may be turned to very great advantage in our common domestic matters. Were I to tell you all at once, that you might keep yourselves warm by a *single log* of wood all the winter over, you would think I was jesting, but really the thing may be done. I believe we owe the discovery to our friends across the water, the Americans; and I may as well give you the recipe:—"Take a log of wood of moderate size, carry it to the upper garret; and throw it from the window into the street, taking care, of course, not to knock any body on the head; this done, run down stairs as fast as you can; take it up again to the garret and do as before. Repeat the process until you are sufficiently warm—*when*—you may lay by the log for another occasion!"

The poet Coleridge, while at Malta, was in the habit of attending much to those about him, and particularly those who were sent there for pulmonary disease. "He frequently observed how much the invalid, at first landing, was relieved by the climate, and the stimulus of *change*, but when the *novelty* arising from that change had ceased, the monotonous sameness of the blue sky, accompanied by the summer heat of the clime, acted powerfully as a sedative, ending in speedy dissolution." Is not this a proof of the correctness of my previous observation, that in chronic disorder remedies require to be frequently changed?

The benefit to be derived from Travelling, often great in chronic disorders, is partly to be ascribed to the change of motion, and partly to change of air and scene. Like every mode of treatment presenting frequent novelty, travelling therefore, offers many advantages to the invalid in every kind of chronic or habitual disease. How often, alas! do we find it recommended, as a last resource, under circumstances where it must inevitably hasten the fatal catastrophe. The breath that might otherwise have fanned the flame, now only contributes to its more rapid dissolution. How much the success of a measure depends upon time and season!

I must say a few words about

PLASTERS, BANDAGES, &c.

The beneficial influence obtained from all such local applications depends upon the change of temperature they are capable of producing. Their results will vary with constitutions. Most patients, who suffer from chronic disease, will point to a particular spot as the locality where they are most incommoded with "cold chills." This is the point for the application of the galbanum or other "warm plaster." A plaster of this kind to the loins has enabled me to cure a host of diseases that had previously resisted every other mode of treatment. The same application to the chest, when the patient complained of chilliness in that particular part, has materially aided me in the treatment of many cases of phthisis. In both instances, where *heat* was the more general complaint,

cold sponging has been followed by an equally beneficial effect.

How can you apply a *bandage* with any degree of tightness to any part of the body, without altering the motion of that part—without equally changing the temperature? In such cases you find ulcers and tumors benefitted, or the reverse, much in the same way as they may be daily seen in hospitals after the application of hot or cold water dressings. The ingredients of surgical ointments, blisters, lotions, &c.—what are they but combinations of the agents with which we combat fever? Their beneficial influence depends upon the change of motion and temperature which they produce by their electrical action on the nerves of the part to which they are directed.

Gentlemen, I shall employ what remains of our time to-day in a brief notice of the doctrines of Hahnemann, the founder of the Homœopathic School. His pamphlet, entitled, “The Spirit of the Homœopathic Doctrine,” commences thus :

“To know the *essence* of Diseases, and the hidden changes which they effect in the body, is beyond the reach of the human understanding.”—Which proposition he contradicts by the following paragraph :

“It is necessary that our senses should be able clearly to discern what it is in each malady that must be *removed* in order to restore health, and that each medicine should express, in a distinct and appreciable manner, what it can cure with certainty, before we can be in a condition to employ it against any disease whatever.”

From this you perceive that Hahnemann, like Dr Holland and the *humoral* schoolmen, looks upon disease as a fanciful something to be “removed,” instead of a state to change; and as he uses the phrase, to “*expel* disease” in another part of his work, it is evident he does not know in what disorder consists. Again :

“The material substances of which the human organism

is composed, no longer follow, in their living combination, the laws to which matter is subject in the state of non life; and they acknowledge only the laws proper to vitality—they are then animated and living, as the whole is animated and living. In the organism reigns a fundamental power, indefinable yet every where dominant, which destroys every tendency in the constituent parts of the body to conform themselves to the laws of pressure, of concussion, of *vis inertiae*, of fermentation, of putrefaction, &c., which subjects them exclusively to the wonderful laws of life, that is to say, maintains them in the state of sensibility and activity necessary to the conservation of the living whole—in a dynamic, almost spiritual state.”

Gentlemen, what is the sum of all this? Nothing more nor less than that if you press the soft parts of the body, they will not yield to a resisting substance—that you cannot be shaken by concussion, or have the bone of the leg or arm broken by external agency—that you are in a dynamic state—a state “*almost spiritual!*” What is the meaning of the word *dynamic*? It signifies “moving power.” That you can understand; but when our author, apparently dissatisfied with his own term, would further explain it by the words “almost spiritual,” a phrase perfectly indefinite, you see he has only a vague conception that the various parts of the body are in motion. But that the material substances of the living frame do follow the laws to which *all matter* is subject, *under the particular circumstances in which the matter composing them is placed*, is undoubted. The body obeys the law of gravitation, which, as you know, is only a part of the law of attraction. Amber, when rubbed, is in a different state from what it was before; it then attracts silk, and the silk, by this attraction, becomes so changed in its state, as to be repulsed by the amber. When the various matters of the earth have become the matter of the body, then their state changes also; so that the chemical changes of their atoms become modified in the same way as the atoms of an unorganized body are influenced to motion or rest by the difference of temperature or motion of the bodies around it. When

the magnet attracts iron, it does so, not contrary to the law of gravitation, but in conformity with the more comprehensive law of which gravitation is a part—namely, electricity or galvanism. But Electricity, like the doctrine of *elective attraction*, is only a *fragment* of the great doctrine of LIFE. The word *Life*, when applied to the *animal* kingdom, in the higher departments at least, is only an abstract term expressive of the *sum total of effects produced by the principal forces* in nature, when acting together with a perfect harmony of *simultaneous* or *alternate* movement. Gentlemen, galvanism, or electricity, chemistry, magnetism, mechanics, play all *periodically* their respective parts in this happy combination of forces. We find the same harmony of motion in what is called *vegetable* life; but the forces employed are either fewer in number or more feeble in their action. The extremes of vegetable and animal life approach each other. In the zoophyte or *plant-animal* we have the connecting link of both. Both are made up of inorganic matter,—metals, minerals, air, earth, and every other material thing successively become atomically organized and *living* in their turn. Man, who stands highest in the scale of animated beings, is a *microcosm* or little world in himself; yet what is he but a *parasite* on the globe's surface—the globe itself, but an *atom* in the LIFE OF THE UNIVERSE! But listen to Hahnemann: “The *Life* of man, and its two conditions, health and sickness, cannot be explained by any of the *principles* which serve to explain other objects. Life cannot be compared to anything in the world except itself—no relation subsists between it and an hydraulic or other machine—a chemical operation—a decomposition and production of gas, or a galvanic battery. In a word, it resembles nothing which does not live. Human life, in *no respect*, obeys laws which are purely physical, which are of force only with inorganic substances.” We apprehend, Gentlemen, that the whole, or nearly the whole, of this statement is assumption, and if there be truth in nature, that this assumption is a fallacy. In the ossification of the skull, you have an exemplification of the most perfect *carpentry*. The joints of the body embrace every principle of the *hinge*;—the muscles,

tendons, and bones are so many *ropes, pulleys, and levers*;—the lungs act in *bellows-fashion*,—the bowels are containing *tubes*. Then, in regard to the vascular system, the heart and blood-vessels are to a great extent a *hydraulic apparatus*, as you may prove, by tying an artery or compressing a vein; the blood, in the first instance, being arrested in its course *from* the left chamber of the heart; in the second, in its progress *to* the right side of it. What are assimilation, secretion, absorption, the change of the matter of one organ into another—of the fluids into the solids, and vice versa, but *chemical operations*—and the whole nervous system, but the *galvanic or electric apparatus* by which these operations are effected? That the human body obeys laws purely physical, is still further exemplified by the fracture of a bone or the rupture of a tendon—and the reunion of both is the result of secretion and chemical attraction under the electric influence of the nerves supplying those parts. During childhood, if the great nerve of a limb becomes paralytic, the growth of that limb becomes arrested, not only in its breadth, but length. The nerves, then, are the moving powers, and if you cut or divide them, neither a broken bone nor a ruptured tendon can reunite, so as to become useful. And do we not see analogous effects taking place in every kind of matter under the influence of the galvanic wire? By that we produce the decomposition and recomposition of bodies—various changes of motion and temperature—of attraction and repulsion of atoms—which, if we break the chain of the wire's continuity, immediately cease to take place, but which recommence the moment the wires are again brought into contact. That a living man can in an oven defy a degree of heat that would broil a piece of dead flesh, is perfectly true; but to what is this owing, but to the greater power of attraction which the particles of his body maintain to themselves in their living than dead state. Nevertheless, the degree of heat may be so raised as to decompose portions even of the living body, and finally reduce the whole to a state incompatible with life. And may not the electric state of all bodies, gold and silver for example, be similarly influenced and altered? How, then,

can the phenomena embraced by the term LIFE be said to “resemble nothing which does not live?” They resemble everything of which our senses can take cognizance.

“There is no agent or power in nature,” says Hahnemann, “capable of morbidly affecting man in health, which does not, at the same time, possess the power of curing certain morbid states.” But, what, Gentlemen, is this but another mode of expressing Shakspeare’s words: “In poison there is physic?” “Now,” continues Hahnemann, “since the power of curing a disease and that of producing a morbid affection in persons in health, are inseparable from each other in all medicines, and that these two powers proceed manifestly from *one and the same source*, that is to say, from the property which medicines have of modifying dynamically the state of man; and that consequently also, these cannot act on the diseased after any other inherent natural law than that which presides over their action on individuals in health; it follows from this, that the power of the medicine which cures the disease in the sick is the same as that which causes it to excite morbid symptoms in the healthy.”

That medicines cure and kill by one and the same principle, we have already, we believe, sufficiently demonstrated; but “the property which medicines have of modifying dynamically the state of man,” is only an expression that they possess *a moving principle*. This, we have shown, Shakspeare knew. The explanation of that principle lies in the galvanic or electric power, by which, through a nervous medium, they can disturb the existing temperature and motion of the organ over which their action manifests the greatest influence, evidenced by their effects both in health and disease;—and this proposition, I believe, I have been the first to make. In the course of my next lecture I shall demonstrate it fully.

“As soon,” he proceeds, “as we have under our eyes the table of the particular morbid symptoms produced in a healthy man by different medicinal substances, it only remains to us to have recourse to pure experiments, which alone are capable of determining what are the medicinal symptoms (or

the symptoms produced by the medicine in the healthy subject) which ALWAYS arrest and cure certain morbid symptoms (*i. e.* diseases) in a rapid and durable manner, in order to know beforehand which of those medicines, the particular symptoms of which have been studied, is the surest method of cure in each given case of disease."

So here we have only over again the exploded doctrine of a SPECIFIC, or a remedy which *always* arrests and cures certain morbid symptoms! This whole sentence is somewhat confused and parenthetical, but from it and other passages, it is evident that while Hahnemann obtained a glimpse of the principle upon which remedies act—namely, the unity of source of their power of affecting for good or for evil the motions of particular parts of the body, not only was he ignorant of the real *nature* of that source, but also of the utter impossibility of predicating in any one case of disease, what remedy would *certainly* achieve amelioration, far less a cure. He could not have written this had he known that every medicinal power being a *repulsive* force in one individual and an *attractive* force in another, may act *inversely* in any two cases of the same identical disease. If there be a truth more sure than another in physic, it is this, that until we have absolutely tried a medicinal agent in an individual case, we cannot possibly tell whether it be a remedy or an aggravant in that particular case. No! Gentlemen, the ague-patient may come before you; but whether arsenic or bark, opium or prussic acid shall arrest his disease, you can no more predict than you can determine beforehand whether harsh or soft measures, or either, will reclaim a refractory child, or subdue an ungovernable steed. Trial and experience are your only guides. This much, however, you may, in the majority of cases of any given disease, predict, that such agents as have generally a definite power for good or for evil over definite parts of the body, are the class from which you are to expect most benefit in a disease of such parts—but which of them, the experience of that case itself can only tell you; for how can you know without such experience that opium will vomit, rhubarb excite epilepsy, or ipecacuan cause asthma in

particular cases? all of which you are aware they sometimes do. When you order cold bathing, can you tell beforehand whether your patient shall come out all in a glow, happy and comfortable; or chilly and shivering, and not to be comforted? Till you can do this, you cannot with certainty tell by what given means you are to achieve a cure in any given case of disease. So far the art of physic is and ever will, I fear, remain imperfect.

The principle "*similia similibus curentur*," which Hahnemann assumes as his own discovery, was known not only to medical men long before he was born, but was acted upon by the vulgar time immemorial. A passage which Shakspeare puts in the mouth of Benvolio in *Romeo and Juliet*, is a proof that it was practised in his days.

“Tut man! one fire burns out another's burning,
One pain is lessened by another's anguish,
Turn giddy, and be holped by backward turning,
One desperate grief cures with another's languish;
Take thou some new infection to thine eye,
And the rank poison of the old will die.”

To the same purpose he says in *Hamlet* :—

“Diseases desperate grown,
By desperate appliance are relieved.”

What is all this but *similia similibus curentur*?

You see, then, that Hahnemann, instead of being a great discoverer, as he wishes to make out, is only at the most a *Reviver* of an old principle. Yet upon this principle, strange to say, neither he nor his followers act. Gentlemen, they say one thing and do another; for while they declare their readiness to cure by powers having precisely the same action as the causes, how can they reconcile with that statement their practice of treating *grave* disease—disease proceeding from a grave agency, by the *dissimilar* agency of infinitesimal physic! What is *infinitesimal physic*? It is the division of a grain of opium, not into quarters, sixteenths, or sixtieths,—no, nor into hundreds, but into millionths and even ten millionth parts! And rules and regulations for its proper division into such parts are actually given in Homœopathic books! A grain of

opium, or the common dose of this drug, is to be converted, forsooth, into medicine enough for ten thousand men, and upon the same principle, doubtless, a loaf of bread may be made a dinner for an army. Gravely to argue the case—if grave disease could be *caused* by the millionth or decillionth part of a grain of our common medicinal substances, what apothecary's apprentice, who must be constantly inhaling medicines in this comminuted state, could possibly enjoy a day's health?—and yet it is by such *doses*—if matter so minute as to be all but invisible, can be termed such—that diseases are to be cured! Where, then, is the *similarity* of remedy to cause in the Homœopathic treatment?

In his *Organon*, Hahnemann tells us, that almost all chronic diseases are the result of a morbidic miasm, which he calls the *psoric*, or the itch principle, and this, he says, and two other evil miasms, the *syphilitic* and the *scrofulous*, may be looked upon as the parents of all the diseases of man!—Mere phantoms, Gentlemen, of an excited imagination—mere crotchets of a mind clouded with the ghosts and goblins of those nurseries for grown-up children,—the German Universities. Of his utter ignorance of the true motions and changes of the organic matter of the body, whether in health or disease, and of the thousand morbidic causes visible and invisible that daily occur in life, there could be no greater proof than this announcement;—you who are no longer in the dark have only to hold up the torch of truth to dash his day-dream to the dust.

When I first heard of the Homœopathic doctrine of infinitesimal physic, I felt tempted to believe that the whole was a weak invention of those enemies to medical truth, the medical reviewers,—knowing as I do the trickery and misrepresentation in which these gentry indulge when acting on behalf of the professional tradesmen, whose mercenaries they are. His own volume has, however, undeceived me; his own *Organon* develops the number of shakes and rubs by which the *millionth* part of a grain of quinine may become one of the deadliest poisons, and the ten millionth part of a grain of opium, a medicine to cause you to sleep your last

sleep! But Hahnemann is a disciple of Mesmer—and he tells you to watch the miracles effected by Animal Magnetism. Do that, he says, and you will no longer doubt the cures which may be achieved by infinitesimal physic. Now, so perfectly ready am I to believe what he or his disciples may tell me upon this point, that it is a medical maxim of mine, “Any thing may do any thing, and any thing may not do any thing,” according to the ignorance and credulity of the patient, if it be a charm;—or according to the constitution and exigencies of the case, if it be a physical agent. In which light infinitesimal physic is to be viewed, you, Gentlemen, may decide at your leisure.

What but *faith* or a *fancy* to try could induce people to put themselves under the hands of a homœopathic practitioner? The influence of simple confidence on the body we have proved by what took place at Breda in 1625. During the siege of that city, three or four drops of a hocuspocus medicine were said to be sufficiently powerful to impart a healing virtue to a gallon of water! The thing was *believed*, and the sick immediately took up their beds and walked. To tell the sensible part of mankind that you can cure any disease with the millionth or decillionth part of a grain of opium, bark, or aconite, would only excite their ridicule, but you know how little will influence the minds of the multitude, who, being ignorant, are naturally weak and credulous. You remember what I told you at my last lecture. The same reparative power of nature by which a cut finger is healed, will cure nineteen out of twenty cases of most diseases, without the assistance of any physic at all. Such cases, when treated homœopathically, that is, with hope and humbug, are of course set down as wonderful cures—and wonderful they are, indeed, when compared with the results of the apothecary-system,—a system by which every similar disorder is, for the most part, aggravated through the interference of the routinists, who, partly by playing on the fears of the patient, and partly by making his stomach an apothecary’s shop, generally contrive to prolong the case so long as the subject of it will continue to act according to their rules.

Here the homœopathic practitioner may safely retort on the old practitioner. With the mass of mankind the homœopathist has only to affect a superior knowledge of the visible and invisible world, speak confidently of the cures, real or supposed, that have been effected by his treatment, and talk mysteriously of the rubs and shakes by which he imparts a magical or magnetic virtue to his infinitesimal physic. Should a doubt remain, he may hint at the wonders of Electricity or Galvanism, for a little mixture of truth will make mummery go down better—just as a little apparent candour will make you more readily give credence to a calumny or a scandal. In both cases a complete want of principle is the chief element of success on the part of the impostor—and faith the weakness or strength of the dupe. If the former only get the latter to listen to him, he may inoculate him with a fancy to try—that of itself implies faith. However small at first, it will be sure to increase by thinking and talking about the *new* method. A little opposition is a good thing sometimes—the patient gets heated up by it. If he has a tendency to improve, he will improve the faster—if he finds himself deceived, he will conceal the fact, as he would be sorry that others should not be as great fools as himself. Patients of the class who consult Homœopathic practitioners, generally collect together, talk, discuss and theorize till they work themselves into a kind of fever—such fever, or *rage*, by exciting and animating them, will, in many cases, be infinitely more beneficial to their constitution, than the draughts and mixtures inflicted, usually not so much on account of the necessities of the patient as the needy condition of the routine practitioner. Having once become partizans and disciples, they next find a pleasure in making converts. They have now what they had not previously—an object before them; and they work body and mind in the cause. Can you wonder they should, in many cases, get well by the new mode of life to which they have taken? This, Gentlemen, is the secret of any success obtained in the course of the Homœopathic treatment. Like the French “*medicine expectante*,” it is a system of placebo. What is new in it is

not true; what is true is not new. Savage Landor says rightly, "most disputants drive by truth or over it." In the case of *similia similibus*, Hahnemann has done both—he adopts it as his motto, but practises on a principle the reverse. What does it mean? Power *opposes* power. Did we require to be told this by Hahnemann? The doctrine, *like cures like*, was so obvious as to be a popular axiom in every age—but it is only the minor of a major proposition, or a fragment of the great Abstract Law—ANY GIVEN POWER APPLIED IN A PARTICULAR DEGREE AND AT PARTICULAR PERIODS, MAY CAUSE, CURE, AGGRAVATE, OR ALLEVIATE ANY GIVEN FORM OF DISEASE, ACCORDING TO THE CONSTITUTION OF THE PARTICULAR PATIENT.

[Since the publication of the first edition of this work, I have learned that the Homœopathists accuse me of not *understanding* their principles. Well, all I say in answer to this is, that I have at least read their own books, and if I am such a fool as not to be able to understand their writings, they must be greater fools not to write more intelligibly.

"Your true *no-meaning* puzzles more than sense!"]

LECTURE IX.

PHYSIC AND POISON IDENTICAL—REMEDIAL MEANS INCLUDE EVERY THING IN NATURE—ACTION OF MEDICINAL SUBSTANCES PROVED TO BE ELECTRICAL—PARTICULAR REMEDIES, AND WHY THEY AFFECT PARTICULAR PARTS.

GENTLEMEN,

FROM the History of Medicine we learn, that after *Charms* came *Simples*. To the list of our remedial means, chance and experience successively added *Poisons*. "Wherefore," asked Pliny, "has our mother, the Earth, brought forth so many deadly drugs, but, that when wearied with suffering, we may employ them for suicide?" If such was the opinion

of the polished Roman, can you wonder at the belief of the rude Carib, and the still ruder Boschman, that poisons were sent them for the destruction of their national enemies? The friends of the Chrono-thermal system see the matter in another light. In common with the believers of the Christian creed, they assume, that the beneficent Creator of all things sent nothing into the world for the destruction of his creatures. By the *motion* of men's hands the Pyramids were produced. The same motion, acting *reversely*, might make them vanish from the plains where they have stood, the wonder of centuries. If the identical power, then, which may render a temple or a tower a heap of ruins, applied in another fashion to the materials composing it, first erected the fabric—why may not the *motive* power of a physical agent, which, wrongly administered, has destroyed the life of man, be employed, in a right direction, to preserve his existence?

“Philosophy, wisdom, and liberty support each other;—he who *will not* reason is a bigot—he who *cannot* is a fool—and he who *dares not* is a slave!”* The base and selfish, of all ages, have ruled mankind by terror. By this the priest has trampled down reason; the despot, the rights of a people. To this passion the charlatan appeals, when he sneeringly speaks of particular substances as poisons, the better to distinguish them from his own nostrum of universal and absolute safety! What is the real meaning of the word poison? In its popular sense, it signifies anything in nature, that, in a comparatively small quantity, can shorten, or otherwise prove injurious to life. It is, then, a term of relation—a term depending entirely on degree, volume, or scale. But what is there under heaven, when tried by this test, that may not become a poison? Food—fire—water—air, are these absolutely innocuous? The glutton dies of the meal that gorged him; is that a reason why we should never eat? The child is accidentally involved in the flames of a furnace; must we, on that account, deny ourselves the warmth of the winter-hearth?—Air has chilled, and water drowned; must

* Author of the *Academical Questions*.

we, therefore, abandon air and water?—Yet, this is the mode in which certain wiseacres *reason* on medicine! We must cease, according to these praters, to use opium medicinally—opium which, *in one degree*, has so often given relief to suffering; because the suicide, *in another*, has settled his earthly account with it! We must repudiate the curative effects of arsenic in Ague; because, with a *thousand times the quantity* adequate to that desirable end, the cut-throat and the poisoner have dispatched their victims by arsenic!—We must linger life away in the agonies of gout and rheumatism, instead of resorting to colchicum, which has so often cured both; because people have been accidentally destroyed by colchicum in a volume, *never given* for either rheumatism or gout! How many diseases has not prussic acid cured or alleviated; yet, we must abjure its benign influence in this way, forsooth; because love-sick maidens and men, maddened by misfortune, have ended their lives with prussic acid, in a *quantity* which nobody ever dreamt of giving *for any disease whatever!* By the same enlightened Philosophy, we must not pat a child's head, because a blow might knock it down! Gentlemen, need I tell you, that the whole of these agents, in their *medicinal doses*, are as safe as rhubarb in its medicinal dose; and safer than wine to some people, in the quantity usually taken at table. But granting that, even in their medicinal doses, they all, in common with every thing in existence, occasionally produce the *temporary* inconvenience of disagreeable feeling,—is that any reason why we should abandon their use, in the cure of diseases attended with feelings for the most part more sensibly disagreeable? What on earth, worth accomplishing, was ever accomplished without a similar risk?—We cannot cross a thoroughfare without the risk of being jostled—ergo, we must never cross a thoroughfare!

Gentlemen, *ubi virtus, ibi virus* is as true in most things as in medicine. Poison and physic are, in truth, ONE and IDENTICAL, for any earthly agent may become both, by turns, according as it is *used* or *abused*. A German poet

rightly observes—

“ Divide the THUNDER into *single notes*,
And it is but a lullaby for children ;
But, pour it in *one volume* on the air,
And the intensity makes heaven to shake.”

The same rule holds good in physic. Everything depends on the scale or degree in which you apply a given substance to the body, and the particular circumstances and condition of the body at the time, whether such substance be a remedy or a poison. What is there that pertains to earth or air, that may not be converted to the use of man? If he, in his ignorance or depravity, turn a particular power to evil account instead of to good, shall blame be imputed to the Almighty, who bestowed it on him as a boon? Let babblers beware how they commit themselves in this matter;—let them fully understand, that when they decry any agent in nature as being, in the *abstract*, a dangerous medicine, or a poison, they not only arraign their God for his goodness, but expose, at the same time, their utter ignorance of his laws. Where men have not *examined*, surely it were only policy to be silent. Do medical practitioners ever prate in this language of imbecility? Too frequently, Gentlemen;—but, in their case, it generally proceeds less from a want of knowledge of the subject, than from a wish to disparage a professional competitor. Sordid practitioners know, that there is no readier mode of influencing the sick, than by playing upon their fears. Not a week passes, but I am told by some patient—“Oh, I shewed your prescription to Dr So-and-so, and he said it contains *poison!*”—Bless my life! I generally answer, what a wonderful thing. Why, then, does not Dr So-and-so get the College of Physicians indicted for the introduction of such substances into their *medicinal* pharmacopeia? Why does he not gravely arraign them for the processes which *they* have devised for the preparation of “*medicinal*” arsenic, “*medicinal*” opium, “*medicinal*” prussic acid,—and tell them boldly and at once that these are all so many concentrated essences of death and destruction, which no skill can render valuable, no scale of diminution adapt to the re-

lief or cure of their suffering fellow-creatures. Only let Dr So-and-so put down, in writing, that any of these substances ever poisoned any body, in *the dose* and at the *age* for which I and others *prescribe it*, and I shall have the pleasure of publishing the fact to the professional world, for their future edification. To whisper away an honourable man's reputation in a corner where he has no opportunity of reply, though a dirty thing to do, is nevertheless a thing very often and very successfully done;—to write or reason down the same man's character unfairly, on paper, is more difficult.—Cautions—doubts—insinuations—these are the weapons by which you will be secretly supplanted in practice. Yes, Gentlemen, individuals who call themselves physicians, and who, without a scruple, would pour out a pint of your heart's blood at a time, will affect to start at the sixteenth part of a grain of strychnine, and shrug their shoulders significantly, at two drops of prussic acid! “How easy to put such men down,” I have been told. “You have only to ask them, if they ever knew an adult die of either medicine in these doses?—and dare them to say, that they have not themselves killed hundreds, by taking away a less quantity of blood than a pint!” Both of these I have certainly done—but, *cui bono?*—Reason and sense were on my side, it is true!—but what will either reason or sense avail him who stands, as I stand, *alone*, when his enemies have a party to back them, with the patient's prejudices and fears in their favour besides? The practitioners of whom I speak, are all so many links of an extensive chain of secret and systematic collusion;—they are all bound to support and keep by each other;—they have signs and counter-signs, and a common story to tell: these men, like false dicers, do deeds “never dreamt of in your philosophy.” In a word, so far as medicine and medical practice are concerned, the English public are, at this moment, very much in the same blissful state of ignorance as the Emperor Constantine was with the doings of his guards.—“But still—but still,” said Sebastes of Mytilene, “were the Emperor to discover—” “Ass!” replied Harpax, “he cannot discover, if he had all the eyes of Argus's

tail! Here are *twelve* of us, sworn, according to the rules of our watch, to abide in the same story.”—[*Count Robert of Paris.*]

If such, and similarly constituted, be the medical coteries of England, what honourable physician can hope to rise in his profession, until the eyes of the public are opened. Sir James Mackintosh was not the only man of talent who left it in disgust.—Locke, Crabbe, the present Master of the Rolls, and hundreds of others, have done the same. Depend upon it, in these days, it is only the quack and the unprincipled practitioner who make fortunes by physic.

But, to return to medicines and their doses.—What substance in the *Materia Medica* would be worth a rush, if it were absolutely innocuous in every dose and degree? You all know, that rhubarb and magnesia may each be given medicinally, to the extent of many grains;—but, may not both be so advanced in the scale of quantity, as to become equally fatal as strychnine or arsenic—were strychnine or arsenic to be taken in the usual dose of rhubarb or magnesia? May not our deadliest drugs, on the other hand, be so reduced in volume as to become as innocuous, to an adult at least, as twenty grains of rhubarb would be to an infant? Surely, there is not one of you, whether sick or well, who would object to an infinitesimal dose of arsenic—the millionth or decillionth part of a grain, for example! Ah, these homœopaths! I question if they always keep to such doses; for, when a man makes up his own medicines, he may gull his patients as he pleases. But, be that as it may, there can be no surer test of imposture, than to be told you may take any medicine, in any quantity. Can food itself be thus taken? If it could, where would be the necessity of cautioning people about their diet? In truth, you can scarcely mention any one edible substance, that will agree, even in a moderate quantity, with all patients. One person cannot eat oysters, without becoming the subject of a rash. Another, the moment he eats poultry or veal, gets sick at stomach, though mutton and beef have no such effect on him. See, then, the truth of the old proverb,—“*What is one man’s meat is another man’s poison.*” Chesterfield says it is vulgar to quote pro-

verbs; but Chesterfield was a lord, and a man of fashion,—and as I have no ambition to be either, you will pardon me for preferring, with Cervantes, to strengthen my argument with their proverbial pith and point—not only because there is no proverb that is not true, but, because they are all sentences drawn from Experience, the mother of the sciences.—*Don Quixote*.

In further illustration of this subject, I pass to the lower animals; and here again you will find that no earthly agent has been given us for evil, inasmuch as substances which, in comparatively small quantities, may poison one class of beings, are food to another, in a volume comparatively large. The sweet almond, for example, so nutritious to man, is deleterious to the fox, the dog, and domestic fowl. The hog may be poisoned by pepper, the parrot by parsley; stramonium, or thorn-apple, which, when we prescribe it in physic, we do cautiously, and in small quantities, is greedily devoured by the pheasant with impunity; fowls enjoy the darnel—hogs, the deadly night-shade. The water-hemlock, which is poison to all three, in common with man, is a most nutritious food to the stork, sheep, and goat. And the wolf is reported to take without inconvenience a quantity of arsenic which would destroy the horse. You see, then, how completely the word poison is a term of relation.

The infinity of substances which have been successfully applied to remedial purposes, whether derived from the animal, vegetable, or mineral kingdom, like the various *causes* of the diseases for which we administer them, will all, upon investigation, be found to have the most perfect unity in their mode of action. Their influence relates solely to their *motive power*, differing from each other, where they do differ, merely in their capability of changing in this way, the atomic relations of a particular locality or tissue rather than another, but in no other way presenting a doubt or difficulty as to their *modus operandi*. What John Hunter said of poisons, applies of course, to remedies; they “take their place in the body as if allotted to them.” Thus, Mercury and Iodine, in whatever manner introduced into the system, will still manifest their action, chiefly by changes in the motion of the

glands and their secretions; while Strychnine and Brucine, on the other hand, will as constantly produce their effects on the motive condition of the muscles. Through the medium of the *nerves* of a part, the greater number of medicinal substances, even when directly introduced into the veins, will produce their particular effects, good or bad, *according to circumstances*, upon that part. When thus administered, Antimony will prove equally emetic, as when introduced into the stomach, Rhubarb equally purgative, and Opium as certainly soporific. Is not this the best of all proofs, how surely these agents were intended by the Deity for the use of man?

If you ask a teacher of medicine, why opium sets you to sleep, his answer will be—"from its *narcotic* power." What can be more satisfactory? nineteen out of twenty students at least, are satisfied with it—they are delighted when told in Greek, that it does set them to sleep! Why does rhubarb purge? "from its *cathartic* power," you will be told;—what does that mean? simply that it purges! Again you demand how does antimony vomit—again you get the Greek reply, "from its *emetic* power;" in plain English it vomits! Such is the mode in which the schoolmen juggle: instead of an answer they give you an echo! Had these logomachists—these word-mongers, been as well acquainted with the *motions of living things* as with the inflections of *dead languages*, and the anatomy of *dead bodies*, they would long ago have preferred *reasoning* to mystification. But for the last ten centuries at least, professors have been doing little else but splitting straws, blowing bubbles, and giving a mighty great degree of gravity to feathers! We shall endeavour to develop what their answers shew they are utterly ignorant of—the unity of action of all remedies.

What are the **FORCES** which, by their harmonious movement in a material body, make the *sum total* of the economy of the **LIFE** of that body? Chemistry, electricity, magnetism, mechanics. By these forces are all the *internal* movements of man periodically produced, and by the same identical forces only, can the material of all animal life be sustained and otherwise influenced from *without*. When rightly considered,

every force in nature will be found to resolve itself into a CAUSE of MOTION simply—motion forward, or motion backward—motion outward, or motion inward. Chemistry, electricity, magnetism, mechanics, can each of them do no more than bring, by their *attractive* power, things or their atoms into closer proximity; or place them, by the force of *repulsion*, at a greater distance from each other. Attraction and Repulsion, then, are the two grand forces by which, not the motions of man only, but the motions of the universe, are kept in *alternate* control; and by these forces, and no other, can all animal life be influenced either for good or for evil, whatever be the nature of the material agent by which they may be called into play.

REMEDIAL MEANS

may include every description of force: The bandage, splint, and tooth-forceps are familiar examples of the *mechanical* kind; while to *chemistry*, among other things, medical men owe the Alkalis and Earths which they use as palliatives in the treatment of acidity of the stomach, and *primæ viæ*. But the purely *medicinal* agents—what is the mode of action of these? How do opium, strychnine, arsenic, and prussic acid act? Chemically it cannot be,—for they produce no chemical change,—no visible decomposition of the various parts of the body over which they exert their respective influences. What, then, is their action? No man in his senses would suppose it to be *mechanical*. One of two things it must be then, *electrical* or *magnetic*—for these are the only other forces in nature to which we can apply for an explanation. But, Gentlemen, are not these *two* forces *one*—nay, under the term ELECTRICITY, do not practical philosophers include chemistry also? No person in the least conversant with the physical sciences would now dispute, what Mr Faraday was the first to prove, that all *three* are in reality mere modifications of ONE great source of power. For not only can the electrical force be so managed as to produce attraction and repulsion in all bodies, without in any way altering their constituent nature, but it can also, in most cases, be so

applied to every compound body as to cause a true chemical decomposition of its ultimate principles. By the same UNIVERSAL POWER we can either make iron magnetic, or deprive it of the magnetic virtue. We can, moreover, reverse by its means the *polarity* of the needle of a ship's compass. Is electricity, then, the source of *medicinal* agency—the source of power by which opium and arsenic kill and cure? Before the question can be satisfactorily answered, we must first know the effect of the direct application of electricity to animal life. What is its action when directly applied to living man? Gentlemen, it has caused, cured, and aggravated almost every disease you can name,—whether it has come in the shape of the thunder-storm or been artificially induced by the far less energetic combinations of human invention. If, as in the case of the magnetic phenomena, it can produce, take away, and reverse the *polarity* or motive power of the needle, so also can it give, take away, and reverse every one of the particular functional motions of the various parts of the living body to which it may, under particular circumstances, be applied. It has cured palsy, and caused it also. But has not strychnia done the same? In common with arsenic, it has made the stoutest and bravest shake in every limb, and, like the same agent, it has cured the ague. In what, then, does its action differ from arsenic here? If it has set one man to sleep and kept another wakeful, opium has done both. Electricity has cured cramp and caused it. So have prussic acid and nitrate of silver. Do we not prove then, beyond the possibility of question, that the action of these *medicinal* substances is purely electrical? By the same identical power, mercury salivates, antimony vomits, and rhubarb purges. By the same identical power they may all produce reverse effects. The primitive agency of the purely *medicinal* substances, then, is one and the same, namely, the power of electrically *moving* the body in some of its various parts or atoms inwards or outwards, according to the previous *electrical condition* of brain of the different individuals to whom they may be administered. For, through the medium of the brain and nerves, do all such substances primarily act. The ultimate

and apparently unlike results of the action of different substances, depend entirely on the apparent dissimilarity of the functions of the organs they respectively influence.* As already stated, the temperature of the part or organ, thus *motively* influenced, becomes in every case correspondingly altered. If it be asked in what manner opium or antimony can alter the temperature or motion of any organ through its nerves, I can only refer to the changes which take place in chemistry, through the medium of the electric chain or galvanic wire. When acted upon by either, bodies which were previously cold become instantaneously heated, and vice versa,—*motion* being the equally instantaneous effect in both cases. And, according to the degree and duration of the electrical force applied, do such bodies become simply electrified—preserving still their usual appearance and nature,—or chemically decomposed in some of their constituent principles—their atoms in either case being repelled or attracted in a novel manner. In a manner perfectly analagous, do every and all of our purely *medicinal* substances act on the *living* organism. On the dead, if they exercise any influence at all, it can only be by preventing the putrefactive process, or by *chemically* decomposing the various parts. The older writers were right when they said “*medicina non agit in cadaver.*”

If you again demand how a given substance shall influence one part of the system rather than another, I must again recur to chemistry. Have we not *elective* affinity, or a disposition in inorganic bodies to combine with, and alter the motions or *modes* of particular bodies rather than others? By

* Arsenic, oxymuriate of mercury, and alcohol in minute doses, act **ELECTRICALLY** on the *living* stomach, whether for good or for evil. In large doses all three act **CHEMICALLY** upon the same organ; for they then invariably decompose it; but the same doses applied to the *dead* stomach preserve it from (the putrefactive) decomposition. The mineral acids, when properly diluted, act electrically upon the living economy. In their concentrated state they decompose every part of the body, whether living or dead, to which they may be applied. The poisons of the cobra and rattlesnake, so deadly to other animals, have no visible effect upon their respective species. What but electricity, in its various modifications, can explain all this?

an *elective* affinity precisely similar, do opium and strychnia, when introduced into the living system, produce their respective effects; they manifest a similar choice of parts—the *elective* power of the one substance being shewn by its influence on the nerves of sense, and that of the other by its effect on the nerves of the muscular apparatus. But here again, you may, with the most perfect propriety, ask, why the influence of opium on the brain should set one man to sleep, and keep another from sleeping? and why strychnia, by a similar difference of cerebral action, should paralyze the nerves of motion in one case, and wake to motion the nerves of the paralytic in another? The answer is simple, and it affords a fresh illustration of the truth of the electrical doctrine. The atoms of the specific portion of brain of any two individuals thus oppositely influenced in either case, must be in *electrically opposite* conditions,—*negative* in one, and *positive* in the other. And what but opposite results could possibly be the effect of any agent acting *electrically* on any two similar bodies, when placed under electrical circumstances so diametrically opposite? In common with all medicinal substances, opium and strychnine may produce inverse motions—motion outward or motion inward, according to the particular electrical condition of the living body to which they may be applied. And in this instance again, they only harmonize with everything we know of the great universal force to which we ascribe their medicinal influence. Their ultimate agency depends on attraction and repulsion. Here, then, Gentlemen, you have the most satisfactory explanation of an infinity of facts which, from their supposed confliction, have, up to this hour, puzzled every teacher and professor that ever endeavoured to grapple with the subject. The merit of this explanation I exclusively claim; and I state my right to it thus distinctly, that no F.R.S., no Queen's Physician-Extraordinary, or other great official, may hereafter have any excuse for attempting to snatch it from me,—whether through ignorance or forgetfulness of my name and writings he venture to PREDICT its future discovery, or deal it out bit by bit to his readers, in the equally *novel* shape of question and *suggestion*!

Yes, Gentlemen, I exclusively claim the ELECTRICAL DOCTRINE of medicinal agency as mine—a doctrine which affords an easy solution of the greater number of difficulties by which our art has hitherto been surrounded. By following out its principles, you see at once why colchicum, mercury, and turpentine, can all three cause and cure rheumatism—why acetate of lead can produce and relieve salivation—why cubebs and copaiba have relieved gonorrhœa in one man, and aggravated the same disease in another—why musk may excite and stop palpitation of the heart—why the *fevers* of puberty, pregnancy, and small-pox, have each cured and caused every species of disorder incident to the respective subjects of them—and why the passions have done the same. Now, what better proof could you have of the real nature of the passions than this? What better evidence that rage, terror, joy, surprise, are each and all of them indubitable fevers, than that each and all of them have cured, caused, aggravated, and alleviated almost every human disease—every ache and ailment to which man is liable, from ague to epilepsy—from toothache to the gout! Like opium and quinine, every one of these passions has a double electrical agency—in one case *reversing* the particular *cerebral* movements on which existing symptoms depend—in which case it alleviates or cures;—in another, *calling them up*, or only adding to their *rapidity* when present—in which case it causes and aggravates simply.

But we have yet to account for certain apparently *anomalous* effects of all medicines—we have still to explain to you why opium, for example, instead of producing its usual *sleeping* or *insomnolent* influence upon particular individuals, acts upon him in the same manner as antimony or ipecacuan—and why these particular medicines, instead of producing their usual *emetic* effect in individual cases, only purge the patient;—or (as I have occasionally found them do) set him to sleep more surely than henbane or opium. Gentlemen, did opium or antimony uniformly affect the *same identical portion* of brain in *all* persons, either medicine could never do more than one of two things in any person, namely, aggravate or ameliorate

the particular symptoms which, in all healthy persons, it then most certainly could never fail of producing. But in common with all medicines, the *elective* affinity of each of these particular substances may be different in different persons, whether from difference of constitution or otherwise, I pretend not to say. The same medicines, then, do not always influence the same cerebral parts. The usual *elective* affinity of opium and antimony may be quite reversed in particular patients. Now, as all medicinal agents act solely by changing the cerebral *movements* of the part over which they exercise their respective influence, antimony and opium, by changing their usual places in the system, change their respective characters accordingly. Antimony, then, either becomes a *narcotic*, or keeps the patient *wakeful*. Opium, in like manner, either becomes an *emetic*, or the *reverse* of an emetic—whatever that be. See, then, how cautious you ought to be in every new case of disease for which you may be consulted—and how necessary it is to exercise all your powers of circumspection in practice. When you prescribe medicine of any kind, you ought to feel your way with the smallest available dose—the smallest dose from which you might, from your experience, expect an appreciable effect whether for good or for evil—for, remember not only do all medicines occasionally manifest a different *elective* affinity from that which they usually exercise; but, even when they act in their more ordinary course, they have still the double power of attraction and repulsion—the power of aggravating or alleviating the symptoms for which you prescribe. Indeed, by these two powers and no other—attraction and repulsion,—we are compelled to explain every variety of change which the body assumes, whether in health or disease. By *attraction*, the fluid matter of a secretion becomes consistent and organised, again to be thrown off, by the same organ, in the fluid form of secretion by *repulsion*.

If this be true, Gentlemen, change of temperature, of itself, ought to produce, in living bodies, every constitutional and local change—every vitiation and variation, whether in gland or muscle, nerve or blood-vessel, that ever formed the

subject of medical investigation. That it can do so, might be proved from everything we know of life and the laws of life. What disease have not cold and heat produced?—What, in the shape of the warm and cold baths, have they not cured? Look, again at the effect of heat upon the egg. Even when artificially applied, we see this apparently inert body converted, by *thermal* influence, into bone, skin, and muscle, with their proper apparatus of blood-vessels and nerves! You will tell me, the egg was predisposed to such changes. True; and change of temperature can only act upon all things, according to their original predisposition. Is not this the reason why a chill will produce rheumatism in one man, and consumption in another? Through thermal influence, the wool of the sheep and the feathers of the hen, may in successive generations be replaced with hair;—certain *viviparous* animals may even be made *oviparous*, in this manner. The aphid and the wood-louse, for example, may be made to bring forth either eggs or live young, at the pleasure of the experimenter, by simply varying the temperature in which he keeps them. Then, again, look at the effects of temperature upon the vegetable world! If, in the middle of winter, you introduce the branch of a vine, which happens to grow by your window, into your warm chamber, and keep it there a few weeks, it will put forth leaves and blossoms. See, then, the wide and omnipotent influence of temperature on every living thing, from man, who only attains the maturity of his growth in the course of successive summers, to the gourd, that springs up and perishes in a night!

Having premised this much, we shall now, Gentlemen, enter upon a consideration of particular medicines. And, first, let us speak of such as have a general constitutional influence, with an affinity, more or less marked, for particular organs.—Of these, the most important are

EMETICS.

When the various doctrines, which attributed all diseases to acrimonies, peccant humours, crudities, &c., prevailed in the schools, Emetics were among the principal remedies to

which physicians very naturally resorted, as a preliminary means of cure. The beneficial effect observed to take place after vomiting, in the early stage of almost all disorders, was, of course, urged in confirmation of theories, which, even in the present day, are not without their influence on the minds of medical men. The primary action of emetics we hold to be *cerebral*, and the act of vomiting, not so much a cause of the other constitutional symptoms which accompany it, as one of many effects produced by change in the atomic revolution of the Brain. Whatever will suddenly influence the brain, in any unusual or novel manner, by changing its temperature and atomic motion, must necessarily change the whole corporeal state, whether it be, at the time, in health or disease. Have we not this familiarly exemplified, in the motion which causes sea-sickness—in the sickness produced by the rotatory-chair, and in the morning vomitings of early pregnancy? Anything that can withdraw the brain's attention from the stomach, such as a passion, a blow on the head, loss of blood, or a division of the nerves that supply it, may produce vomiting. Experience every day shews us, that the shivering or shudder liable to be occasioned by one cause, may be averted or cut short by agents, which, under different circumstances, can of themselves produce such muscular tremor. It is thus that the emetic exerts its salutary influence in disease. No man can take a vomit, without every part of the body undergoing some change during its operation. A creeping sensation is immediately felt in every part—a sensation, demonstrative of the rapid revolution and change of relation of every corporeal atom. Under the influence of such an agency, *you may see* the reddened and swollen eye, or testis, become, in a few minutes, of nearly its natural appearance,—nay, a complete abatement of pain in either organ, may be an equally rapid result. Who, then, will tell me, that the same effect may not take place from the employment of an emetic, in what are termed inflammations of the lungs or bowels? Oh, “all experience is against it,” I have been told.—All experience!—whose experience? I have asked; but I never got an answer, for nobody had ever tried!

Gentlemen, Mr Hume, of the 43d Foot, has, in his Military Hospital, treated his pleuritic and enteritic patients in this manner, for the last FOUR YEARS: during all that time he has not bled or leeches a patient for any disease—he has used emetics instead—and his practice has been beyond all precedent, successful. Now, that I call a *fact*—a fact worth all the hypothetical assumptions of all the doctors, whose gains depend, not so much on speedy cure, as on protracted sickness! There is no part of the body that you may not influence by an emetic.

A medical officer, of the East India Company's service, sent for me at midnight, and you may imagine the pain he was suffering, when I tell you that I heard his groans before I reached his chamber. Shortly after leaving a crowded theatre, he had imprudently taken his place on the top of one of the night coaches, where he had not been long seated before he was seized with repeated shivering, followed by fever, and exquisite pain in the back and loins—in medical phrase, *lumbago*. When I saw him he had all the symptoms which, in the Schools, are termed high inflammatory fever, and he complained of agonizing pain in his back. His wish was to be bled, but I prescribed an emetic instead, and this relieved him in the briefest space imaginable. From the moment he vomited, his back became easier, and in a few minutes he was quite free from pain—a result equally pleasing and astonishing to the patient, who, on a previous occasion, had been confined six weeks to bed with a similar attack, notwithstanding repeated bleedings, leechings, and blisters. Another gentleman who shortly after came under my care, experienced a like relief from the use of an emetic in nearly the same circumstances. In the first case, I followed up the emetic with hydrocyanic acid; in the second, I prescribed quinine and sulphuric acid—the latter, my more general mode of treatment in acute disease. Cases without number could I give of the beneficial influence of this practice in acute ophthalmia, sore-throat, pleurisy, rheumatism, &c.,—diseases which, under the usual or orthodox measures, would have kept the physician in attendance for weeks, and then, perhaps,

have defied both his aid and his art. With the same practice I have had equal success in the treatment of hæmorrhages, eruptive fevers, &c.; and I might here give cases corroborative of my assertion, were I not borne out by many of the older writers, particularly Heberden and Parr, who found emetics, followed by Bark, to be the best primary treatment of disorder generally.

John Hunter says, he has "seen buboes cured by a vomit, after suppuration had been considerably advanced,"—and he has "known a large bubo, which was just ready to break, absorbed from a few days' sickness at sea." He attests the cure of "white-swelling" or knee-consumption by emetics—and the value of the same class of medicines in pulmonary consumption, has been strongly insisted upon by many writers. In physic, as in everything else, there is a fashion; but the great men of our day, notwithstanding their reiterated assertions to the contrary, would do well, in more instances than these, to imitate the practice of their forefathers.

The principal substances used as emetics, are antimony, ipecacuan, and zinc—but a great many others might be added, such as sulphate of copper, tobacco, &c., to say nothing of *luke-warm water*, which last, from its relation to *temperature*, will readily occur to you as the best exponent of the mode of action of all. With some people opium will vomit, where ipecacuan would fail. There are individuals whom no known agent can vomit, and others, in whom the common emetics act always as purgatives. This you can not, of course, know before-hand; so that the experience of every individual case, is the only rule by which such case is to be treated.

Let us now speak of

PURGATIVES,

or those remedies which influence the intestinal secretions. Like most remedies they all act through the medium of the Brain—but, from ignorance of their mode of action, practitioners have too frequently converted them into a cause of disease and death. The physician who proceeds, day by day, to purge away

“morbid secretions,” “peccant humours,” &c., is a mere humoralist, who neither knows the manner in which his medicines operate, nor understands the nature of the wonderful machine, whose disordered springs he pretends to rectify. Do not let me be understood to deprecate purgative medicines.—As a remedial means they are inferior to emetics;—when combined with these, they are amongst the best medicines with which to commence the treatment of diseases generally,—that is, where the patient has not been previously reduced by protracted suffering.

It has been my fate to witness no inconsiderable amount of mischief induced by a mistaken perseverance in purgative measures. Will nothing open the eyes of gentlemen of the humoral school? Surely they will be staggered when told, that in an evil hour the exhibition of a purge has been followed by a paroxysm of the gout! Yet nothing is more true or better avouched. “Reasoning upon this simple fact,” Dr Parr says, “the *humoral* theory of gout is altogether untenable.” And so is Dr Holland’s hypothesis of its being caused by “a morbid ingredient in the blood.” When I say I have known fatal fevers produced by medicines of this class, many will be sceptical; but few will doubt their power to produce *Dysentery*, which, in the words of Cullen, is an “inward fever.”—“A dose of rhubarb,” says Dr Thomson, “has produced every symptom of epilepsy, and, in an instance within my own observation, the smallest dose of calomel has caused the most alarming syncope.” Let us *use*, not abuse, purgative medicines!

MERCURY.

The frequency with which mercury and its preparation, *Calomel*, enter into medical prescription—its beneficial and baneful influence in the practice of our art, render a knowledge of the true action of this metal, and the proper mode of its exhibition, matters of no ordinary importance.

What are the forms of disorder in which mercury is supposed to be most useful? The records of the profession answer, fever, iritis, erysipelas, dysentery, rheumatism, cutane-

ous, osseous, and glandular disturbances. To the same records, I appeal for testimony to the truth of my statement, that it has too frequently produced those very maladies in all and every of their forms and variations. Its influence extends principally over the glandular and assimilative systems; it has consequently a great effect on secretion. I have known mercury in small doses cure what is termed scrofula hundreds of times; yet according to Sir Charles Bell, and I can bear him out in the fact, when wrongly applied mercury has set up "a *scrofulous* diathesis in the very best constitutions." "I have seen a person," says Dr Graves, "labouring under mercurial irritation, seized with *common fever*, which afterwards became *typhus*, and proved fatal in five days. Still you will hear persons say, that if you get a fever-patient under the influence of mercury, you will cure the disease, and that mercurial irritation will protect a man against fever. I have known *jaundice* to appear during a course of mercury"—jaundice, for which some say it is a *specific!* When you hear a man talking of specifics you may well laugh at him!

The value of all medicines has more or less relation to the quantity prescribed. Upon this subject, I think it material to speak regarding mercury; for it is in the enormous doses which have been exhibited by certain pseudo-physicians—certain writers on Infantile and Tropical disease, that this substance, instead of being a blessing to humanity, has recently become one of the chief agents in man's destruction!

You daily see medical men—men who never reflect upon the effect of any medicine—prescribing four, five, and six grains of calomel to children—to infants! Can you wonder at the frightful number of deaths that take place under seven years of age? Look at the bills of infantile mortality; and if you consider the quantity of calomel that children take, you will assuredly be compelled to declare, not how *little* medicine has done for the prolongation of life—but how *much* it has done to shorten it! Oh! you may depend upon it, there is a great deal of mischief done by the profession; that is the reason why people go to the quacks and the Homœopathists. The latter are the least mischievous, for—if they actually

give their medicines in the ridiculous doses they pretend—they do little more than hocus their patients with words, while the quacks and the medical men kill them wholesale by physic—physic wrongly applied.

Many years have now passed since Mr Abernethy first advocated the employment of mercury in moderate doses. More recent writers have demonstrated the value of calomel in doses so minute as the twelfth and even sixteenth part of a grain. Combined with equally minute quantities of quinine, I have been for years in the habit of prescribing it in such doses, in all diseases of children, and I have found it invaluable in most.

If, with such minute doses of mercury, then, the practitioner may obtain the most excellent effects, what shall we say to the exhibition of four and five grain doses of calomel to infants? What language can be sufficiently strong to denounce the equally daring practice of ordering scruple doses of the same powerful mercurial for adults? That individuals occasionally recover from serious disease, after the unsparing use of calomel in such doses, is no more an argument in favour of such a mode of treatment, than that many a man has been knocked down by a blow, and lived to laugh at a description of accident to which others have succumbed.—To reason in this manner is to argue that blows are good things.

In saying this *much* I do not mean to raise objections to calomel as a purgative—in which case, a larger dose is necessary. But how often do you see this mercurial given in enormous and repeated doses, with the view of correcting morbid secretions, which inquiry might have satisfactorily traced to the previous maladministration of calomel itself. Calomel, like every other remedial means, is a medicine or a poison, according to the quantity of the agent, and its fitness or unfitness for the constitution of the patient. This last, as we have previously hinted, depends upon the electrical state of the individual body, and can only be known by trial. You cannot tell that a given piece of steel is magnetic or not till you try; no more can you tell the electrical state

of the living body. It is only by experience you can know it. Calomel, then, has no exclusive relation to nomenclature; yet you will hear practitioners say, "It is not proper for this disease, but it is proper for that;"—"it is good for jaundice, but bad for consumption." All this is mere scholastic folly, based upon "the baseless fabric" of a theory! There is no disease, however named, where the administration of mercury, in some of its preparations, may not be advantageously employed or the reverse, according to particular doses and constitutions.

How is it that the oxymuriate of mercury, formerly so much extolled by physicians, is now so seldom prescribed? A more effective remedy for numerous forms of disease is scarcely to be found in the *Materia Medica*. I have more particularly experienced its valuable aid in the treatment of dropsy, dyspepsy, paralysis, and eruptions.

Very analogous to mercury in its mode of action is

IODINE.

Its influence on glandular parts and consequently upon secretion is very remarkable. But, Gentlemen, like every other remedial agent it cuts two ways—atomically *attracting* or lessening volume and secretion in one case, atomically *repelling* or increasing both in another—according to the electric state of the individual body for which it may be prescribed. Now, the fact that iodine can cause as well as cure glandular diseases is not known to the profession; at least, I have not seen it noticed in the course of my reading. It behoves me therefore to state, that I have been frequently obliged to countermand its exhibition in the treatment of bronchocele and other enlarged glands from the obvious increase of these tumors under its use. In such cases, patients have told me they were not so well in themselves, that they had had shivering fits or had suffered from inward fever; for, like mercury, iodine has also a general febrile effect upon the system, for good in one case, for evil in another. As regards my own practice, I have found quinine more generally successful in

the treatment of glandular affections than iodine. In a case of *goitre* that resisted both, a very great diminution of the swelling took place after a short trial of arsenic. But here I may observe, that a remedy which may be found to be generally well adapted to the treatment of a particular type of disorder in one locality may be found to be as generally prejudicial when applied to the same type in another. This, to a certain extent, may account for the encomiums which individual medicines receive from the profession one day, and the contempt with which they are very often treated the next. With iodine I have cured osseous and cutaneous complaints; and I have also found it useful in the treatment of phthisis and dropsy.

LEAD.

The acetate of Lead is a valuable agent in good hands, and was long celebrated as a remedy for consumption. I have cured eruptions by it, eruptions that resisted everything else I could think of. "One effect of the continued use of acetate of lead," says Dr A. T. Thomson, "is the excitement of ptyalism (salivation,) but notwithstanding this effect it has been recommended by Mr Daniels for the purpose of allaying violent salivation, in doses of ten grains to a scruple, in conjunction with ten grains of compound powder of ipecacuan; how," asks Dr Thomson, "are these contending opinions to be reconciled?" How, but by the rule that the power which can move one way, may move the other, according to the electrical condition of the individual brain. This question, coming from a professor of materia medica, shows you how much professors have yet to learn about the action of medicines.

TAR—CREOSOTE.

From innumerable trials of Tar, and its preparation Creosote, I am enabled to speak satisfactorily of the remedial power of both. In small doses, creosote produces a mild fever, often beneficial in dyspeptic and hysteric cases, though in some instances, like every other agent in nature, it occa-

sionally disagrees. I have been obliged sometimes to discontinue its use from the vomiting of which the patient complained after taking it, though where vomiting was a previous symptom, I have succeeded in stopping it by creosote. Generally speaking, I have found creosote an excellent remedy in dropsy, rheumatism, and cutaneous disorders. I once cured with it, a case of amaurotic blindness of both eyes, where the disease was of considerable standing. The remedy was pushed as high as twenty drops for a dose; I commenced with two drops.

The efficacy of tar-water in the treatment of all kinds of disease was the universal belief of the latter half of the last century. The celebrated Bishop Berkeley wrote a treatise which contributed greatly to bring it into fashion. "From my representing tar-water," he says, "as good for so many things, some perhaps may conclude it is good for nothing; but charity obligeth me to say what I know and what I think, howsoever it may be taken. Men may censure and object as they please, but I appeal to time and experiment:—effects misimputed—cases wrong told—circumstances overlooked; perhaps, too, prejudices and partialities against truth may, for a time, prevail and keep her at the bottom of her well, from whence, nevertheless, she emerges sooner or later, and strikes the eyes of all who do not keep them shut." The Bishop sums up the catalogue of its virtues, by saying, "It is of admirable use in FEVERS."

SULPHUR,

though now seldom used, except for diseases of the skin, was long extensively employed in physic. With the vulgar, it is still a remedy for ague. Like creosote, it produces a mild febrile effect which may be turned to account in numerous disorders, especially in dyspepsia, hysteria, and also in rheumatism, which last I have often cured with it, after every other remedy usually employed for that distemper had successively failed. The most generally influential agent in rheumatism is

COLCHICUM, OR MEADOW SAFFRON,

the medicinal principle of which is an alkali, termed *veratrina*, or veratrine, and an admirable medicine it is, when carefully and cautiously administered. Now colchicum, like sulphur, has cured the ague; and its efficacy in this case depends upon the mild febrile action, which, like hope, or joy, it has the power of producing. If it has relieved pain and swelling in many cases, so also can it produce both; a reason why you should watch its effects, for where it fails to improve, it commonly aggravates. Like all other medicinal agents, it is a *motive* power, and if it fail to move matter the right way, it must occasionally move it the wrong. The mildest remedial substance, when taken by a person in perfect health, if it act at all, must act prejudicially. What is the action of colchicum, in such cases? According to the journals of the day, pains of the joints and feet were among the symptoms produced by it, when accidentally taken in poisonous quantities by previously healthy persons—the very pains for which we find it available in practice!

SQUILL, DIGITALIS.

Are physicians aware that both of these substances have the power of *suspending* as well as of increasing the secretion from the kidneys? They are often continued too long in dropsy, to the prejudice of the patient, from practitioners being ignorant of their double action. But in this respect they only harmonize with all known agents. The *electrical* state of the body, which cannot be known, but by an experience of their effects upon it, determines whether squill or digitalis prove aggravant or remedial.

STRAMONIUM, OR THORNAPPLE

is used by the Asiatics, in their treatment of mania—a disease which it has produced. It can also produce eruptions of the skin, a fact which led me to try its effects in cutaneous disease. Combined with *belladonna*, I have cured some very obstinate eruptions with stramonium. I have also employed

the same combination advantageously in the treatment of pulmonary consumption. The general action of both remedies in small doses, is mildly febrile. Their use sometimes produces a temporary dimness of sight, which goes off when the remedies are stopped

TOBACCO, LOBELIA INFLATA.

Tobacco is a valuable remedy, when properly prescribed, and it may be administered internally as well as externally. I have found its internal use, in the shape of tincture, efficacious in dropsy and asthma. Heberden cured a case of epilepsy, by applying a cataplasm of tobacco to the pit of the stomach. The *lobelia inflata*, or American tobacco, is a good diuretic, and has cured asthma. Like the common tobacco, it produces sickness, in large doses.

THE BALSAMS AND GUMS.

Copaiba, turpentine, and guaiac, powerfully influence mucous surfaces, in one case increasing secretion, in another suspending it. They have all produced and cured rheumatism. With turpentine, I have cured cases of Iritis, which resisted mercury and quinine. Copaiba in some constitutions produces a cuticular eruption so like small-pox, that even medical men have supposed it to be that disease. Others putting this rash down to Syphilis, have gravely proceeded to ruin their patients' constitutions with mercury, to cure what they were pleased to call "secondary symptoms!"

CANTHARIDES OR SPANISH FLY.

This is principally used as a blister; but the tincture of Spanish fly is an admirable internal remedy for gleet and leucorrhæa, and it is also among our best diuretics; remember, however, it can produce strangury, an opposite effect. I am in the habit of combining it with quinine and prussic acid, in the treatment of dyspeptic cases, and I find it useful also in cuticular disease; though in the case of a gentleman—a colonel of the army—a blister to the side had twice the effect of blistering him all over!

THE EARTHS AND ALKALIS

have all particular effects upon the body, according to the mode and degree in which they are administered. Besides their constitutional influence, each has more or less affinity to special organs. Lime and Barytes influence the secretions of the stomach; Soda and Potash those of the lungs, kidney, and bladder; Ammonia or hartshorn affects the salivary glands—each for good or for evil, according to its dose and fitness for particular constitutions. The earth called Alum is a favourite with the common people, in the cure of ague. What is its mode of action? Its power of astringency or attraction simply—the same power by which it arrests the morbid increase of secretion, called leucorrhœa. How does it do that? By its attractive influence over the atoms of the spine, and the nerves proceeding from the spine. Well, then, that is the way in which it cures the ague. The greater number of

THE ACIDS

have been usefully employed in medicine. Acetic acid, or vinegar, is an old remedy for hiccup, and might be efficacious in other spasmodic diseases. Dilute sulphuric acid has cured the ague, among other disorders. With dilute nitric acid, I have arrested and increased almost every secretion of the body, according to varying circumstances. For a gentleman who was affected with vertigo and tremor, I prescribed dilute nitric acid, which cured him; his wife, by mistake, took his medicine for her own, and in a few minutes afterwards she was affected with a tremor, that lasted for nearly an hour! You see, as a general rule, then, that whatever can move one way, can move the other.

Gentlemen, the medicines of which I have given you some account to-day, are the principal SYMPTOMATIC medicines which I employ in my own practice, combining or alternating them, as I have already stated, with the chrono-thermal remedies. But there are thousands of other agents, which may be usefully employed in this manner, and a great number are

mentioned in our books of *Materia Medica*. What I have said on the action of remedies generally, will apply to all. At our next lecture, I shall give you some account of the principal chrono-thermal agents—and conclude the course, by a general summary of the chrono-thermal doctrine.

LECTURE X.

PRINCIPAL CHRONO-THERMAL REMEDIES—SUMMARY OF THE CHRONO-THERMAL DOCTRINE OF DISEASE.

GENTLEMEN,

We now come to consider the mode of action of the Chrono-Thermal agents—or those substances so generally effectual in prolonging that remission of symptom which we have proved beyond question, is a law of all disease. Whatever be the nosological name of a distemper—Ague, Epilepsy, or Eruption—the physician will more surely accomplish his purpose of cure by taking advantage of this period of immunity than by any measures to which he may resort during the paroxysm. The more perfectly *periodic* the paroxysmal return, the more amenable will the disease for the most part be to the chrono-thermal medicines; but however imperfect, irregular, or brief the remissions, there is no case of disorder that may not be beneficially influenced by these remedies—whether they be alternated with baths and emetics, or be prescribed in combination with such symptomatic medicines and local measures as the features of the case, from place or prominence, may appear to demand. Let us commence the consideration of the chrono-thermal substances with a few observations on

THE PERUVIAN BARK.

To the value of this Bark as a remedial agent, in numer-

ous forms of disorder, the celebrated Cullen, among others, bears his unequivocal testimony: what does he say are the ailments in which *he* found it most useful? Rheumatism, Gout, Scrofula, Scurvy, Small-pox, Dysentery, Gangrene, Diseases of the Bones, Convulsions, Hysteria, Hypochondria, Hæmorrhages. Here, then, is a pretty comprehensive association of apparently different diseases, all cured or relieved by a single substance! And yet it never seemed to enter the head of any previous medical writer, that these diseases had each something in common—each some *principle of continuity* which, amid all their apparent *variety*, established their *unity* of type. One remedy alleviates or cures them all—and yet physicians either cannot or will not see that the action of that remedy is one and one only, viz., *motive power*. What better evidence of the absurdity of Cullen's own Nosological System—a system that so far from explaining the perfect continuity that pervades the chain of all morbid motion, separated the links so widely asunder as to make the student believe them to be so many distinct and unlike disorders? Each of them forsooth required a separate treatise to understand it! What a beautiful piece of work for the quacks! what an admirable method of darkening the world, that bad men might the better pursue their game of imposture!

An accomplished French physician, Baron Alibert, speaks thus of the Bark and its influence in disease,—“ I have been able to pursue and appreciate the salutary results of the employment of this substance in Cancerous affections, in Scrofulous tumors of the Glands, according to the recommendation of Fordyce, in many Cutaneous diseases, and principally in Leprosy, Elephantiasis, and in certain cases of Jaundice, arising from diminished tone in the secretory organs of the bile—in the alterations affecting the *osseous* system, such as Ricketts, Spina Bifida, &c. With the Bark we may also advantageously combat certain disorders of the *nervous* system, such as Epilepsy, Hypochondria, Hysteria, &c. Many authors recommend it in Hooping-cough, and the various Convulsive coughs. No remedy, according to them, is so efficacious in strengthening the organs of respiration, and in

preventing the state of debility induced in the animal economy by the contractile and reiterated movement of the lungs. The most part of those who employ it in like cases are, nevertheless, of opinion, that the administration of it is imprudent without some previous preparation, according to the particular stage of disease. These practitioners [influenced, doubtless, by their theory of a humour in the blood] would in some sort, mitigate the ferocity of the paroxysms by sweeteners and temperants—often even by evacuants, such as emetics and bleedings. To prevent irritation, they wait until the strength has been absolutely struck down. But upon this point, the celebrated Murray differs from these practitioners *in toto*. The Peruvian Bark, according to that physician, is equally adapted to the cure of Convulsive and Periodic Coughs as to the cure of *Intermittent Fevers*. He witnessed an Epidemic in which these maladies were efficaciously met by this powerful remedy from the commencement. He has therefore PROVED that there is no advantage in retarding its administration; and that to permit, in the first place, so great a waste of the vital powers, only renders the symptoms more rebellious, and their consequences MORE FATAL!—[*New Elements of Medicine.*]

Gentlemen, I am not now giving you *opinions*,—I am not now dealing in theoretic dreams and disquisitions—I am stating *facts* simply, facts powerfully attested; for Murray in his day was celebrated all over Europe, and Alibert, only a few years ago, was second to no physician in France. Both have now passed from the scene of life; but their writings may be still read with advantage by every one who takes any interest in medicine. You have heard what they have said of the sanguinary practice. Nothing can be stronger than the expression of their united evidence against it; yet in the teeth of that evidence—in the teeth of common sense even, which says that whatever reduces the *vitality* of the whole, must more surely confirm the hereditary or other weakness of a part,—the medical herd of this country still go on like their ignorant fathers before them, bleeding, leeching, and purging to death, or all but death, every unfortunate creature who falls

into their hands. Did the disciples of Malthus only know how admirably their master's system has been carried out by the great body of English practitioners, what encomiums would they not heap upon the schools to whose regiments of lancers and leechers the world is so indebted for keeping down a surplus population.

How different the results of Chrono-thermal treatment! I know no disease, however named or caused, with the exception of two, (Lock-jaw and Hydrophobia), which I have not cured or alleviated by the Bark, or rather, I should say, by its salt, the sulphate of quinine. The only preparatory measure to which I now resort is a cold bath, an emetic, or an emetic and purge in combination. Blood-letting in none of its forms do I ever order. Who will tell me that this treatment is not good in the experience of others? For the pockets of the practitioner it may not be good, but for the health of the patient it is a practice that may compensate for a more flashy theory—a more dazzling philosophy.

Let not the world suppose, however, that possessed of a remedy so powerful, and, so far as nomenclature is concerned, one so *universally* applicable as the Bark, the physician has an infallible elixir—a remedy adapted to all constitutions. The most perfect ague-fit within my own remembrance, appeared to me to be the effect of two grains of quinine, which I prescribed for an asthmatic patient. Dr Thomson mentions the case of a patient of his, in whom this medicine brought on an attack of asthma: "When he was getting well, after seven or eight days, I again," he says, "began the sulphate of quinine, and the same attack was the result." A lady, after taking it, became subject to intermittent fainting-fits. Now, some would be glad to lay hold of this as a reason why you should never use quinine. But the smell of the rose has produced fainting-fits—the smell of ipecacuan asthma. Ought we, therefore, never to smell a rose, or keep ipecacuan in our houses? What agent in nature is absolutely innocuous?—Rhubarb, in a very minute dose, has produced convulsions with some people—must we, therefore, never prescribe rhubarb? When quinine disagrees, the common com-

plaints are tremor, faintness, head-ache, vertigo, nervousness, cramps, and "all-overishness." Ratier, in his Hospital Reports, among its deleterious effects mentions "nervous agitations," which, I fancy, might be as well translated "shivering-fits,"—or—what say you to ague, Gentlemen? Oh! you may depend upon it, whatever can correct a morbid motion may cause it!

Like many other medicines, the Bark is termed by writers on *Materia Medica*, a *tonic*. All medicines are tonics, when they improve the health of the patient; but when, on the contrary, weakness or nervousness is the result of using them, who will say, that in that case they are anything but debilitating? Bark, like an emetic or a purge, may cause both one and the other. To go on, then, day after day, prescribing this substance, and what are termed "strengtheners," without manifest amelioration, or with positive retrogression, is not giving a course of "tonics," but a succession of exhausting or debilitating agents;—it is to prescribe a name for a name.

What, then, is the mode of operation of the Peruvian Bark when its action proves salutary? This I conceive to be the true explanation. Whether it be administered during the Remission or Paroxysm, the bark, like every other medicinal agent capable of influencing the corporeal *totality*, must, if it act at all, do one of two things, namely—Being a super-added *power*, it must either, with more or less force, CONTINUE, or with more or less force REVERSE the direction of the existing order of corporeal movement, according to the *attractive* or *repulsive* manner in which it may exercise its motive influence. Now, as this difference of result depends upon whether the patient's brain be *negatively* or *positively* electric, a thing which can only be known by trial, it must be clear to every reflecting person, that where the chances are equal in favour of the presence of either electrical state, it is better to prescribe the medicine during the remissional movement of body, when, so far as *continuance* goes, it must act to a certain extent at an obvious advantage. In common with every material agent capable of influencing matter in motion, the power of the bark, under ordinary cir-

circumstances, must be more effective in continuing than in reversing existing motion. To *reverse* generally suggests opposition, difficulty, disadvantage. To *continue* what is already begun as generally implies a course of action that can be advantageously undertaken. The chances, then, being so much in *favour of continuance*, it no longer remains a question, which state of body should be selected for the exhibition of the bark,—the Paroxysm or the Remission. Which of these two periods has most resemblance to Health? The term Remission at once suggests the answer; that then is the proper period for the administration of this particular remedy. And experience has confirmed what exact reasoning might have anticipated; for when exhibited to the patient during the Paroxysmal movement, the bark, for the most part, not only renders that movement more intense, but prolongs with equal frequency the duration of its period. A like effect follows its administration during the movement of Remission, for not only in most instances does it prolong this period, but adding force to the existing order of movement, it brings it at last to that desirable standard which it only previously approached, namely, the standard of Health. Numerous instances, of course, have occurred where a contrary effect has followed the exhibition of the bark, both in the case of the paroxysm and remission. But the general result of its employment determines us in the line of practice we should, under ordinary circumstances, pursue. So long, then, as we can, by the bark or any other agency, keep up the movement of remission in as great, or even greater force than before, so long do we secure our patient from a recurrence of the previous paroxysmal movement, involving, as the latter must do, the *identical corporeal matter* of the movement of remission. Whatever be the name or nature of the disease, the remissional movement, in most instances, though a shade or two beneath that of health, may, as we have already said, by the increase of force effected by the bark, be brought at last to the healthy standard; nay, in some cases, by a too long continuance or an excess of the medicinal force applied, it has itself been actually converted into a new *febrile* paroxysm of

more or less intensity. But in that case the paroxysm of the old disease has, with equal certainty, been prevented from recurring. Still, however mild and subdued the moventem kept up by the bark may appear, in comparison with that of the previous paroxysm, if it only be continued for a sufficient time, it generally becomes at last so *habitual* as entirely to supersede the original disease, and to destroy, as a matter of course, the *constitutional memory* upon which the recurrence of the old paroxysm depended. Such constitutional memory French writers term “*memoire machinale*.” It is by this that all the motions of health are periodically reproduced—and by the same law, all morbid motions take on a habit of return. Whatever will put the brain on a new course of thought or action, will confuse this memory. Hope, joy, faith, and enthusiasm act in that manner. What are these passions but mild fevers?—and, as no two fevers can affect the body at one and the same time, inasmuch as no given corporeal atom can move in opposite directions at the same moment—these fevers, however mild in themselves, are sufficiently powerful, in many cases, to avert the return of the more dangerous morbid motions.—Like the fevers of pregnancy, puberty, &c., they may cure or arrest every kind of disease you can name, from tooth-ache to pulmonary consumption;—like the same fevers, they *have produced* all!—according to constitutional predisposition.

The Chrono-thermal medicine next in value to the Bark, is—

PRUSSIC ACID.

The College of Physicians have given a formula for the preparation of this acid for medicinal purposes; but I prefer that of Scheele, and I believe most other practitioners do the same. The concentrated acid cannot be prescribed in practice. It must, then, be given in a diluted state. “Diluted prussic acid,” says Majendie, “is employed with success, in all cases of morbid irritability (weakness?) of the pulmonary organs. It may be advantageously used in the treatment of nervous and chronic coughs, Asthma and Hooping-cough;

and in the palliative treatment of Pulmonary Consumption ; indeed, a great number of observations induce the belief, that it may effect *a cure* in the early stage of the *latter disease*. In England it has been administered with success in Dyspepsia, and also in Hectic cough sympathetic of some other affection. [Why sympathetic of another affection? When a man's health is wrong *throughout*, some prominent symptom is seized upon, and considered to be cause of all the others!] Dr Elliotson, both in hospital and private practice, has frequently employed medicinal prussic acid, prepared after the manner of Vauquelin. He has recorded more than forty cases of Dyspepsia, with or without vomiting, and accompanied with considerable pain in the epigastric region, and with *pyrosis*, (water-brash), which were cured by this acid. The same physician quotes a case of Colica pictonum (spasm of the colon) in which Dr Prout gave the acid, and procured instantaneous relief. Dr Elliotson also administered hydrocyanic acid, in a great number of Pectoral affections; and has almost invariably succeeded in allaying the troublesome cough. [Why will people use this word "invariably?"—what agent in the Materia Medica acts invariably in the same manner?—such medicine would be, indeed, a *specific!* but that we shall never discover!] Applied externally in lotions, in different diseases of the skin, it has not, in Dr Elliotson's practice, produced any decided effect. Dr Thomson, however, asserts, that he has employed it in lotions with *constant* success [here, again, "constant" success!] in diminishing the itching and the heat so annoying in Cutaneous diseases, and has cured several species of herpes."

"M. J. Bouchenel has published an interesting memoir on the employment of prussic acid in the treatment of chronic Pulmonary Catarrh. He mentions four cases in which this remedy proved effectual. He concludes by urging that prussic acid, when given in a small dose, is not more inconvenient than an ordinary cough mixture. M. Bouchenel has also employed prussic acid in a case of consumption, but he only succeeded in allaying the cough for a time, which leads him to doubt the fact of its having really effected the cure of

confirmed consumption. *I do, however, assert and maintain,*" says Majendie, "*that with prussic acid I have CURED individuals, having all the symptoms of incipient PHTHISIS; and even those in a more advanced stage.*"

"In Italy, the medicinal hydrocyanic acid has been used to allay excessive irritability of the womb, even in cases of Cancer." "Professor Brera extols its happy effects in pneumonia: he recommends it also in Rheumatic cases, and as a worm-medicine. Since this professor has employed it in diseases of the Heart, Dr Macleod has administered it in the same diseases. He has found it allay nervous Palpitations, especially those which seemed to depend on derangement of the digestive organs. [How common this error of accusing one symptom of being the cause of another!] He has also employed it in some cases of Aneurism of the Heart. Dr Frisch, of Nybourg, in Denmark, has allayed the intolerable pain caused by Cancer of the Breast, which had resisted all the antispasmodics, by washing the ulcerated surface with diluted prussic acid. He has also successfully employed the remedy in several cases of Phthisis. Dr Guérin, of Mamers, has obtained beneficial results from its employment in two cases of Brain-Fever."

Thus far I have given you the experience of others, with this acid as detailed in MAJENDIE'S FORMULARY;—let me now add a few observations of my own in its favour. Combined with the tincture of *lobelia inflata* I have found it one of the most generally effectual remedies for Asthma, with which I am acquainted. The same combination has enabled me to cure *Spasmodic* Stricture of the urethra; and, generally speaking, I have obtained successful results from the administration of prussic acid in cramp and spasm wherever developed. In the low, habitual Fevers, whether misnamed dyspepsia, hysteria, or hypochondria, I have found it particularly valuable. I have also experienced its curative influence in the treatment of Dropsy; more especially when complicated with difficult breathing.

In Palsy, I found it more generally successful than strychnia. I may here again, however, mention that it is my cus-

tom, in the treatment of **DISORDER** generally, to combine one or more chrono-thermal powers—quinine, hydrocyanic acid, or arsenic,—with one or more *symptomatic* medicines, possessing marked local influence. Thus, one or more of the chrono-thermal agents may be advantageously combined with iodine, in glandular and skin affections,—with colchicum or guaiac in rheumatism—squill or digitalis in dropsy—cantharides or copaiba in leucorrhœa and gleet—with squill in catarrh—with purgatives where costiveness is a symptom; and so in like manner, according to the most prominent feature of a case. Combined in this way with tincture of ginger, cardamoms, &c., I have found prussic acid extremely valuable in the treatment of flatulency and acidity of the stomach. In all these disorders, however, this and all other remedies will be found to be advantageous only in so far as they contribute to *improve the temperature*, and, consequently, the circulation of the subjects of them. Your patients, when obtaining their beneficial effects, will tell you, “I have not had those heats and chills which used to trouble me,”—or, “my hands and feet are not so cold or so burning as formerly.” If you poison a certain number of rabbits with prussic acid—say a dozen, and pour cold water in a stream over six of them, these six will recover, while all the others will die. This has been done over and over again with the same result. You see, then, how clearly the influence of this agent depends upon its power of controlling temperature.

We have seen that prussic acid may be successfully employed in the most obstinate agues; yet, I remember the case of an Irish barrister, who, from the same medicine, experienced severe shivering and chilliness, with cramp, pain of the stomach, and slight difficulty of breathing; the very symptoms, you will remark, Gentlemen, for which it is so often available in practice. The *electric* condition of the cerebral part influenced, determines whether a given remedy shall produce attractive or repulsive motions; and this, we have repeatedly stated, can only be known by trial. From such trial, no greater harm than a little temporary inconvenience can take place, when prussic acid disagrees, if prescribed

and watched by a judicious physician. Rhubarb or magnesia may do the same, for, like prussic acid, both act electrically.

From Prussic acid, I now pass to

OPIUM, AND ITS SALTS OF MORPHIA.

These, like the Bark, may be advantageously employed, as we have already stated, in *prolonging the remission* in every form of disease. Opium, indeed, like every other remedy, possesses more or less influence over the whole system, but its more obvious effect is the control which it exercises over the nerves of sense. With these we associate *memory*—and as every part of the body has, through the brain, a power of remembrance, whatever will confuse or suspend the action of the senses, will often equally suspend and confuse memory, and consequently conduce to the suspension or interruption of any habitual or periodic action of any part of the body. A minute dose of opium generally heightens the perceptive powers, while a large dose as generally diminishes them. But a large dose, after all, is only a relative term—for the quantity that would poison a horse, may be a moderate dose to the habitual opium eater!

I do not know a disease in which I have not found opium useful. In the case of dropsy, when administered at that particular period of the day when the patients have confessed to amelioration of their feelings generally, it has, in my experience, been frequently followed by a copious flow of urine after every kind of diuretic had completely failed. By giving it in a large dose during the remission, I have kept several consumptive patients alive for months, and some for years even, whose existence must assuredly have been shortened but for the beneficial influence of this drug. There are persons, however, whom

“ Not poppy, nor mandagora,
Nor all the drowsy syrups of the world”

would medicine into slumber—but upon whom cold affusion would instantly produce that effect. Behold again, how

much all things depend on temperature ! With some people opium, as I have already mentioned, acts like ipecacuan—who then can tell what may be the effect of any remedy till it be tried ? It is only impostors who *never fail* !

Travellers, who have witnessed its effects in the East, mention tremor, fever, dropsy, delirium, and restlessness as the consequences of the habitual use of opium. It has, nevertheless, contributed to the cure of all these symptoms when produced by other causes. In practice, we find it give repose in one case and preclude all sleep in another. It has caused mania, and cured it.

Very analogous to opium in their mode of action are

ALCOHOL AND WINE,

but like every other medicinal agent, they act upon the body, beneficially or the reverse, in no other manner than by changing the existing temperature of the brain. If a glass of brandy has arrested the ague-fit and its shudder, the army surgeon will bear testimony to the “horrors” and tremblings which the abuse of strong liquors too frequently induces in the previously healthy. Are not the chill, the shiver, the fever-fit, the epileptic, asthmatic, icteric, strictural, and other spasmodic paroxysms daily produced by potation ? How often have we known dropsy brought on by gin-drinking ;—yet is not gin daily prescribed with the best effect for the dropsical ? See how differently alcohol affects different men ! One it renders joyful or gentle—another sullen and morose—in a third, it gives rise to wit, while a fourth, under its influence loses the wit he previously possessed. I remember the case of a man of the 1st Regiment of Foot, who grew mighty religious, and took to psalm-singing every time he got drunk. But this spurious kind of godliness, as you might have expected, generally evaporated with the fumes of his liquor. That excess of religious feeling or *veneration* (as the Phrenologists call it) does, however, depend upon the temperature or motive condition of some cerebral part, there cannot be a doubt ; and that it takes place by fits or periods,

Shakspeare well knew, for he makes one of Clarence's murderers say :

“ — I hope this holy humour of mine will change; it was wont to hold but *while* one would *tell twenty*.”

Wine will make the brave man timid and lachrymose—the coward capable of actions, the mere thought of which, in his sober moments, would have inspired him with terror. One man will first show the effects of drunkenness in his speech—another in his diminished powers of prehension—some individuals will not betray the influence it has obtained over them until they try to walk; their limbs may then fail them, though neither hand nor tongue show any signs of inebriety. Now all this is done by the change of temperature, which wine induces on *various parts* of the cerebrum of particular individuals. It throws them into a state of *fever*; and the same phenomena may be witnessed in the course of fevers produced by cold or a blow. Dr Jenner, in describing the effects of excessive cold on himself, says, “I had the same sensations as if I had drunk a considerable quantity of wine or brandy, and my spirits rose in proportion to this sensation. I felt, as if it were, like one intoxicated, and could not forbear singing, &c.”—[*Baron's Life of Jenner.*] Take the converse of this—A man shall get “as drunk as a lord,” and immediately become sober under the influence of a cold shower, or plunge bath. Does not this unity of result argue unity of mode of action? We prove, then, by every possible manner, that the effect of wine, whether for good or for evil, like that of every other power in nature, relates to the influence it exerts over the temperature of *one* or *more* portions of the Brain.

MUSK, VALERIAN, CAMPHOR, ASSAFETIDA,

have each and all of them cured the ague—were it not for its expense, musk would, doubtless, be more extensively used in the practice of medicine. For myself, I place it in the same rank with quinine and arsenic in the treatment of what are termed the purely nervous affections. It is generally recom-

mended in books to begin with ten grains;—in my hands a much smaller dose has been attended with the best effects in numerous cases. But a great deal depends upon the purity of the drug. I lately succeeded with musk in a case of intermittent squint, which successively resisted quinine, arsenic, prussic acid, and iron.

A married lady, who always when pregnant, became the subject of epilepsy, but had no fits under other circumstances, consulted me in her case: I tried every remedy I could think of without any advantage whatever; I then gave her musk, which at once stopped the fits. The dose in this case was four grains.

We have constant disputes whether a particular remedy be stimulant or sedative. Opium, musk, and prussic acid, have by turns become the subject of discussion. One theorist will take one side, another another, and each will bring you facts of equal cogency. Both are right, and both are wrong. To reconcile this seeming paradox, we have only to observe that all remedies are either stimulant or sedative according to the dose and the constitution of the patient.

STRYCHNIA

can both interrupt and produce fever. In an experiment upon a tetanic horse, a watery solution of *nux vomica*—the well-known source of the strychnia—produced, when injected into the veins, a shivering fit of some duration. I have, nevertheless, found the sulphate of strychnia of great service in obstinate agues, and in many chronic diseases in which chilliness, vertigo, and hallucination or phantasy were symptoms. In the case of an amaurotic female for whom I successfully prescribed sulphate of strychnia, the remedy deprived her, for about an hour, of the use of her limbs. The recovery of her sight, under its exhibition, amply compensated for this temporary accident. I have found it confuse the vision in a similar manner when prescribed for muscular palsies. In the treatment of epilepsy and many other spasmodic affections, this substance may be advantageously combined with the sulphate of quinine. I have, notwithstanding this,

on several occasions, been obliged to intermit its use, from the pains of which the patients complained while taking it;—and this led me to make trial of the remedy in rheumatism, which, in some instances, it cured.

SILVER.

A consideration of the occasional beneficial influence of Nitrate of Silver in epilepsy, led me to try its effects in other disorders of the spasmodic kind, such as whooping-cough, asthma, cramp, &c., and I am glad to have it in my power to bear testimony to its very great value in all of these affections.—It is a powerful Chrono-thermal medicine—and like every medicine of this class, can produce the diseases it can cure.

I have already said that tremor, spasm, palsy, differ but in degree. It will not be surprising, then, to find, that in all these disorders, silver may be advantageously substituted for bark, prussic acid, &c. While engaged in prosecuting my researches upon the merits and demerits of silver, I found it to be one of the most powerful diuretics in the *Materia Medica*; a circumstance not altogether unobserved by the older authors, particularly Boerhaave, who was accustomed to prescribe it with nitre in dropsy. It has, nevertheless, the power to suspend the urinary secretion. There is an affection to which young females are remarkably subject—a periodic pain of the side—or *stitch*. This disorder has been maltreated under a variety of names, according to the notions entertained by attending practitioners, as to its origin and nature. If gentlemen would only take the trouble to ask the patient whether the affected side be colder or hotter than natural, I do not think they would be so forward, as they usually are, to order leeches and cupping-glasses. In ninety cases out of a hundred, the sufferer will tell you that that side is always chilly! This at least might convince them *inflammation* is not the “head and front of offending.” Such pain is the result of spasm of one or more of the intercostal muscles—which pain, when the patient is told to inspire, will assuredly increase. Beware of adding to it by blood-letting! In numerous cases it will yield to half-grain doses of nitrate of silver—failing

which, prussic acid, quinine, or arsenic, may be successively tried; and to one or other of these, it will prove, for the most part, amenable. In *pain of stomach after eating*—also a disease of the spasmodic kind—I have found silver particularly valuable. In all the varieties of cough and catarrh, I have derived advantage from its employment; and I am sure it has, in my hands, contributed to the cure of indubitable phthisis. Let it be at the same time remembered that I do not exclusively rely upon this medicine in any one form of disease;—for, unless it be sulphur for *psora*, I do not know a specific in physic!

There is a disorder to which aged individuals and persons who have suffered much from mental anxiety are liable—a disposition to *faint* and *fall*—often mistaken, and fatally mistreated, under the name of “tendency to apoplexy.” The employment of silver in this affection has, in my practice, been very generally successful. I have found it also decidedly advantageous in vertigo, and in many cases of mental confusion.

Nitrate of silver has a great influence over the spine and spinal nerves; for patients sometimes complain of lumbago, sciatica, and rheumatic pains while taking it. I have occasionally known it produce shivering and fainty sensations, but these inconveniences were merely temporary, going off upon the discontinuance of the medicine. It has cured them all when produced by other causes. You are aware that blueness of skin is an occasional effect of nitrate of silver; and I must here explain to you the reason. Many of you have seen, doubtless, the pictures produced by *light* on paper saturated with nitrate of silver. Before the nitrate of silver could turn the human face blue, the skin, as in the case of the paper employed in that process, must be completely saturated with the preparation—for how otherwise could the light affect the face in that manner. Though I have myself prescribed nitrate of silver thousands of times, I never witnessed the slightest tinge from its use—nor would any body else but such as had employed it in too large doses or too continuously. Who, then, would reject a valuable remedy, because its *abuse* has

produced, in rare instances, a peculiar colour of skin—seeing that *every* remedy, if improperly applied, may occasion the far greater calamity of death itself!

COPPER,

like silver, is now seldom used but in epilepsy. Fordyce, nevertheless, thought so highly of it as a remedy for ague, that he ranked it with the Peruvian bark. Boerhaave, Brown, and others, esteemed it for its diuretic power; and accordingly they prescribed it in dropsy. In the same disease, and in asthma, I have had reason to speak well of it, and I can also bear testimony to its salutary influence in chronic dysentery—a form of disease so frequent in the East Indies, that while serving there, I had many opportunities of testing Dr Elliotson's favourable opinion of its value. That it can produce all these disorders is equally true; for where it has been taken in poisonous doses, "it excites," according to Parr, "a pain in the stomach, and griping in the bowels, tenesmus, ulceration, bloody stools, difficult breathing, and contraction of the limbs." A universal or partial shiver, will be found to precede or accompany all these symptoms. Copper was a favourite *febrifuge* with the older practitioners.

IRON

is a very old remedy for ague—perhaps the oldest. Stahl particularly dilates upon its virtues in this affection. Much of the efficacy of a medicine depends upon the constitution of the season and climate—much upon the constitution of the patient. This metal, like every other remedy, has consequently had its supporters and detractors in every form of disease. It is, at present, one of the principal remedies for Hysteria, and other female disorders—disorders which we have already shewn are mere variations of remittent fever.

The water in which hot iron had been quenched used to be prescribed by the ancient physicians as a *bath* for gout and palsy. In skin diseases and cancer, ricketts, epilepsy, urethral stricture, &c., iron has been vaunted by numerous

modern practitioners. The ancients recommended it in diarrhœa, dysentery, dropsy, hectic, vertigo, and headache. Now, in all these affections, it has served me much like other powers—ameliorating or aggravating the condition of the patient, according to peculiarity of constitution.

Some pseudo-scientific physicians have amused themselves with witticisms at my expense, on the subject of iron. Finding it in some of my prescriptions for Phthisis, they have accused me of mistaking this disease for dyspepsia. How long will men deceive themselves with such puerile absurdity? When will they learn that the human body, in disease, as well as in health, is a TOTALITY,—not a thing to be mapped into parts and portions, like a field of rice or corn! Let them take a lesson from St Paul, who in his first epistle to the Corinthians, has these remarkable words:—“And whether one member suffer, all the members suffer with it; or one member be honoured, all the members rejoice with it.”

With

ZINC AND BISMUTH

I have occasionally succeeded in prolonging the *remission* in many cases of disease, where the other principal chrono-thermal medicines had been ineffectually tried. Generally speaking, however, they are less to be relied upon for this purpose, than those I have had so frequent occasion to mention in the course of these lectures. The successful employment of

ARSENIC

by the natives of India, first, I believe, induced European practitioners to try its effects in ague, and also in diseases of the skin. The happy effects of this medicine were found not to be confined to these disorders. Not only has its judicious administration been attended with success in epilepsy, and numerous other forms of convulsive disorder, but it has been advantageously employed in the treatment of structural change.

Like every other remedy, arsenic has its advantages and disadvantages. Enquire of miners, exposed to the fumes of

this metal, and you will find that fever, tremor, spasm, palsy, and ulcer, compose almost the sum-total of their sufferings. In the *Edinburgh Medical and Surgical Journal*, there is a relation of five cases of poisoning by arsenic. Among the symptoms mentioned by the narrator, Mr Marshall, were vomiting, pain, and burning of the stomach, thirst, crural and abdominal spasms, purgings, head-ache, dimness of sight, intolerance of light, palpitation, *chills* and *flushes*, epilepsy; all of which proceeding from other causes, I have successfully treated by arsenic. The first case of epilepsy in which I ever derived benefit from any remedy, was cured by this metal; the disease was principally brought on by hard drinking, and the fit came on at a particular hour, every alternate night. Now it is worthy of remark, that after an attempt at suicide by arsenic, detailed by Dr Roget, periodic epilepsy was among the effects produced. The subject of it, a girl of nineteen, had also chills and heats, which, if you please, you may call *Intermittent* or *Remittent Fever*, or any thing else you fancy—for it is not my custom to quarrel about names!

As a remedy for cutaneous disease, I have every reason to speak highly of arsenic, even when complicated with much structural change. Some cases in which it had very great effect, I will detail to you. The subjects of them were sepoys or native soldiers, who had suffered in the Rangoon war, from climate, aggravated by depraved or defective food, and the usual privations of men in the field. These patients were under my care for a fortnight only; and to that period the treatment refers. All of them, be it remembered, had had the “fever.”

CASE 1.—Jan Khan, havildar, had tuberculous thickening of the skin of the legs, and arms, resembling a partial elephantiasis. His nose was enormously enlarged, and his whole appearance unhealthy. He ate and slept badly, and his tongue was foul and clouded. After the operation of an emetic, the *liquor arsenicalis* was administered in six drops thrice a day. At the end of a fortnight, the alteration in his general appearance was wonderful. The nose had then be-

come nearly of the natural size, and the disease of the skin had gradually lessened. He then slept and ate well, and expressed himself much pleased with the improvement he had received from his medicine.

CASE 2.—Daud Khan, sepoy, had pains of the bones and joints, white patches all over his skin, and an irritable ulcer of the scrotum, from which a fungus, about the size of a chestnut sprung up. He complained also of a burning sensation in his feet. When I first saw him, he was so weak he could not rise from the floor without assistance, and his countenance indicated extreme wretchedness and debility. Having detached the fungus with a pair of scissors, the lunar caustic was applied, and arsenic administered, as in the previous case. In a week, there was great amendment of the sore. The patient, since then, rapidly gained ground; of the pains of the bones he no longer complained, and the eruptions on the skin gradually disappeared; the ulcer at the same time closed, and I expected he would soon be fit for duty.

CASE 3.—Setarrum, sepoy, had large sores of the leg, sloughy, ill-conditioned, and spreading in different directions. He had also cuticular eruptions, like the last-mentioned patient; and his appearance and strength, though not so wretched, were yet sufficiently miserable. Pure nitric acid was applied to the whole surface of the sores, and a poultice ordered. The arsenic was given as above. On the separation of the sloughs, the leg was supported by Baynton's bandage. The ulcers gradually healed—the eruptions disappeared—and the patient regained complete health and strength.

CASE 4.—Subryah, sepoy, had had his leg thrice amputated, the last time in the middle of the thigh, but the bone had been left with only a covering of skin. The stump was in an ulcerous state when I first saw him—and the probe, upon being passed through one of the ulcers, found the bone carious and denuded as far as it could reach. The patient's health was altogether wrong, not one function being properly performed. It was proposed to amputate at the hip-joint, as it was not believed that any other treatment could do good. To this step, however, he would not submit. A trial was

given to arsenic, and the sores, beyond expectation, at the end of a fortnight had *nearly healed*. The patient then slept and eat well, and looked comparatively strong and healthy.

CASE 5.—Vencatasawmy, sepoy, had ring-worm of the skin, and an ill-looking ulcer over the sternum, which bone was perfectly carious,—the probe could be passed through it to the depth of three inches in the direction of the mediastinum. The patient was weak and irritable, and could neither eat nor sleep; his pulse was rapid and small, and his appearance altogether miserable. Arsenic was resorted to as before. The ring-worm, under its use, disappeared—the sore began to look clean—the probe, when he went from my hands, only passed to the depth of an inch, and the patient's health was rapidly improving.

These cases were intrusted to my care by Dr Gibb, of the Madras Medical Staff, while he himself was on sick leave, and were afterwards reported by him to the Medical Board of that Presidency.

Do I now require to tell you, Gentlemen, the principle upon which arsenic proved so efficacious in the treatment of these various structural changes? It acted simply by its power of controlling REMITTENT FEVER, under a chronic form, of which these unfortunate sepoy were all suffering—the structural changes being mere features or developments of the general derangement.

Gentlemen, we have now established—indisputably established,—even by the cases of the schoolmen themselves, that *Fear*, or any other given passion, *Bark*, or any other given chrono-thermal medicine, has each cured a HOST OF MALADIES, which the authors of nosological systems not only put down as separate and distinct disorders, but to which the profession usually ascribe a difference of cause and nature;—some, according to their views, being diseases of debility,—some, nervous—some, inflammatory. Now, connecting this with the fact, that the subjects of all these apparently different ailments have *remissions* and *exacerbations*, and have each a greater or less number of the symptoms or shades of symptom constituting the particular type of disorder, so well

known to the vulgar by the term AGUE ; for which, the same vulgar are aware, there are no powers so generally applicable, as Bark and the passion Fear ;—to what other conclusion can an unprejudiced person come, than that all disorders are variations of this one type—that, *abstractedly speaking*,⁵ there is but ONE DISEASE!

If this, then, be true—and its truth may be easily tested in every hospital in Europe—am I not justified in believing that the notions (for I will not call them principles) which have hitherto guided or rather misguided physicians in their treatment of disease, are a mere romance of the schools ; that their views of its causes are, for the most part, as erroneous as their modes of cure have been defective ; and their nomenclature and narrations throughout, little better than an unmeaning jargon !

We shall conclude these Lectures, Gentlemen, by a brief summary of the doctrines which have occupied us during the course. Their importance to the human race, if true, cannot be for a moment doubted—if proved to be false, I shall be the first to acknowledge my error—but as I said in the outset I will only appeal to results—to nature.

I have proved, however, I hope to the satisfaction of most of you,

1. That the phenomena of perfect HEALTH consist in a regular series of *alternate* motions or events, each embracing a *special* portion of *time*.

2. That DISEASE, under all its modifications, is in the first place a simple *exaggeration* or *diminution* of the amount of the same motions or events, and being universally *alternative* with a comparative state of Health, strictly speaking, resolves itself into FEVER,—REMITTENT or INTERMITTENT, *chronic* or *acute* :—every kind of structural disorganization, from tooth-*decay*, to pulmonary *Consumption*, and that decomposition of the knee-joint, familiarly known as *white-swelling*, being merely “developments” in its course :—Tooth-consumption—Lung-consumption—Knee-consumption.

3. That the tendency to disorganization, usually denomi-

nated ACUTE or *inflammatory*, differs from the CHRONIC or *scrofulous* in the mere amount of motion and temperature: —the former being more remarkably characterized by excess of both, consequently exhibits a more rapid progress to decomposition or cure; while the latter approaches its respective terminations, by more subdued, and therefore slower and less obvious alternations of the same action and temperature. In what does consumption of a tooth differ from consumption of the lungs, except in the difference of tissue involved, and the degree of danger to life, arising out of the nature of the respective offices of each?

Disease, thus simplified, will be found to be amenable to a principle of treatment equally simple. Partaking of the nature of Ague, throughout all its modifications, it will be best met by a practice in accordance with the proper principle of treatment of that distemper. When the doctrine of the Concoction of Humours held its baneful sway over the mind of the physician, it was considered the greatest of medical errors to repel the paroxysm—each fit being supposed to be a friendly effort of nature, for the expulsion of a peccant or morbid humour from the body. Like the popular error of our day, so prevalent in regard to “the Gout,” it was deemed to be a salutary trial of the constitution. An ague in spring, was said to be good for a king! That monarchs occasionally became its victims at this season, had no particular share in the revolution which has since taken place in medical opinion. So late as the time of Boerhaave, a physician asserted, that if he could produce a fever as easily as he could cure it, he should be well satisfied with his own skill! The consequence of such notions was, that the practitioner exerted his utmost to increase the heat of the body during the paroxysm,—but the fearful mortality attending the practice had no other effect upon the mass of the profession, than to make them redouble their exertions in the discovery of means of increasing this heat, that they might thereby assist the unknown process which morbid matter was supposed to undergo! One hundred years have scarcely elapsed since the fever patient was wrapped in blankets, his chamber

heated by large fires, and door, window, and bed-curtain closed upon him with the most scrupulous attention. The few that escaped this terrible ordeal, were said to be CURED—and these cures, like *ignes fatui*, only served to delude and blind the practitioner to the awful mortality which followed the practice.

Like the treatment of what was called Syphilis in more recent times, the practice proved infinitely more destructive to life than the disease itself—but, so far from opening men's eyes, the SENIORS of the profession, when the invaluable Bark was first introduced to their notice, opposed it with a violence and a virulence which has only since been paralleled by the resistance they successively offered to the introduction of the variolous and vaccine inoculations. To bring forward any sweeping or useful measure in Medicine, requires a moral courage and perseverance that fall to the lot of few. The man who wishes to gain a ready notoriety, has only to puff off some inert or mystical mode of treatment, and his success is certain. He must beware of coming before the public with a remedy to which the stigma of POISON can be attached. Does not the quack constantly boast of the absolute safety of his remedy!—See with what pertinacity he contrasts his *vegetable* MEDICINE with the words *mineral* POISON, which last he uses for a bugbear, as if the vegetable world was all for a blessing, and the mineral all for a bane; and the wonderful part of this is, that it answers admirably, even with what are termed the educated public—if those can be really educated who would swallow opium and hemlock in any quantity because they are VEGETABLES, and who appear not to know that table-salt is a MINERAL—that coal or carbon is a mineral—that iron and lime are minerals, and that all of these mineral substances actually enter more or less largely into the economy of their own living frames! To sum up the whole, every vegetable substance is the product of the earth: and if there be truth in scripture—if there be a statement in the sacred writings more deserving of the attention of the physician than another, it is that contained in the 38th chapter of the Book of Ecclesiasticus, namely, that “The Lord hath

created *medicines* out of the EARTH, and he that is wise will not abhor them!"—Can the man be a Christian who, after this, would dare to rave against *mineral* remedies?

As now practised, MEDICINE is little better than a copy of the exploded NAVIGATION of the ancients. Taking his bearings, less by the observation of the fixed stars, than by every little eminence and prominent locality, the ancient mariner, cautiously, if not timidly, crept along shore. With the unerring compass for his guide, the seaman now steers his bark boldly upon the boundless ocean. Despising the localism that formerly guided his sail, he now completes his voyage to the distant port, in as many days as it formerly occupied him weeks or months. Keeping in view the principles here laid down, the physician may, in like manner, with a few rare exceptions, entirely dispense with the common anatomical landmarks of his art—if he be not startled with the novelty of the light by which we have endeavoured to dispel the darkness that has hitherto clouded the field of medicine. Taking corporeal unity and totality for his rudder and compass—the brain and nerves for the ocean and seas on which he is to act—temperature and remittency for his tide and season—constitution and habit for the rule by which he must occasionally change his tack—he may now rapidly accomplish ends which, by groping among the intricacies of nomenclature, or by a vulgar attention to mere localities, he can only imperfectly attain by the reiteration of long and painful processes;—he may thus, with ease, obviate difficulties which he previously believed to be insurmountable. Let him not question whether or not the adoption of this will best *serve his own* interest. As physic is for the public, not the public for physic, he may rely with certainty, that notwithstanding the present over-crowded state of the profession, the supply of medical aid will, sooner or later, adjust itself to his own, as well as to the general weal.

It was one of the boasts of the eccentric Radcliffe, that he could write the practice of physic on half a sheet of paper: the whole might be comprised in half a line—ATTENTION TO TEMPERATURE! This, you may be sure, was Radcliffe's

chief secret—for he was one of the earliest physicians who first introduced what is called the cooling system in fever. When the Duke of Beaufort was taken ill of the small pox, “the doctor,” says Pottis, “was sent for, and found his grace’s windows shut up in such a manner, by the old lady duchess, his grand-mother’s order, that not a breath of air could come into the room, which almost deprived the duke of the very means of respiration. This method had been observed *by the physicians* (!) in her grace’s youthful days, and this she was resolved to abide by, as the most proper in this conjuncture, being fearful that her grandson might otherwise catch cold, and, by means of it, lose a life that was so precious to her and the whole nation. She had also taken a resolution to give her attendance upon the duke in person, during his sickness, and was in the most violent consternation when Radcliffe at his first visit ordered the curtains of the bed to be drawn open, and the light to be let in, as usual, into his bed-room. ‘How,’ said the duchess, ‘have you a mind to kill my grandson?—Is this the tenderness and affection you have always expressed for his person—’tis most certain his grandfather and I were used after another manner, nor shall he be treated otherwise than we were, *since we recovered* [escaped, truly !] and lived to a great age without any such *dangerous experiments*.’ ‘All this may *be*,’ replied the doctor with his wonted plainness and sincerity, ‘but I must be free with your grace, and tell you, that unless you will give me your word that you’ll instantly go home to Chelsea and leave the duke wholly to my care, I shall not stir one foot for him ; which, if you will do, without intermeddling with your unnecessary advice, my life for his, that he never miscarries, but will be at liberty to pay you a visit in a month’s time.’ When at last, with abundance of difficulty, that great lady was persuaded to acquiesce and give way to the entreaties of the duke and other noble relations, and had the satisfaction to see her grandson, in the time limited, restored to perfect health, she had such an implicit belief of the doctor’s skill afterwards, that though she was in the eighty-fifth year of her age at that very time, she declared it was her opinion

that she should never die while he lived, it being in his power to give length to her days by his never-failing medicines."

Well, Gentlemen, the judicious treatment of all diseases comes, at last, to attention to temperature and to nothing more. What is the proper practice in ague? To apply warmth, or administer cordials in the *cold* stage; in the *hot* to reduce the amount of temperature, by cold affusion and fresh air; or, for the same purpose, to exhibit, according to circumstances, an emetic, a purgative, or both in combination. With quinine, arsenic, opium, &c., the period of remission, or medium-temperature, may be prolonged to an indefinite period. In this manner may HEALTH become established in all diseases—whether, from some special *local development*, the disorder be denominated mania, epilepsy, croup, cynanche, the gout, the influenza! In the early stages of disease, to arrest the fever is, in most instances, sufficient for the reduction of every kind of local development. Except in a few rare cases, it is only when the disorder has been of long standing and habitual, that the physician will be compelled to call to his aid the various local measures, which have a relation to the greater or less amount of the temperature of particular parts.

What Hippocrates said three centuries ago we hope, Gentlemen, we have now proved, namely, that "the Type of all Diseases is *one and identical*." How different this doctrine from what is still taught in our schools! Physicians in this respect seem to resemble the poets, of whom Johnson says, "The first, whoever they be, must take their sentiments and descriptions immediately from knowledge; their descriptions are verified by every eye, and their sentiments acknowledged by every breast. Those whom their fame invited to the same studies copy partly these and partly nature till the books of one age gain such *authority* as to stand in the place of nature to another, and imitation always deviating a little becomes at last capricious and casual." It is in this way that the descriptions of disease in our nosological systems have become a mere tissue of unnatural division, not to say of the most ob-

vious contradiction ; if the words in which they be conveyed have, in many instances, any meaning at all. What, then, shall we say of reasoning founded upon facts which are no facts—upon mere assumptions which have no foundation in nature !

The schools of Egypt and Arabia, the eminent men of Greece and Rome, the great anatomical teachers and philosophers of the middle ages, knew not the circulation of the blood. How wild were their theories, how fanciful their hypotheses, may be gleaned from the fact of their naming certain blood-vessels, *arteries*, or *air-vessels* ;—tubes which you have only to wound, to see them pour out the living current in jets, were for ages supposed to contain not blood, but air ! What innumerable fallacies must have entered into reasoning founded on such premises ! Yet it was not till the seventeenth century that the illustrious Harvey demonstrated the true nature of the arteries, and the manner in which the blood circulates through the body !

The more you explain and facilitate the attainment of any science, the more that science is found to approach perfection. The true philosopher has always studied to find out relations and resemblances in nature, thus simplifying the apparently wonderful ;—the schools, on the contrary, have as invariably endeavoured to draw fine-spun distinctions, the more effectually to perplex and make the most simple things difficult of access. Any exposition of the singleness of principle which pervades a particular science will be sure to meet the censure of schools and colleges, nor will their disciples always forgive you for making that easy which they themselves, after years of study, have declared to be incomprehensible. So true it is that “in the *intellectual* as in the *physical*, men grasp you firmly and tenaciously by the hand, creeping close at your side step by step while you lead them into darkness ; but when you lead them into sudden light, they start and quit you !”—
[*W. Savage Landor.*]

Before concluding, I will just make a remark upon the subject of the doses of all medicines. Perceiving, as you must have done by this time, the utter impossibility of fore-

telling, in many cases, especially of chronic disease, the particular agent by which you are to obtain amelioration or cure,—and as in almost every case where an agent does not act favourably, it does the reverse—you must see the necessity of commencing your treatment with the smallest available doses of the more potent remedies; of feeling your way, in short, *before you venture upon the doses prescribed by the schools.* Let me not, for a moment, be supposed to countenance the homœopathic nonsense.—The twelfth part of a grain of calomel, for example, is a proper medicine to give to an infant; but such dose has no more relation to the millionth or decillionth part of a grain of the same substance, than the twelfth part of a bottle of wine—one glass—has to a *drop* of that liquid. The one has power to influence the whole body;—the other is utterly inappreciable beyond the taste it may impart to the tongue, the only organ it can, by any possibility even momentarily influence.—Gentlemen, pity the Homœopathists!—shun the Pathologists and bloodsuckers—and follow only that best guide of the physician—Nature! not in the confined sense of our mortal economy, but in every department of her works.—One great principle binds them together—God, in his UNITY, pervades them all!

THE END.

