

The unity of disease : analytically and synthetically proved : with facts and cases subversive of the received practice of physic / by Samuel Dickson.

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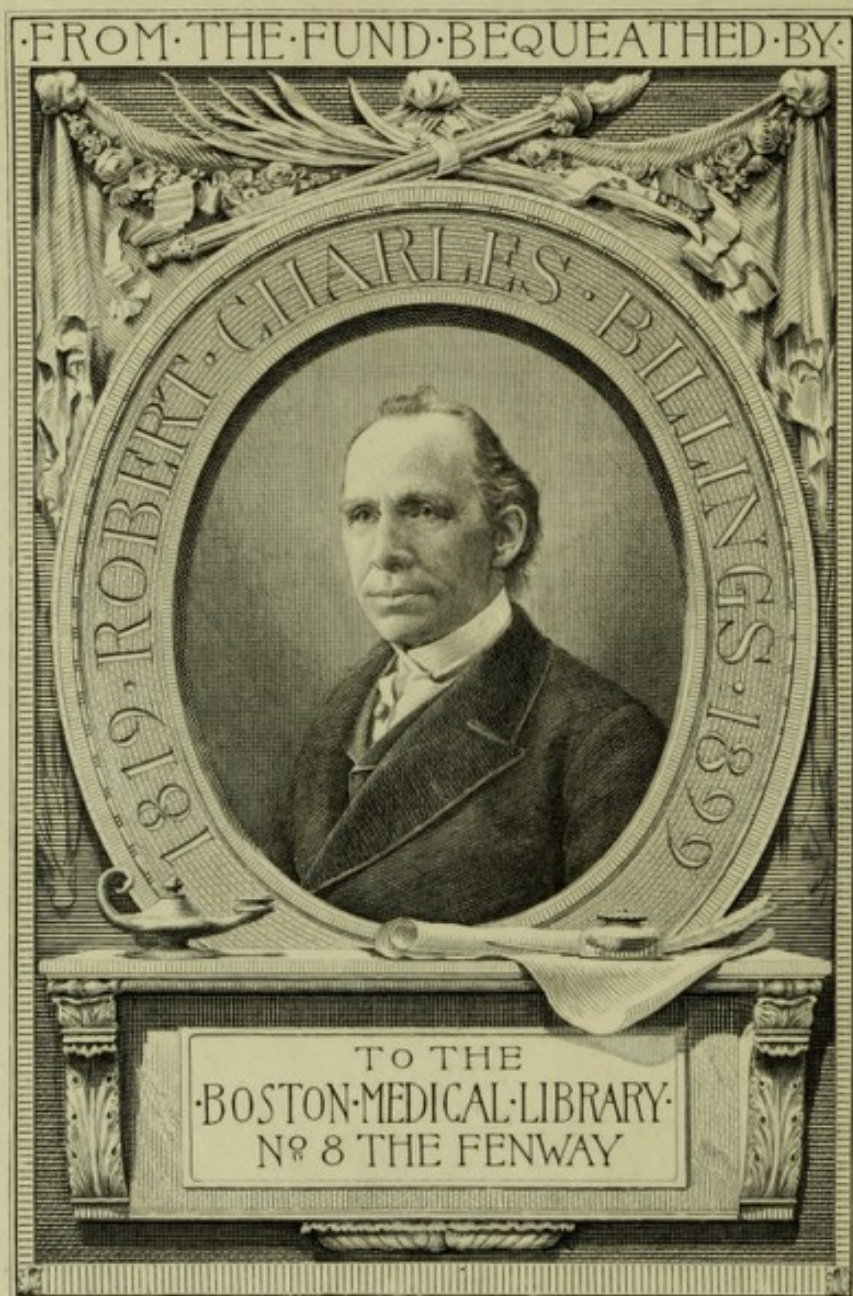
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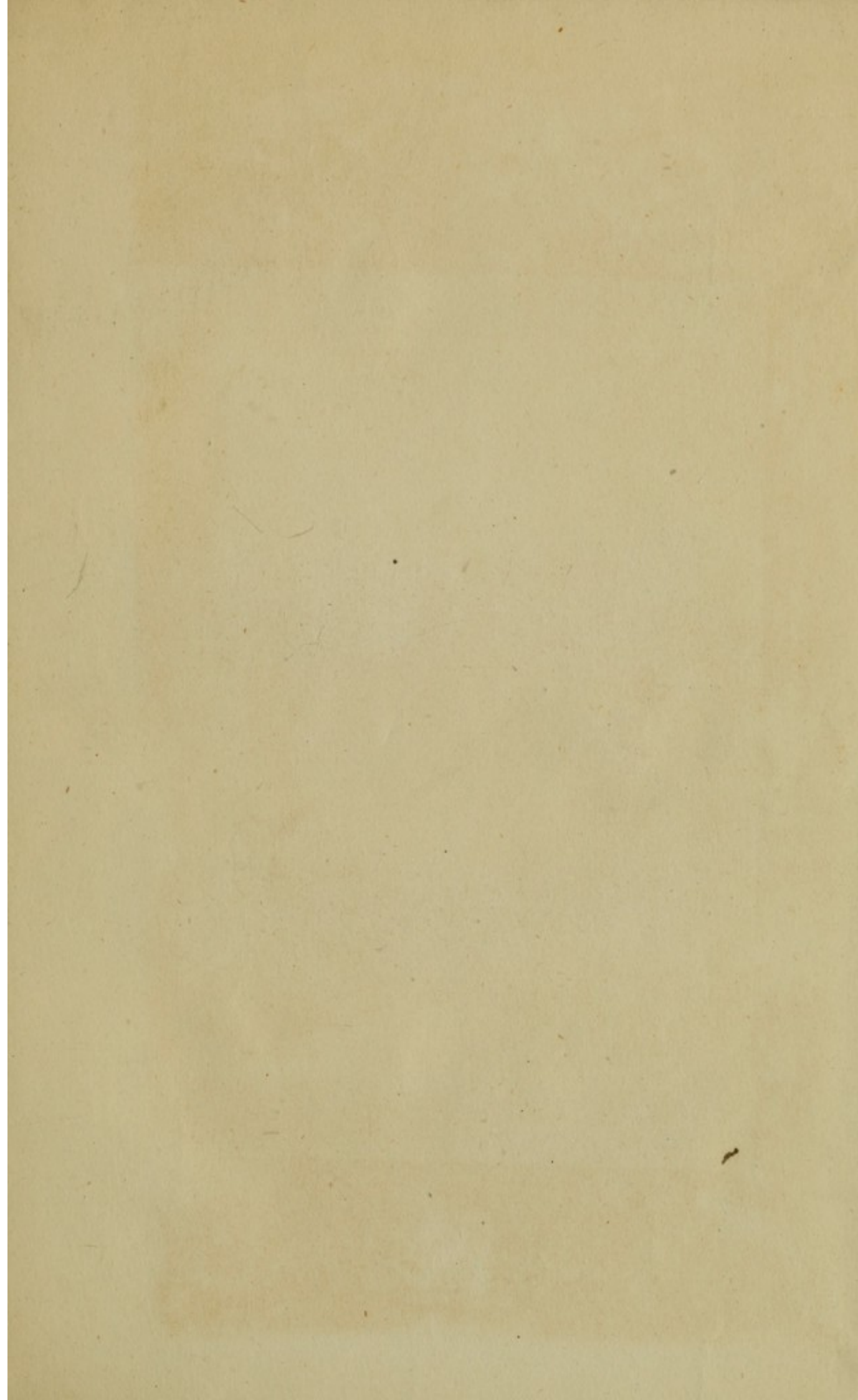


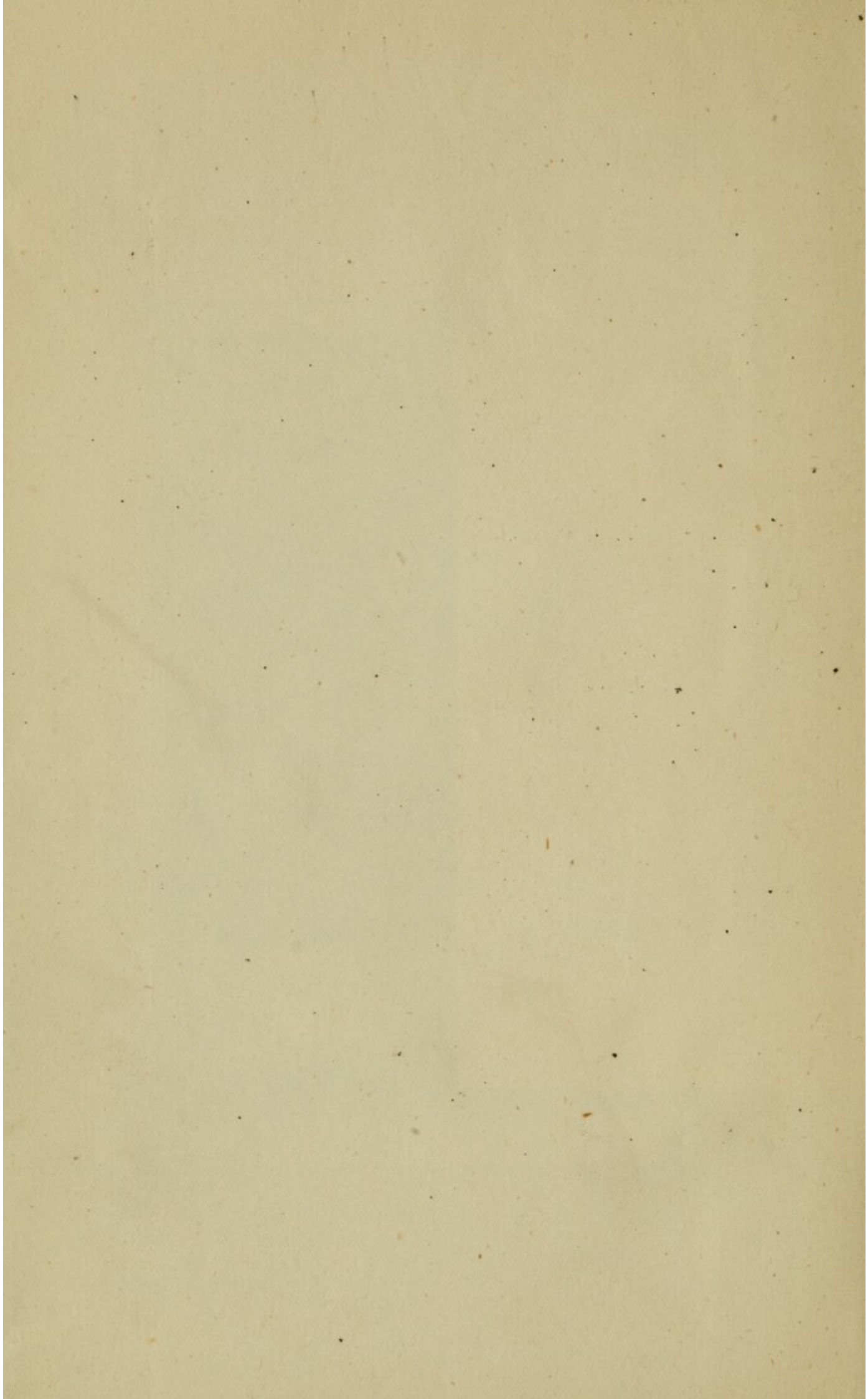
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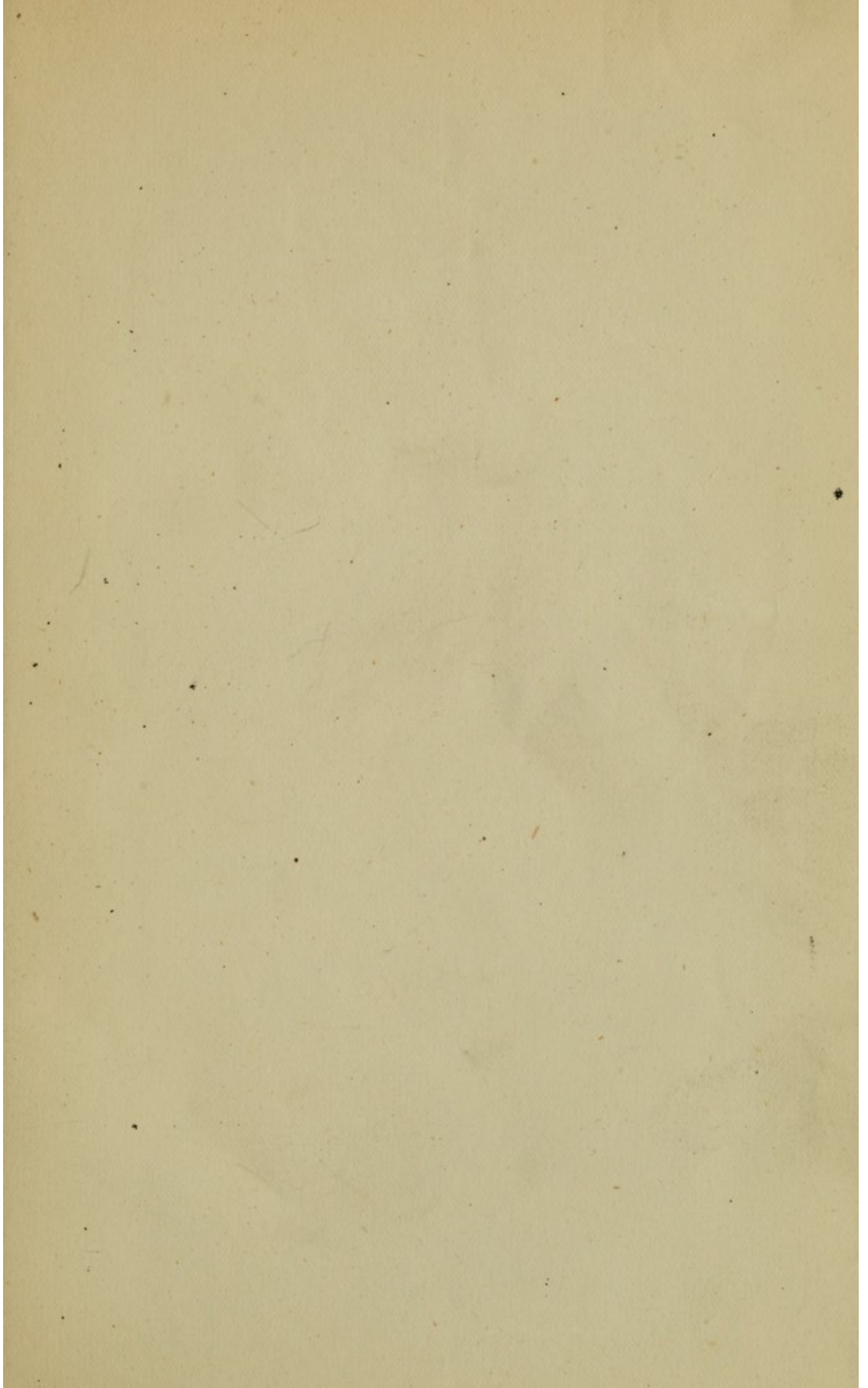


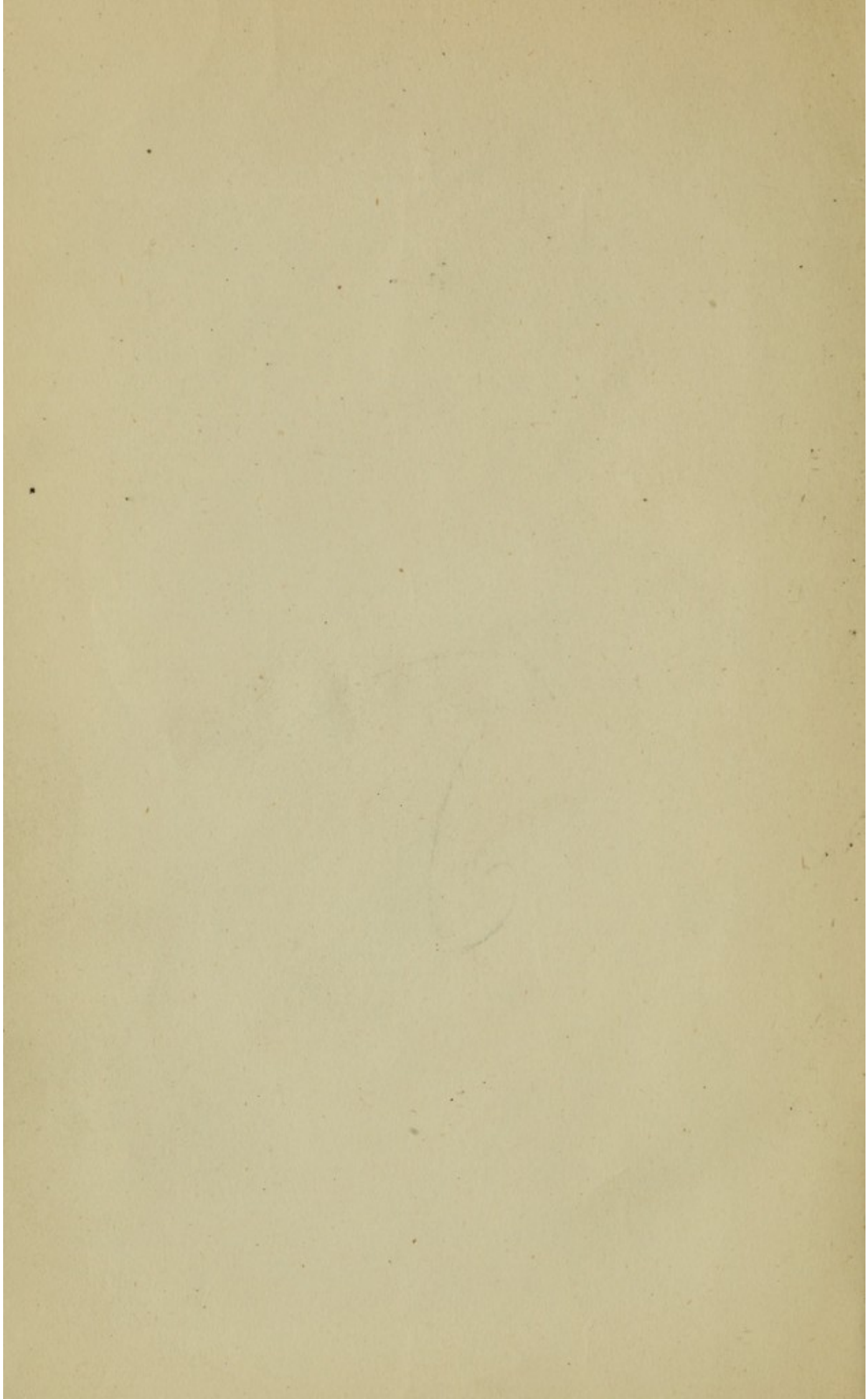
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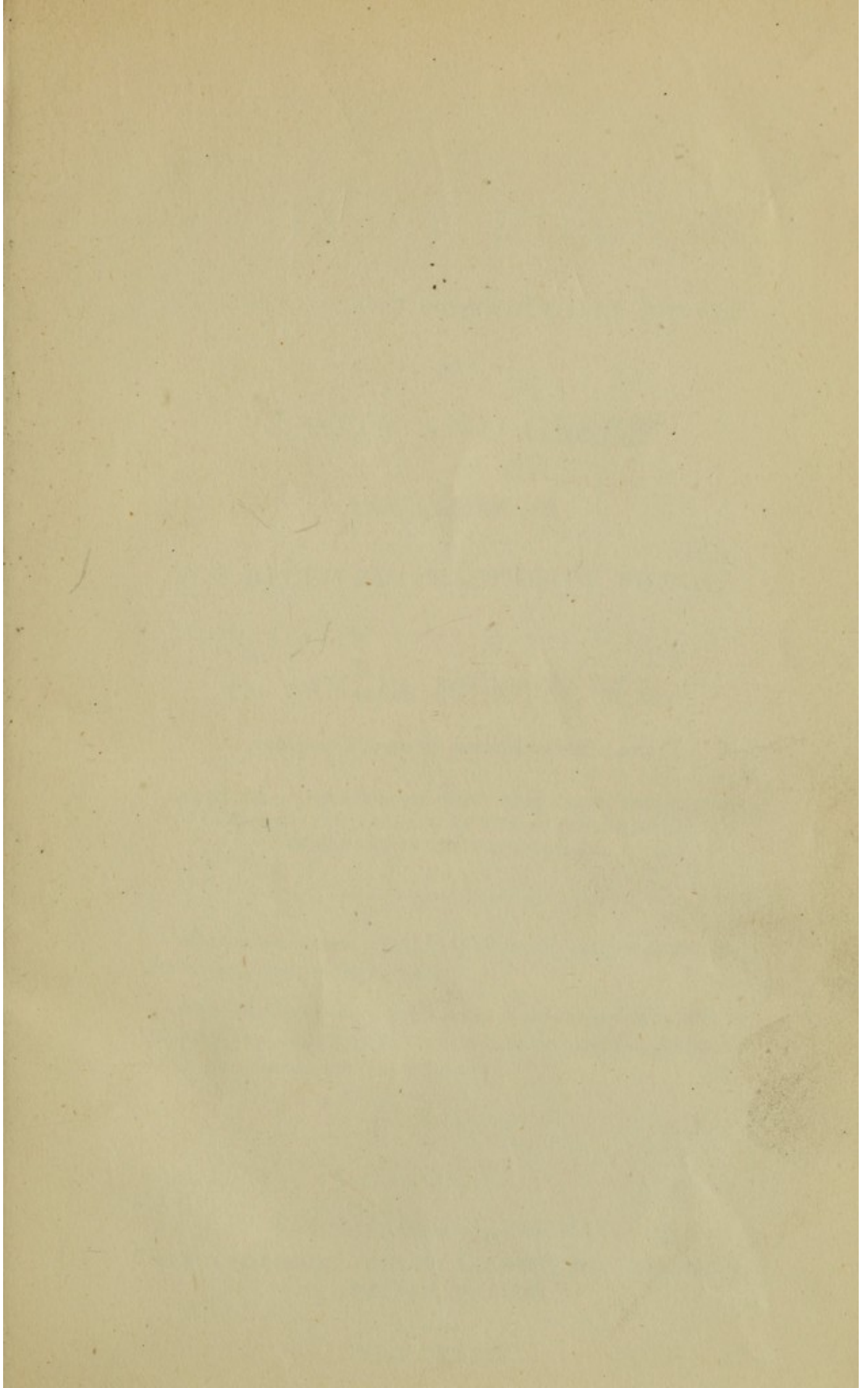


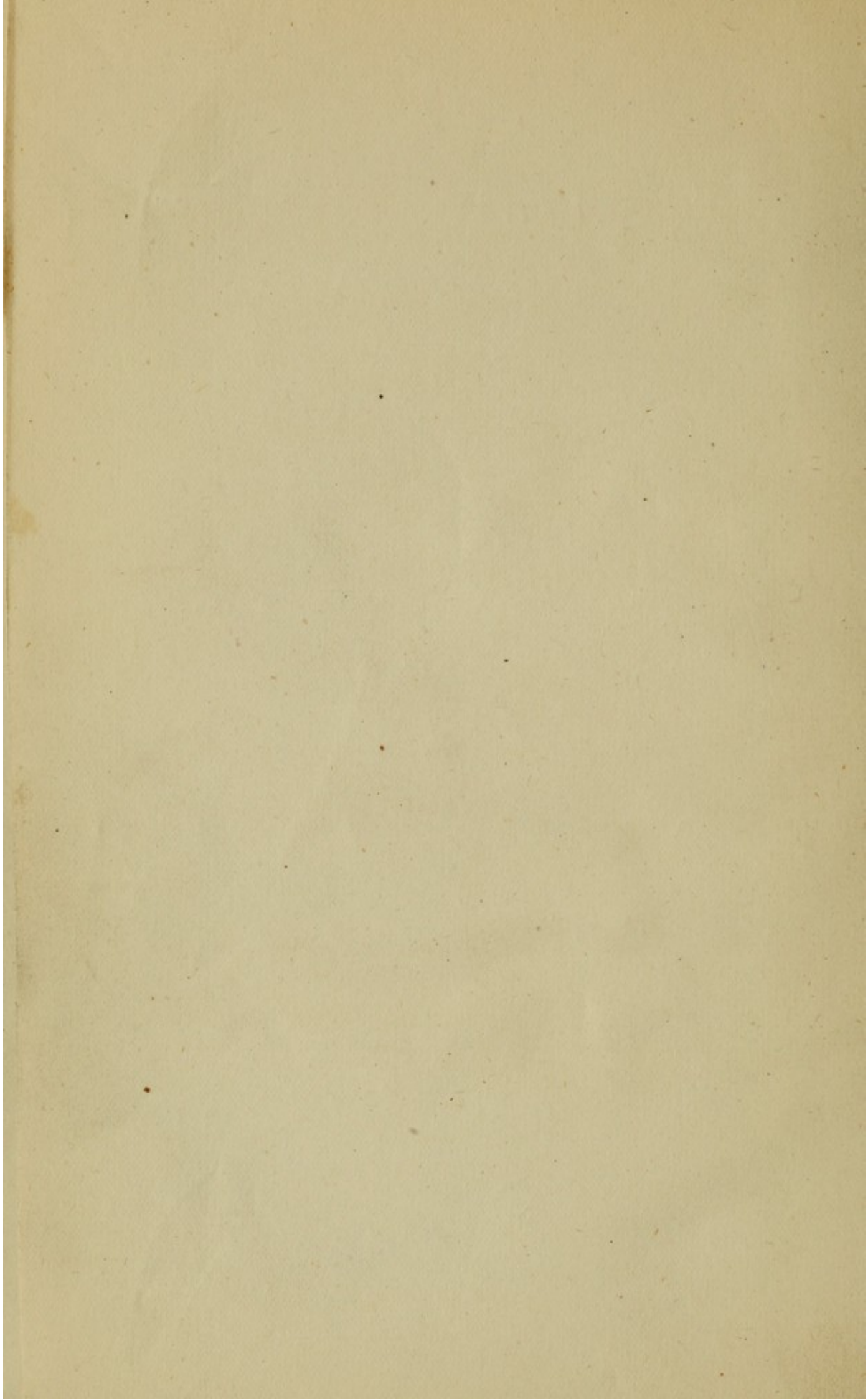












THE
UNITY OF DISEASE

ANALYTICALLY AND SYNTHETICALLY PROVED :

WITH

FACTS AND CASES

SUBVERSIVE OF

THE RECEIVED PRACTICE OF PHYSIC.

By SAMUEL DICKSON, M.D.,

FORMERLY A MEDICAL OFFICER ON THE STAFF,

AUTHOR OF A TREATISE ON "THE PREVALENT DISEASES OF
INDIA," "THE FALLACY OF THE ART OF PHYSIC,
AS TAUGHT IN THE SCHOOLS", &c.

"Omnium morborum UNUS et IDEM modus est; locus vero ipse
differentiam facit."—HIPPOCRATES.

"There has been 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."—ABERNETHY.

LONDON :

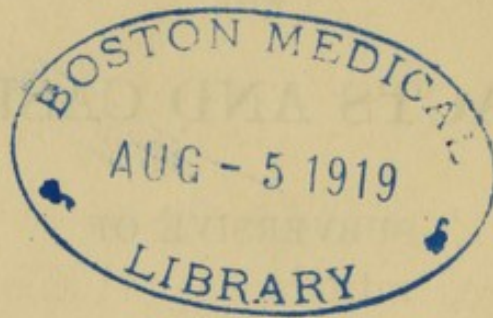
SIMPKIN AND MARSHALL :

JOHN ANDERSON, JUNIOR, EDINBURGH : MILLIKEN
AND SON, DUBLIN.

MDCCCXXXIX.

UNITY OF DISEASE

ANATOMY AND PHYSIOLOGY



THE DEGREE OF PHYSICIAN

17220 Bi,60

TO THE RIGHT HONORABLE
WILLIAM LORD VISCOUNT MELBOURNE,
FIRST LORD OF HER MAJESTY'S TREASURY,
&c. &c. &c.

MY LORD,

When a patriotic Lady, of the last age, introduced to this country a great medical improvement for her day—the SMALL-POX INOCULATION,—she was happily supported by a Princess of the Blood. If, with that powerful aid, and the prestige of her own high birth and beauty, the genius of Mary Wortley Montague all but sunk under the difficulties of her undertaking,—how perilous for an individual, possessing no distinction beyond his academic honors, the still more daring attempt to subvert the entire fabric of British Medicine!

Undeterred by the magnitude of the enterprise, I fearlessly throw down the gauntlet to my opponents. Among the Medical Practitioners of this metropolis are men who will welcome

TRUTH for its own sake,—whether it assume a garb at variance with educational prejudice, or appear in the still more repulsive light of an invasion of their private and pecuniary interests. To such I confidently appeal for support. Their every day practice will enable them to test the merits of my Work. The Prime Minister of England has permitted me to inscribe it to him: this permission could only have been granted in a liberal age. Under HIS high and distinguished auspices, I anticipate such a reception for my labours, as may enable me, not only, to neutralize the enmity of my adversaries; but, to extend the beneficial influence of an ART which, it has been the delight of my maturer years, to cultivate.

I have the honour to subscribe myself,

MY LORD,

Your Lordship's obliged and obedient Servant,

S. DICKSON.

38, CLARGES STREET, LONDON.

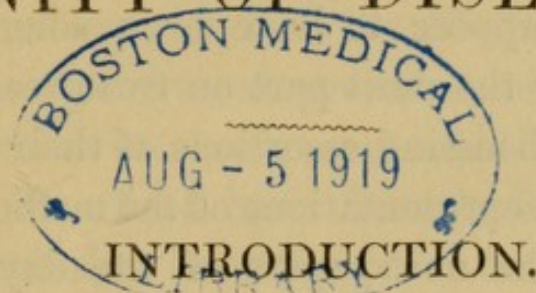
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THE
UNITY OF DISEASE.



“THE acute understanding,” says Sir James Mackintosh, “is the talent of the logician; and its province is the detection of *fallacy*. 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.”

I know not that I could offer a more felicitous quotation to such of my readers as might feel disposed to quarrel with me at starting, on the score of the *title*. The propriety of its adoption will be more readily admitted, after an attentive perusal of the work itself.

We daily hear of the march of intellect—of the progress or perfection of many sciences. 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 favorite pursuit;—some of them will even smile at a question which they suppose to have been long settled. These rely for the most part on two great sources of error—the boasting assertions of their teachers—and the misrepresentations of the medical press, which, like the newspapers of the day, is too often the mere organ of a party—crushing down or mystifying every truth, that militates against the interests of a particular college or school. The late Sir William Knighton was a gentleman, and a scholar;—to the observation and experience of the physician he joined a perfect knowledge of the literature and science of his age. His opinion of the later state of our art will, therefore, be listened to with respect:—“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 wonder, 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.”

If we believe Heberden,—“The practice of physic has been more improved by the casual experiments of illiterate nations, and the rash ones of vagabond quacks, than by all the reasoning of all the once celebrated professors of it, and theoretic teachers in the several schools of Europe; very few of whom have furnished us with one new medicine, or have taught us better to use our old ones, or have in any one instance at all improved the art of curing disease. Hence, though they have been applauded during the lives of their disciples, yet disinterested and impartial posterity has suffered each succeeding master of this sort to be gathered to his once equally famous predecessors, and to be, like them, in his turn, equally unread and forgotten.”—*Heberden's Commentaries*.

The mechanic views of Boerhaave, the spasmodic notions of Hoffman and Cullen—the putrid doctrines of Pringle—the sympathetic theory of Darwin—each has had its day—each, among others, has influenced, and *ceased* to influence the medical practice of Europe! How long may we expect the Pathological doctrines at present prevailing in the schools, to maintain the supremacy

which the fashion of the time has assigned to them!

Celsus observed long ago:—“*Morbi non eloquentia sed remediis curantur.*” Yet, strange to say, since his time, professors of physic have almost one and all been as forward to adopt new names and distinctions, as they have ever shewn a holy horror of innovation in the shape of remedies. Under the influence of the schoolmen, the Parliament of Paris, in 1566, declared it penal to prescribe *antimony* as a medicine; simply because it was a metal with whose virtues those who decried it were unacquainted; and so late as 1693, Dr. Groenvelt was committed to Newgate, by warrant of the president of the College of Physicians, for administering *Cantharides* internally—a practice now universal. When the invaluable *bark* was first introduced by the Jesuits, the medical hypocrites of the time made that circumstance their chief reason for excluding it from the *Materia Medica*, under the pretence that being a Popish remedy, it must necessarily be of the Devil’s invention!

With these facts before our eyes, can we wonder that many should doubt the art of medicine? or, can we blame those who fly to the charlatan for that aid which the schoolman, having promised, so often fails to accord?

The integrity of the physician has been suspected—nay, it has become a matter of question—unfortunately, too, with more than a mere show of reason.

Lady M. W. Montague, for example, held no very high opinion of medical disinterestedness. In one of her letters from Adrianople, she introduces the subject of SMALL-POX INOCULATION in the following words:—“I am patriot enough to take pains to bring this useful invention into fashion in England; and I should not fail to write to some of our Doctors very particularly about it, if I knew any one of them that I thought had virtue enough to destroy such a considerable branch of his revenue for the good of mankind. But that distemper is too beneficial to them, not to expose to all their resentment, the hardy wight that should undertake to put an end to it.” That she did not judge too harshly of the profession of her day, may be gleaned from the following extract from anecdotes of her life, by Lord Wharncliffe:—“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 that 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 descended from their pulpits on the impiety of thus seeking to take events out of the hands of Providence; the common people were taught to hoot at her as an unnatural mother, who had risked the lives of her own children; and, notwithstanding that, she soon gained many supporters amongst the higher and more enlightened classes, headed by the Princess of Wales, (Queen Caroline) who stood by her firmly, some, even of her acquaintances were weak enough to join in the outcry.

“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."

When Jenner, the greatest medical discoverer of any age, and the most noble benefactor of the entire human race, first promulgated his doctrine of Vaccination, he was scarcely listened to by the profession. Nay, after the benefits which his practice had conferred upon mankind, were brought to the level of the meanest capacity by demonstrative truth, there were not wanting men to oppose him with all the rancour of abuse, and the studied invective of personal malignity. The Bible itself was made an engine of attack! Erhmann, of Frankfort, among others, made this his chief ground of charge, attempting "to prove from quotations of the prophetic parts of Scripture, and the writings of the fathers of the Church, that the VACCINE was nothing less than Antichrist!"—*Dr. Baron's Life of Jenner.*

Can anything be more painful to the feelings of men pretending to a liberal profession, than disclosures like these?—or must we be compelled

to the humiliating confession, that the professors of *our* art differ, in no respect, from the rest of mankind, who, according to Mr. Hazlitt, “generally stick to an opinion that they have long supported and *that supports them!*”

Medicine, nevertheless, when stripped of the verbiage and vain distinctions which practically, even to the practitioner, render it a useless study, will be found to be, not only a simple, but a satisfactory art. For the elucidation of this, it is necessary to give a different explanation to many facts from what has been usually assigned to them. Let not the reader start at this declaration. FACTS can only have a value when properly represented. “Nothing,” says Velpeau, “can *lie* like a *fact*. Who has not understood facts a thousand times different from what they really are? It is, if I may use the expression, because they are the greatest hypocrites in the world: they present themselves every day to our eyes under the most deceitful appearances—they seem to court all those that approach them, and hasten to adopt the language most pleasing to each. From the time of Hippocrates to the present, they seem to wish to deceive all mankind. Pinel referred to facts to prove that all diseases originate in the solids—to me, these very facts demonstrate that, many affections commence in the fluids. In a

certain hospital, facts would lead us to believe that antiphlogistics may prevent, or even cure cancer of the womb; while, to my thinking, they intimate a result precisely the reverse; they permit, on one side, the assertion of the cure of white swelling—the advantage of amputation of the neck of the *uterus*—on the other side they contradict it. Enquire the treatment of Erysipelas:—According to one authority, the best practice is the application of mercurial ointment; another recommends the lancet; a third, nitrate of silver; a fourth, blisters. Facts would prove to me that all these practitioners are mistaken.”

Take another example—Pulmonary Consumption. “One writer (Stohl) attributes the frequency of consumption, to the introduction of 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. Desault and others

assert that consumption is often brought on by a common practice with young people, of 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 Clark*.

Now what are we to infer from all this? Not as some might be tempted to believe, that the profession is dishonest or deceptive throughout, but that its members, to this very hour, know nothing of the true principles upon which remedies act; and as little of the true nature of the diseases of which they treat. To my mind, it verifies the vulgar adage that—“What is one man’s meat, is another man’s poison.” For almost all the remedies which these authors have either lauded or decried, may, as we shall hereafter shew, cure, cause, aggravate, or ameliorate any given case of disease, according to the dose and constitution of the respective patients for whom they may be prescribed.

“If *false facts*,” says Lord Bacon, “be once on foot, what, through neglect of examination, the countenance of antiquity, and the use made of them in discourse, they are scarce ever retracted.” We have but too many such facts in medicine.—The late Dr. Gregory, a high authority, used *ex cathedra*, to declare that ninety-nine out of

a hundred medical facts, were medical *lies*—and that medical doctrines were generally “little better than stark-staring nonsense!” This, then, is a key to the difficulties which beset the study of physic—for what so difficult to understand as nonsense? or, when clothed in phrases which now admit one sense, now another, what so difficult to refute? “Nothing, says Sir Humphry Davy, has so much checked the progress of philosophy, as the confidence of teachers, in delivering *dogmas* as *truths*, which it would be presumptuous to question. It was this spirit which for more than ten centuries made the crude physics of Aristotle the natural philosophy of the whole of Europe. It was this spirit which produced the imprisonment of the elder Bacon, and the recantation of Galileo. It is this spirit, notwithstanding the example of the second Bacon, assisted by his reproof, his genius, and his influence, which has, even in later times, attached men to imaginary systems, to MERE ABSTRACTED COMBINATIONS OF WORDS, rather than to the visible and *living* world, and which has often induced them to delight more in brilliant dreams, than in beautiful and grand realities.”

The mere student, accustomed to these “abstracted combinations of words” of the schools, will find it difficult to divest himself of the

erroneous and mystical distinctions of his teachers. For "in the physical sciences,"—I again quote Sir H. Davy—"there are much greater obstacles in overcoming old errors, than in discovering new truths—the mind in the first case being fettered—in the last perfectly free in its progress."

In the early history of every people we find the priest exercising the functions of the physician. The traces of this clerical influence on our art are not yet extinct in England; for though our churchmen have long ceased to arrogate to themselves the power of healing, an Archbishop of Canterbury is still permitted by the laws of his country to confer degrees in physic! Nor does he fail, even in these days, to avail himself occasionally of his prerogative. We will not enter upon a consideration of the numerous theories and systems that have alternately flourished and fallen since medicine ceased to be practised exclusively by the priesthood. It is enough to mention a few of the notions that have, among others, influenced for a time the treatment of disease. The causes of disorder have been successively supposed to be a *humor* to be expelled by purgation, sweating, &c.; an acrimony to be blunted by sweeteners and temperants; a crudity to be solved by diluents; an acidity to be chemically neutralized; a putridity to be conquered by antiseptics. The greater

number of the moderns look upon disease as the result of inflammation, which can only be subdued by leech or lancet. Practitioners of all ages have spoken of the cause of disorder as an entity or essence—a something noxious to be *removed* or eliminated from the body. The terms “eradication, extirpation,” &c., would lead us to doubt whether the most eminent professors of the present day, hold any other opinion. Be this as it may, we shall, in the sequel, shew that the most perfect UNITY OR IDENTITY pervades all morbid action, whatever be its cause or character—and, by consequence, the vanity of the disputes which daily occur in practice, whether disorders resembling each other, and amenable to the same treatment, should be called by one name or another. In the language of Hobbes—“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.”

It is surely full time that disputes about the nature of morbid action should cease to resolve themselves into discussions about vowels and consonants. Can any thing be more absurd than to discuss whether particular phenomena should be termed GOUT or RHEUMATISM—the one being merely a corruption of the French word *goutte*,

a drop or humour; the other, a derivation from the Greek, of identical import and signification. Men who indulge in such puerilities, take their ideas from the humoral school. When they think to excel as physicians, they only shew themselves to be contemptible *philologists!*

Were the cultivation of the *dead languages*, and the dissection of *dead bodies*, equivalent to an acquaintance with LIVING action, we should not have so often to deplore the unseemly disputes that to this hour agitate the schools of medicine. But, as scarcely any two of these agree upon a medical point, even where they are unanimous in a medical name; it is to be feared, that the very terms applied to disordered states, together with a too minute attention to pathological distinctions, have contributed more to set the profession by the ears, than to the proper end of the medical art itself—the amelioration of the condition of suffering man.

How can the laws of LIVING ACTION, morbid or sane, be discovered, but by a close attention to the phenomena of health and disease, *during life?* “Without this philosophical view of the parts and functions of the *living* body, practice is not experience; and grey hairs and length of years bespeak only stubbornness in prejudice, and ill-founded claims to deference and respect.”—*J. Bell.*

In the course of my professional career, I was 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 rather than trust to the reports of the 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 had to guard myself as much against a too rigorous scepticism of their facts, as a too great contempt of their opinions.

I have thus been enabled to place before the profession a DOCTRINE OF DISEASE, which when its novelty shall have ceased to startle, will, from its simplicity and universality of application, not (I hope) unfavorably contrast with the chaos of contradiction which professors have so long imposed upon themselves and the world, in lieu of true medical science and philosophy.

The most perfect theory is on all hands allowed to be that which can reconcile the greatest number of facts. Till my readers shall detect one *real* fact militating against the truth of the views which I am now about to develope; let them not vaguely charge their author with innovation as a crime! Hippocrates, Galen, Boerhaave, Cullen, were every one of them innovators, nay,

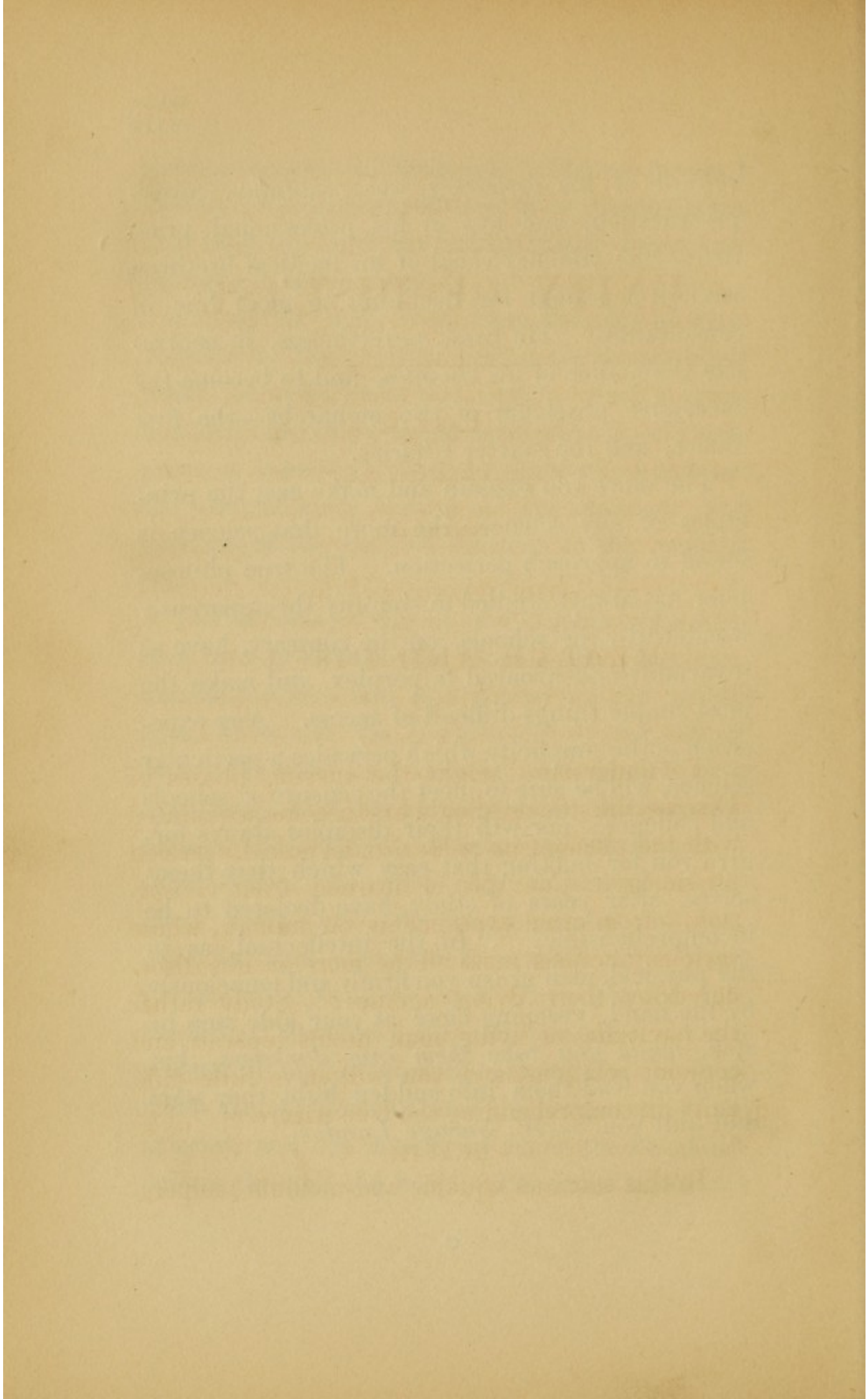
REVOLUTIONISTS in Medicine. The revolution I meditate, unlike those of some of my predecessors, is at least free from the imputation of being *sanguinary* in its character.

Can all the men, who, from the time of Hippocrates to the present, have made disease their study, be in darkness and error? Such a question will only shock the superficial;—it will only prove a stumbling-block to those who know not the contradictory nature of the opinions and practice of the reputed masters of the medical art.

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 their naming certain blood-vessels, *arteries* or *air-vessels*,—tubes which you have only to wound to see them spout out the living current in jets, were for ages supposed to contain air! What innumerable *fallacies* must have entered into reasoning, founded upon 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 immediate

reward of his discovery was, calumny, misrepresentation, and loss of his professional practice;—the vile and venal of his medical brethren made it a pretext for declining to meet him in consultation! He lived, nevertheless, to neutralize the malice of his enemies, and to become the successive physician of two monarchs—the first James, and the martyr Charles.

The more you explain and make easy the principles of any science, the more that science is found to approach perfection. The true philosopher has always studied to simplify the apparently wonderful—the schools, on the contrary, have as invariably endeavoured to perplex, and make the most simple things difficult of access. Any exposition of the simplicity 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! “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 take them into darkness*—but when you lead them into sudden light they start and quit you.”—*W. Savage Landor.*



THE
UNITY OF DISEASE.

PART I.

COMPRISING
THE PHENOMENA OF
HEALTH AND DISEASE.

To understand aright the varying phases of Disease, the student should first become acquainted with the phenomena of Health, technically termed physiology. Can this be learned from *vivisection*,—from cruel experiments on animals, whose various functions must all be more or less disordered by their dying agonies? Study rather the habitudes of living man in his separate and conjoint relations, and you will have little difficulty in comprehending the true nature of

HEALTH.

In this state, an equable and medium tempera-

ture prevails throughout the body. 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 time and occasion, the various secreting organs perform their office. The structures of the body, so far as bulk is concerned, remain to appearance unchanged; their possessor being neither cumbered 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—refreshing.

If we analyze these various phenomena, we shall find them all to consist of a series of alternate actions,—actions for the fulfilment of which, various spaces of time are requisite,—some being diurnal, some returning in a greater or lesser number of hours, while others are in constant or momentary succession.

In health, man rests from his labour;—he sleeps,—he wakes to labour and sleep again—his food and drink, nutritious one hour, become excrementitious the next—every appetite and neces-

sity periodically alternating. His lungs now inspire air, now expel it—his heart successively dilates and contracts—his blood brightens in one set of vessels only again to darken in another. What is the sum total of our common lot, but a succession of petty joys and sorrows, hopes and fears? The very process by which we come into the world, *parturition*—is a series of pains and remissions.

Every particle of the material body is constantly undergoing a revolution or alternation;—fluid one hour, it becomes solid the next—ever and anon varying its properties, colour, and combinations, as in brief, but regular succession, it assumes the nature and character of every tissue and texture entering into the composition of the corporeal frame. It is “all things by *fits* and nothing long.”

Those who ascribe the source of animal heat exclusively to the action of the lungs, have forgotten this fact—they have forgotten that in the constant mutation of its atoms, every organ, nay, every particle of the body, being ever in motion, must equally contribute to this end. For, according to the universally admitted axiom in physics, there can be no motion in matter *without change of temperature*; and no change of temperature *without motion in matter*.

“In the course of life man appears in the

changes to which his frame is subjected, to go through several types of configuration. The same individual, who had once in the womb of his parent the shape of a worm, and, that subsequently, rapidly traversed the types of other gradations of the lower animals, and became an infant breathing the surrounding air, is by no means to be recognised as identical with the vigorous man of thirty-five. His physigonomy alone points out the change effected on him.”—*Ashburner.*

We shall now enter upon a consideration of the nature of

DISEASE.

Disease is neither a devil to cast out, a humour to be expelled, nor an acrimony to be blunted; neither is it an acidity to be neutralized, nor a putridity to be chemically solved. *It is a state to be improved*—a CORPOREAL VARIATION reducible like health, into a series of particular mutations,—mutations, in the course of which, the matter of the same body, by a simple difference in the amount of its action and temperature, occasionally alters its character and combinations.

We shall first speak of the more simple deviations from health.

From the early derangement of the corporeal temperature, the patient complains of partial or

general heat or cold ;—his muscles less under the control 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, that scarcely makes up for interrupted pulmonary action. The heart is quick, palpitating, or languid, and 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 wastes 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 of hallucination ! His sensations are perceptibly diminished or increased. Light and sound, for example, confuse and distract him. Like the soft sybarite, a roseleaf ruffles him. With the smallest increase of temperature, he becomes hot and uncomfortable, and feels chilled and shivery in the slightest breeze ;

or, as you sometimes behold him, in extreme age or idiocy, equally insensible to excess of light, sound, heat, or cold. His sleep is broken, crowded with dreams; or, so perfectly lethargic, it is difficult to rouse him.

Let the reader contrast simple *disease* with what we have said of *health*, and he will, at a glance perceive, that the difference consists in mere variation of the sum or amount of the natural corporeal action and temperature. Structural lesion so frequently but erroneously associated with disease as a CAUSE, is not even necessary to the production of disorder; nor is it necessary to a fatal termination. It is a phenomenon which may or may not arise in the course of a malady, according to the constitution of the individual.

CAUSES OF DISEASE.

The causes of disease are infinite—they affect the body principally from without—acting upon it in the first place through the different *modifications of nervous perception**—and seldom, if ever, originating in any one organ of the body—for before a vital part can be materially implicated, all must be more or less involved. “I conceive

* By perception I mean more than mere sensation. The system may perceive and be acted upon by any agent—mercury for example—without any of the *five* senses being made aware of it.

(with Hobbes) that nothing taketh beginning from itself, but from the action of some immediate agent *without* itself." The Pathological schools preach a different doctrine.

The too exclusive spirit in which morbid anatomy has been for a long period cultivated, not in England only, but throughout Europe, has given rise to a class of medical materialists, who, hoping to find the origin of every disorder made manifest by the scalpel, are ever mistaking effects for causes. Loth to believe that death may take place without even a palpable change of structure, these gentlemen direct their attention to the minutiae of the dead, and finding in their search some petty enlargement, some trifling engorgement, or it may be, some formidable tumor or abscess, hastily set this down as the first cause of a disease of which it was only a developement!

"The great error of these localisms of disease (says the late Dr. Uwins,) is putting consequence for cause, incident for source, change in the condition of blood vessels for *powers producing* such change. It is an error which has its origin in the blood and filth of the dissecting room; and which tends to degrade medicine from the dignity of a science, down to the mere details of an art."

With this view of the matter, Mr. Travers completely concurs. "The effect of morbid ana-

tomy holding the first, and almost the only place in the mind of the medical enquirer, (says that gentleman) is to substitute effect for cause, the laws of physics for the laws of life—to confound the cause of death with the cause of disease; and in short to obscure by attempts at simplification.”

Let those who have most sedulously engaged in the cultivation of pathology tell us what has been the result of their labours. They will refer, doubtless, to change of every kind and character, and learnedly enter into the detail of each. But what advantages can they shew us; has this kind of study contributed to the healing art? May not these be fairly summed up in two lines of Gray's Odd Story?—

“ Rich windows that exclude the light,
And passages that lead to nothing.”

Indeed, so great a stumbling-block to a proper knowledge of medicine is this exclusive, and too minute cultivation of morbid dissection that Dr. Baillie, its greatest patron, confessed on retiring from practice, 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 morbid anatomy, and the value attaching to medical reputation. The celebrated Brown, long ago, cautioned his

disciples against an error which the over zealous investigators of diseased structure, even in his day, but too successfully propagated. Do not, he says, look for the *causes* of disease in dead bodies!

The earth, the air, the degrees of temperature, dryness, and moisture of each, the nature and extent of our food and drink, our various modes and means of obtaining these, with all the other chances and changes of our social and individual position—these are the elements to which we must look for the variations betwixt health and disorder.

Having alluded to the errors of the Pathological school, we may now glance at the doctrines of another class of exclusives—those, who, with the quantity or quality of our food or air, associate every disorder. The late Mr. Abernethy, to whom science nevertheless owes much, was an example of the first. To the stomach and bowels he almost invariably pointed as the cause of every disturbance. He forgot his own observation that a passion or a blow could alter the secretions of both. He ascribed the first link in the chain of causes to a feature which could only be improved by an agent affecting the nervous or perceptive system, in which that and every other symptom could alone have their origin.

But what shall we say of those who attribute

every disorder (particularly if they have discovered the phenomenon of remittency of its symptoms) to malaria, or marsh-masma?—as if there could be no such change in the constitution, independent of change of air! Man is not an isolated being, without food and air he cannot exist,—but his success in life, his reception from friend or foe, the state of his family or finances, will equally periodically excite, depress, and disorder his various organs and functions, as a deprivation or depravity of the food he eats, or the air he breathes. An unexpected reverse of fortune, good or bad, may lay the foundation of many shades of disease; nay, we are not without examples of individuals instantaneously expiring, both from too intense grief and joy.

“It has been too much the fashion in philosophy, to refer operations and effects to single agencies, but there are, in fact, *in nature*, two grand species of relationships between phenomena;—in one, an infinite variety of effects is produced by a single cause; in the other, a great variety of causes is subservient to one effect.”—*Sir H. Davy*.

All this applies equally to disease, and the causes of disease.

Let the student carefully examine outward parts, he will find that no variation in these,—not even the most minute, is unaccompanied by con-

stitutional disorder; but the local derangement which may principally attract the eye, is for the most part a mere symptom or feature in common: seldom the first—though sometimes a secondary cause of general disorder. If a man wound his hand with a knife, and be at the same time in health, it will speedily heal by rest and attention to position. Should the wound degenerate into an ulcer, that man shall be chilly and heated by turns; you will find him more than usually anxious about trifles, with capricious appetite and dispositions: in a word, all his various functions, varying at least a shade from those of health—some being diminished, others exalted; and the greater the variation, the worse the disease. Here your exclusively anatomical physicians will fix upon some internal organ as the cause of all this. One will apply himself to the stomach, another to the liver; and, as these viscera cannot be *altogether* right, where so much is wrong, it were strange, if by pressing or percussing, they do not compel their patient to acknowledge pain or tenderness in the particular structure which they maltreat the most, and then stigmatize as the most offending part. To this, and this only directing their attention, they will be at no loss, should the patient die, to find what each particularly desires. One will detect hepa-

tic change; another, gastric congestion. In the full enjoyment of his own opinion, each departs triumphant! Should the patient recover, the *success* of the treatment will be vaunted in confirmation of the error. Mercury, possibly, has, in some of its combinations, been administered. The first maintains it has indubitably improved the liver; the second, that it has exerted some mysterious influence over the stomach. Do physicians forget that this metal can cure general disease; can arrest disorder arising solely from an external agent, such as cold? Let them recur to the symptoms—they will find the patient laboured under a general derangement, which some call one thing, some another: but which, I am perfectly contented to term LOSS OF HEALTH: or, if my reader will not be satisfied without a medical name—FEVER, aye, and REMITTING; for there is no corporeal state, morbid or sane, that can be said to be constant or unremittingly fixed. If human life has been truly stated to be “a *fitful* fever,” we shall not be astonished to find

INTERMITTENT FEVER THE TYPE OF ALL
DISEASE.

The beautiful unity which pervades organic structure, throughout the numerous varieties of animal existence, has been already satisfactorily demonstrated, both by foreign and domestic

writers. To the discovery of this universal type of organization, Comparative Anatomy owes its elevation to the dignity of a science. A similar primitive type of unity will be found to prevail throughout all the various changes which we recognize as morbid in man. "All diseases," says Hippocrates, "have a resemblance in their form, invasion, march, and decline." Far from being a fanciful analogy, this similitude when rigidly scrutinized, will be found to resolve itself into a perfect unity of symptom; one man's disease differing from that of another only in the general constitutional shade, or in the mere difference of organization of the tissue, which shall shew the greatest tendency to general or partial decomposition in its course.

When treating of the phenomena constituting health, we took occasion to call the attention of the reader to the periodic action and rest exhibited in their diurnal and other revolutions. What is sleep but a periodical palsy of the nerves of the five senses.* What is death? A permanent

* When the leg or arm labours under temporary palsy, it is in common discourse said to be *asleep*. During *somnambulism* some of the senses must be *awake*—sight and the power of volition must. Judgement, decidedly not. The phantasmagoria of a dream resemble the hallucinations of mania. The acts of mania and somnambulism are often one and the same. The somnambulist will see the water and walk into it—so will the maniac—and both are drowned.

palsy of every organic perception. The body under disease exhibits revolutions analogous to those in health—it shews a similar tendency to alternate motion and repose ; for periods more or less regular are observed to mark the approach, duration, and interval of recurrence of the morbid phases. These revolutions, in the language of the schools, are termed the *paroxysm* and *remission* ; but so far from having been recognized as a law of universal occurrence, PERIODICITY has been vaguely supposed to stamp the disorders in which it has not been overlooked as the exclusive offspring of a malarious or miasmatic atmosphere. The word AGUE, synonymous with INTERMITTENT FEVER, is the phrase which popularly embraces all diseases in which the patients have chills and heats with *periodic* exemption from both. We shall, in the sequel, establish that no disorder, however named or caused, is deficient in either of these respects ; that, in a word, there is no morbid state that is not preceded or accompanied by alternations of temperature, or that does not exhibit remissions and paroxysms of a more or less periodic kind throughout its course.

In the succession of phenomena which indicate intermittent fever, the philosophic physician will readily detect the type of that unity of action, which, in the sequel, we hope to demonstrate, pervades all the various shades of human disease.

The ague-patient, as every body knows, has, among other symptoms, a chill, heat, and sweat, *alternating* with a comparative state of health. During the phases of the paroxysm, all or nearly all the various functions of the body are disordered. The ascertainable temperature is one hour deficient, another raised above the healthy standard. The muscles become tremulous or spasmodic, the secretions increased or decreased, the mental powers depressed or deliriously exalted. Of such morbid variations, you may have many shades.

The following case exemplifies some of the less common phenomena :—“ Miss * * * , aged *nineteen*, had bathed a few times, about a month before, in a cold spring, and was always much indisposed after it. She was seized with sickness and cold shuddering, with very quick pulse, which was succeeded by a violent hot fit. During the *next* cold paroxysm she had a convulsion fit, and *after that* symptoms of *insanity*, so as to strike and bite the attendants, and to speak furious language.”—*Darwin*. Nobody, I presume, will attribute this lady's disease to *marsh-miasma*; yet, here we have most of the characteristics of ague, including *remission* and *exacerbation*, with MANIA superadded.

The next case is somewhat similar, though arising from another and very different cause :—
“A young lady was about to be married to a gentleman who was accidentally killed on the evening before the morning on which the marriage was to have been solemnized. She became deranged and was confined to a lunatic asylum. The paroxysm made its attack every day at the same time, and continued several hours, but during the *remainder of the day* she appeared perfectly *sane*.”—*A. T. Thomson*. In this, a case illustrative of disease from the passions, we find the most perfect periodic remission and exacerbation. The narrator says nothing respecting temperature, but, if we have any doubt on this head, we need only look into a lunatic asylum, and we shall find the patients, when in the paroxysm, exhibiting every stage of temperature characteristic of the *fit* of intermittent fever. Sir William Ellis, whose great experience in maniacal cases, entitles him to credit, informs us that he seldom ever examined the head of a lunatic without finding the *temperature* greater than natural.

A remarkable case of ague from the passions is briefly alluded to by Mr. Moore, in his *Life of Lord Byron*. Speaking of the poet's mother, he says—“So sadly characteristic was the close of

the poor lady's life, that a fit of ague, brought on it is said by reading the upholsterer's bills, was the ultimate cause of her death!"

Every experienced surgeon is aware of the constitutional effects of external injury. To say nothing of the graver accidents and operations which occur in practice, how often has he been compelled to witness all the phenomena of ague, from the simple introduction of an instrument into the urethra. The *fainting fit* which occasionally follows this bloodless operation, is an extreme shade of the cold stage; and the fever, or reaction, which, for the most part succeeds it, is typical of the hot. Dr. Davis, in his account of the Walcheren ague, says, he has "known paroxysms to come on with *syncope*, and a sudden debility that was really alarming." A married lady, the mother of seven children, lately consulted me for fainting fits: she had one every second day at the same hour. Quinine, arsenic, hydrocyanic acid, all successively failed;—musk at once effected a cure. "The fevers (says Mr. Abernethy) produced by local disease, [injury] are the very identical fevers which physicians meet with where there is no external injury." Is not this a sufficient admission of their intermit-

tent nature? We shall, in the sequel, show that there is no fever without remission.

The occurrence of remission and paroxysm in disease, then, so far from being exclusively connected with malaria or miasma, as a cause, is a UNIVERSAL LAW;—changes of temperature, passions, injuries, being equally followed by intermittent disorders: nay, the various poisons, whether vegetable or mineral—those very agents successfully employed in the treatment of intermittent fever, are no exception to the rule. Speaking of these, Dr. A. T. Thomson observes,—“Some produce their effects in paroxysms; for example, strychnia and veratria. Some admit of *exacerbations* and *remissions*, namely, arsenious acid, [arsenic] which, indeed, sometimes even exhibits intermissions.” The tremors which arsenic occasionally excites, are typical of the shiverings of ague,—the very disorder for which we so often successfully prescribe this metal in practice! The agents of death, then, are the agents of life! *Similia similibus curantur*. So far, but no farther, as we shall in the sequel shew, the homœopathsists are right.

The analogy subsisting between tremor and spasm has been a source of speculation to many

thinkingmen. Analyze *tremor*, and it will be found to be merely a rapid succession of incomplete spasms. Palsy shews a loss of muscular power greater than either.

The following case of periodic APHONIA, or paralysis of muscles, necessary for the function of speech, will shew how palsies may, like every other form of disorder, exhibit the most perfect intermissions:—"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 appear at all 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*.

In the above case, the corporeal temperature during the attack is not stated; the periodic remission is sufficiently remarkable. The case which I am now to give, occurring in a patient of the other sex, will illustrate the variations and intermissions of temperature; but whether remission was at all observable in the paralytic muscles, is not stated. Both cases throw light upon each other, and go far to explain the manner in which this and other palsies become developed in the course of remittent disorder:—
“James Milward, a weaver, aged 34, while at breakfast, was affected suddenly with a *trembling*, attended by a feeling of *coldness* and numbness from the pit of the stomach up to the throat, and soon afterwards it was found that he *could utter no sound*, although the lips and tongue could be moved with the usual ability. He is perfectly sensible, and answers negatively or affirmatively, by a motion of the lips. He can swallow with perfect ease. He has by turns, *heats* and *chills*; and when the former occur, a diffused rash arises about the extremities, and the face is at the same time flushed.” Under the application of leeches to the temples, purgatives, and ammonia,

the patient recovered his speech in about a fortnight from the time of the attack.—*Midland Reporter*.

Since I commenced this volume, I have it in my power to record the case and cure of a young married woman, who laboured under periodic hemiplegia :—Sarah Warner, aged 25, had suffered some months from a periodical loss of speech and palsy of one side. Every three or four days, (I use her own words,) the malady came on about the same hour. Various remedies were ineffectually prescribed by her medical attendants, who all looked upon her disease as apoplectic. When she applied to me, I ordered her a combination of quinine and iron, which she continued for a week, and never afterwards had another fit.

The following case is illustrative of the accomplishment of a cure in palsy long considered hopeless :—Mrs. Sargent, aged 40, a married woman, and the mother of several children, residing in Milsom-street, Cheltenham, had been for *eight* years confined to bed with palsy of the lower extremities. She had been under the treatment of eight or nine different physicians of the Cheltenham Dispensary, one of whom, Dr. Cannon, had attended her for nearly four years. Such, at least,

was the woman's statement, confirmed to me by many people of respectability, who had visited her from the commencement of her illness. When I first saw her, her voice was an almost inaudible whisper; she was liable to frequent retchings; complained of spasms, pain of the back and limbs, and of much vaginal discharge. She had irregular *chills* and *flushes*, and some days had more power in her limbs 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 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 two years that have elapsed since she was under my care.

The next case is equally interesting:—Charles Overbury, aged 10, also of Cheltenham, had been in the following state for some months previous to my first visit. I found him lying on a couch, every muscle of his face in such curious repose that his countenance seemed quite idiotic: his arms and legs were powerless. If you held

him up his legs doubled under him like those of a drunken person, and 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 correctly. 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. He had a nightly succession of epileptic spasms. The temperature of his body varied in the course of the twenty-four hours. The remedies to which I resorted in this case, were minute doses of calomel and quinine, with hydrocyanic acid; the last 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 complete a transformation as it is possible to imagine. Has the reader marked the periodic remissions which characterised the case?

The following are cases illustrative of the cure of palsy of a single limb:—

Case 1st.—Mary Boddie, aged 18, 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 she was an in-patient at the Gloucester Infirmary, (in which establishment her mother held the situation of nurse); but cupping, leeching, blistering, &c., were all equally ineffectual. The patient complained of having suffered from shivering-fits, followed by heats and sometimes perspirations. Her catamenia had never been regular. The same mode of treatment, with the addition of a galbanum plaster to the loins, in which she complained of *coldness*, was adopted and followed with equal success, as in the above case. She had scarcely been a fortnight under my care before she completely recovered the use of her paralyzed limb, and she has had no relapse during a period of four years. The greater part of this time she has been in service.

Case 2nd.—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 fits, with occasional convulsions ; her spirits were much depressed, and her catamenia had always been more or less disordered. Her leg, she said, had more *feeling* on certain days than others. After trying her for some time with the 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. In about six weeks she regained the perfect use of her limb; nay, she returned to her service at Mr. Ward's, which she only lately left to get married. Her cure has been complete for the last four years.

I could here give numerous other cases equally explanatory of the remittent manner in which palsy, of almost every muscle of the body may be developed, and also of its mode of cure. For the present I shall content myself with recording my views of a disease, which, so far as I am aware, has never been supposed to be of this kind—the *curved* or *crooked* spine. By most authors this disorder has been imagined to be under all circumstances an affection of the bones. Mr. Abernethy and a few others have vaguely referred it to some peculiarity of nervous action. What this is we shall now proceed to demonstrate.

The *mast* of a ship is kept erect by the side ropes or *shrouds*. If you cut or loosen these on one side, the mast falls in an opposite direction. The human spine in health 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 a proper supporting power must necessarily drop at that particular place. Being composed of many moveable pieces, the *vertebræ*, it can only take the form of a curve or obtuse angle; and the degree of this curvature will depend upon the number and particular locality of the muscles so paralysed. The disease or “deformity,” under all its uncomplicated variations of external and lateral *curvature*, is the result of *palsy*; which palsy 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, blisters, 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 palsies generally, the patient has more power in the affected muscles one day than another; and I have never had such a patient who has not confessed to being the subject of *heats* and *chills*. Take the following case of

external curvature of the spine : Mrs. Craddock, aged 25, had for upwards of eighteen months great weakness about the upper third of the back, where a *swelling*, to use her phrase, made its appearance ; gradually increasing in size. According to her statement, she had been an in-patient in 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 dorsal vertebræ ; which vertebræ, were also painful and enlarged. The patient was extremely dispirited, shed tears upon the most trifling occasion, and was subject to *tremblings* and spasms. Her back was generally chilly, and she suffered from coldness of feet. Some days she thought the “ swelling ” of her back was not so great as upon others ; and upon those days she remarked that her spirits were not so low. I directed the *issues* to be discontinued, and ordered her a combination of hydrocyanic acid and tincture of cantharides, three times a day. These medicines she had scarcely taken for a fortnight, when the improvement in her general appearance was remarkable :

the protuberant part of the spine very considerably diminished, as her health became ameliorated; and in less than a month, her cure was accomplished. A permanent curve, slight when compared with her former state still remains.

Equally effectual have I found this mode of treatment in that particular muscular palsy, which gives rise to *squint*. Parents who have children thus affected, will tell you that some days the deformity is scarcely, if at all perceptible; yet you will hear medical men say this disease must be owing to worms, gastric, irritation, &c.; and then they will purge and blister the child into convulsions or confirmed squint. By attending to the remitting, nay, the periodical nature of the disorder, I have been exceedingly successful in its treatment. With quinine, iron, hydrocyanic acid, calomel, &c., in extremely minute doses, I have scarcely ever failed in accomplishing the desired object in the early stages; and I have almost always ameliorated the case, even when it had been of considerable duration. In a case which lately came under my notice, the boy squinted every second day; he was cured by quinine.

To the medical reader, I need not point out the *night* and *day blindness* as familiar instances of the intermitting palsy of the nerves of sight.

The following case of *amaurosis* of both eyes is remarkable for the accomplishment of a cure, after the case had been considered utterly hopeless for years.

Charles Emms, aged 25, formerly residing in Winchcomb-street, now in Milsom-street, Cheltenham, stated to me that he had been completely blind 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 the 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. Pierepoint, 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 quite 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 subject to chills and heats, palpitations, and tremblings. His spirits were always he said depressed. My first prescription quinine disagreed; my second, nitrate of silver, was equally unsuccessful; with my third,

hydrocyanic acid, he gradually regained his vision, being, after an attendance of four months sufficiently restored to enable him to read large print with facility. Such has been his state for the last two years. I need not say his general health has materially improved ; his appetite is now he says too good for his circumstances.*

If patients who have been subject to DEAFNESS be questioned upon the point of remittency, they will, in the great majority of instances, admit the fact ; and at the commencement, or in the early stages, will universally acknowledge the chills and heats with which they are affected. Attention to this will sometimes enable the physician to improve patients under the most unpromising circumstances.

I am now attending a gentleman, who has been for three years, more or less, the subject of ague. The disease latterly has come on in the middle of the night, during his sleep, regularly every week, about the same hour. After shivering intensely, he has a hot fit ; during which he

* While upon the subject of the Eye, I may as well state here, that in the commencement of *Cataract* the patient sees better one day than another. I have just been consulted by Diana Dark, aged 29, for incipient cataract. She tells me her sight alters two or three times in the same day ; and she confesses to being nervous, affected with tremblings, low spirits, and heats chills.

complains of violent pain of side and back, and he becomes exceedingly *deaf*; he has then a sweat with relief; and the next morning he is yellow all over, but with little or no deafness remaining. The most eminent men of Dublin, have attended him; their opinion is that gall stones are the cause of all this; from which I altogether dissent. The regularity of the paroxysm and intermission,—the recurrence of the fit during sleep, could not be produced by gall stones. The temporary jaundice is a mere effect of spasm of the gall ducts, developed during the aguish paroxysm, which in him the day before is preceded by listlessness, &c.; the pain of side and back being not precursory, but coming on in succession. No gall stones have been seen.

Cases of *Anæsthesia*, or loss of the sense of touch, and also of partial or general numbness will almost always be found to have run a course of remittency. So will the greater number of instances of that exalted degree of sensibility, known by the various names of *tic douleuroux*, *sciatica*, &c., according to the locality of the various nerves supposed to be their 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

remedies to which these diseases have yielded, have been the bark, arsenic, iron, prussic acid, &c.; the remedies in a word of acknowledged efficacy in ague. We shall here present the reader with a case from the *London Medical and Surgical Journal*, illustrative of the nature of *tic*, when involving the nerves of the face. It is rather affectedly styled by the narrator "*Suborbital Neuro-pathy*. 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. The fit 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 neuralgia that appeared without any known cause."

The following case abbreviated from the *Gazette Medicale*, is an instance of this affection involving a part of the body, seldom observed to be the situation of *tic*:—"N****, a married woman, aged 48, habitually constipated, and suffering from disordered menstruation, felt one morning a pain in the *left side*, as if in consequence of an exertion. It extended under the false ribs, from the vertebral column, and was felt to the extent

of four fingers. It returned at intervals, and was very severe piercing and burning. The abdomen became at the same time tumid with flatus. The patient had vomiting, and a flow of high-coloured urine, voided with pain. The *fits* came on every night, from one o'clock to six or seven in the morning. During the paroxysm, the patient complained of spasms of the side, the painful part of which was slightly swelled, and of a *higher temperature* than the rest of the body. The face was sallow and clay-coloured. This case on the discovery of its intermittent nature, was treated with quinine, to which it at once yielded, with *complete restoration of the patient's general health.*"

A similar case occurring in a patient of my own,—a lady, of about 50 years of age, yielded to half grain doses of nitrate of silver, after having successively resisted quinine and prussic acid. She had been for six weeks previously the patient of a gentleman, who, after exhausting the usual routine of leeches, blisters, blue pill, &c., left her in a worse state than when he found her.

Cases of depraved appetite, and also of defective taste, depend equally upon constitutional integrity of cause. The following example of *Bulimia* taken from the lectures of the late Mr. Abernethy, is instructive:—"There was a woman

in this hospital who was eternally eating; they gave her food enough you would have thought to have disgusted any body, but she crammed it all down; she never ceased but when her jaws were fatigued. She found out that when she put her *feet in 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? Was it not their high temperature,—the fever under which she laboured?

The various degrees of THIRST, from which so many invalids suffer, depends entirely on the temperature of the body. Colonel Shaw, in his "Personal Memoirs and Correspondence," 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 are wetted*, the relief, though not at first apparent, positively destroys the pain of thirst."

Thus far we have confined our examples of DISEASE, and its intermittent nature to functional or simple disorder. All diseases at the commencement are strictly functional. I do not, of course, speak of mechanical, or other immediate organic injury; I speak of disease generally, where it is only during repeated exacerbations or paroxysms, that organic change becomes de-

veloped. Enquire the *sequelæ* of those agues for which the usual routine of medical treatment has proved unavailing. Do they not comprise every structural change to which nosologists have given a name? The enlarged, softened, or otherwise disorganised heart, liver, spleen, and joint, the dropsical and hæmorrhagic diatheses all occur in the course of intermittent fever. Dr. Parr mentions epilepsy and apoplexy, as not unfrequently preceding its fatal termination. Formerly, the structural lesions, found on dissection of the bodies of ague patients, were looked upon as causes. A better pathology has set them down as developements; and it were well could we persuade our readers that all similar lesions are nothing more than effects, or associations of *constitutional derangement*,—a term often vaguely used, but which, when fairly scrutinized, will be found to comprehend, if the disease be *recent* or *acute*, the bolder features of intermittent fever; and if *chronic*, or of long standing, the more subdued symptoms, or shades of symptom of that UNIVERSAL DISEASE.

Every individual corporeally as well as mentally has his *weak point*—his predisposition to a particular *localism* of disorder. This may either be hereditary or accidental. Apply a given cause

of disease, such as a sudden stun, or exposure to intense cold or heat, and you have partial or general revolutions of temperature, with more or less constitutional derangement, comprehending most of the various shades of functional disorder already enumerated—of which you may take FEVER as the type or emblem—and the weak point of the individual constitution, or *localism* of the schools, will be gradually superadded in the course of successive exacerbations. In one you will have epilepsy, apoplexy, bleeding at the nose;—in another asthma, spitting of blood; a third complains of splenic fulness, or hæmorrhoids; a fourth of varicose veins of the limb, degenerating into bleeding ulcer. In all those, so styled, different disorders you have *remissions*—in the beginning of regular recurrence—less remarkably so as the disease becomes habitual. Darwin, and others of his school, were not without a knowledge of this. Indeed, their treatment so different from the sanguinary and inefficient practice of the moderns was principally, though vaguely, founded on this observation. Taking advantage of the remission to ward off the anticipated attack, their custom was to prescribe bark or opium.

Among the diseases which Darwin ranked as remittent, we find “arterial hæmorrhages”—

“hæmorrhoids”—“hæmoptoe”—“hæmoptysis”—
 “tussis ferina”—“raphania, or convulsions of the
 limbs”—“asthma”—“epilepsy”—“apoplexy”—
 “palsy”—“insanity”—“rheumatism”—“pleu-
 risy.” “The periods of pleurisy,” he says, “re-
 cur with exacerbations of the pain and fever about
 sunset. The same may be said of the “inflam-
 matory rheumatism.” “The fits of convulsive
 asthma return *at periods*, and so far resemble the
access of an intermittent fever.”—*Zoonomia*.

All these diseases I have very generally cured
 or alleviated by sulphate of quinine; failing
 which, I have successively resorted to opium,
 iron, arsenic, prussic acid, &c.; and with one or
 other, or two or more in combination, have had
 no reason to complain of ill success in their
 treatment.

Sir Benjamin Brodie details the case of a gen-
 tleman afflicted with spasmodic stricture of the
 urethra, which came on every second night. The
 symptoms yielded at once to the internal exhibi-
 tion of sulphate of quinine. Is not this an ana-
 logical confirmation of my previous statements?

The following case is sufficiently interesting to
 warrant my recording it at length:—

“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, and a large dose of quinine, with sulphuric acid, administered. 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.*

The reader will now, I have no doubt, be prepared to question the propriety of the usual murderous treatment adopted for what is called “rupture of a blood vessel,” or spitting of blood. Is not the lancet in almost every such case, the first thing in requisition—and death the too frequent result of the measure! What say the older authors on this subject? Listen to Heberden, a physician who for upwards of thirty years had the highest and most extensive practice in London:—“It seems probable (says 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 with the certain loss of more?*"

As a mere matter of experience, I may be here permitted to state that the primary employment of quinine, arsenic, opium, hydrocyanic acid and medicines of a similar kind, has enabled me to dispense entirely with bloodletting, in the treatment of hæmorrhages;—indeed, I do not remember to have lost one patient affected with spitting of blood, or other hæmorrhage of a constitutional kind, since I gave up the lancet in my practice. Sometime ago two cases of this affection came under my care, within a few days of each other. The subject of one was an old gentleman, of 70, who was, moreover, afflicted with habitual asthma; the other, a servant girl aged twenty-five. Hydrocyanic acid cured the girl after her case had resisted quinine. The gentleman, on the contrary, recovered by the use of this prepara-

tion of the bark, after the hydrocyanic acid had in like manner, been ineffectually tried.

With each of these medicines I have accomplished the reduction of recent hæmorrhoids, and also of varicose veins; and the mention of this recalls to my recollection the case of an old woman with a painful varicose ulcer, for whom I prescribed the internal use of arsenic, with almost immediate relief from the pain, and subsequent cure of the ulcer.

All these forms of hæmorrhagic developement may be observed to take place in the course of intermittent fever,—which fever, as we have already stated, however well marked in the early stages, when chronic or of long standing will for the most part be so shaded and subdued as to be only recognized by practitioners whose attention has been particularly called to it. “Sometimes (says Darwin) the hæmorrhage recurs by daily periods, accompanying the hot fits of fever or in the intermissions. This is to be removed by curing the febrile paroxysm.” We have sufficiently established the value of quinine, hydrocyanic acid, arsenic &c. for that indication. Magendie has detailed a case of severe hæmorrhage, which, after having resisted repeated bleedings at the arm, at once yielded to prussic acid.

On the subject of the peruvian bark, the professor of materia medica in the London university, expresses himself thus—"The cinchona bark and the salts of its alkahoids may be prescribed advantageously in all diseases which assume an *intermittent* type, whether they appear as gout, rheumatism, the exanthemata, eruptive fevers, catarrh, or even phthisis."

What a comprehensive list of intermittent diseases! But this is not all. Enquire of the subject of *goitre* or other external glandular tumors, such as are generally denominated *scrofulous*—a term, by the way, like every other of the humoral school, only calculated to mislead both patient and practitioner;—question the unfortunate individual afflicted with cancerous sores;—interrogate the patient who labours under an abscess, or who is afflicted with the true aneurysmal 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 less painful—that the size of both varies with the variations of heat, cold, dryness, or moisture of the weather,—that, in the commencement at least, there are days, nay, hours of the same day, when their diseases are little if at all troublesome—that they all suffer more or less from heats and

chills—some referring these last to the head or back, while others associate them with the chest, loins, arms, or feet. Do not the ophthalmic, the ulcerated, the dropsical, nay, the subjects of every kind of heart disease, tell you that they are one day better, another worse? Has not the maniac in every form of hallucination his lucid intervals—his remissions? Your schoolmen, your pathologists, your *profound* medical reasoners speak of madness and other diseases, as if they were *entities* or fixed states; they tell you these diseases 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 mania and epilepsy!—diseases which in all probability they have already ascertained to have had their date from cold or a passion! These *outward* accidents then were the causes, not the structural deviations detected *within* by the scalpel. Students of medicine! young men honorably ardent in the pursuit of science! for the sake of your future patients, endeavour to think for yourselves! Pause, then, before you give a slavish assent to the *dicta* of your teachers. When these tell you that *madness* is an inflammation of the brain, or that it depends upon some cerebral tumor or abscess, ask them how they reconcile lucid intervals—hours of

sanity and sense with a cerebral structure even thus partially, but permanently disorganised. How can the cause of an intermittent disease be an *entity* or state permanently fixed? Let no sounding words, no senseless sophistry cheat you of a reply to this question.

The man who has a lucid interval is curable in many instances; the epileptic, who, at any time of the day or night, enjoys a freedom from convulsion, may be equally susceptible of improvement from well devised remedial means. The modern routine treatment of both being essentially aggravant, can we wonder that these diseases are so often pronounced hopeless, 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 medicinæ*?

But how shall we speak of diseases of the heart, of palpitation and temporary cessation, or *remission* of its action, disorders constantly misunderstood, and as constantly maltreated! Complain but of flutter and uneasiness in any part of the chest, the stethoscope,—the oracular stethoscope is immediately produced! Astonished—in many instances, terrified—the patient's heart beats rapidly—he draws his breath convulsively, and the indications obtained by means of this instrument,

at such a moment of doubt, anxiety, and fear, are registered and recognized as infallible! The most extraordinary *prognostics* are consequently given; extraordinary, if they did not by the subsequent treatment, like prophecies, tend to verify themselves. Let the practitioner withdraw his eye for a time from a mere symptom; let him observe how other muscles of the individual palpitate at times as well as 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 lesion*, 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 he had in his mind's eye 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!

The following case I extract from my own notes:—R. H., Esquire, aged 30, had for a long

period been labouring under despondency of spirits even to the shedding of tears;—he suffered frequently from chilliness—particularly complaining of the coldness of his feet. He had also occasional palpitation of the heart—the action of which organ was generally much below the healthy standard. He was better and worse upon particular days. An eminent London physician, whom he consulted, after carefully examining him with the stethoscope, pronounced his heart to be enlarged. This gentleman prescribed for him *carscarilla* and ammonia, with aperients, and ordered him *to be bled*;—the bleeding to be *repeated* every month or six weeks. So far, however, from deriving benefit under this treatment, the patient's health deteriorated greatly—he became much emaciated, and a tendency to fainting fits came on, with occasional confusion of his senses. His pulse was generally forty in the minute, but frequently intermitted. He complained of liability to spasm, and of a peculiar repugnance to the slightest exertion.

Such being the state of the patient when he consulted me, I prescribed a combination of hydrocyanic acid and creosote, which I afterwards followed up with arsenic and quinine;—and in about six weeks his health became so completely

re-established, as to enable him again to follow his profession—the law ; which he now continues to do with ardour, and without a complaint of any kind.

In confirmation of the value of arsenic in disease of the heart, the following case from Darwin, who wrote, be it remembered, in the last century, will not be deemed unimportant.

“ A gentleman, 65 years of age, had for about ten years, been subject to an intermitting 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.” *Zoonomia*.

The next case which I shall present to the reader's notice, exhibits a succession of phenomena, well worthy of attention. The patient's symptoms were “ difficult respiration, dry cough, or 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 symp-

toms, 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.”—*Medical Gazette*.

Contrast this case and its result 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 some of my readers—the celebrated Joe Grimaldi. The very name perhaps, has already excited a smile. On this occasion the poor clown would seek for sympathy. “Three months afterwards,” says his biographer, “his second benefit occurred. Monday the 9th of October was the day fixed for it, 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*

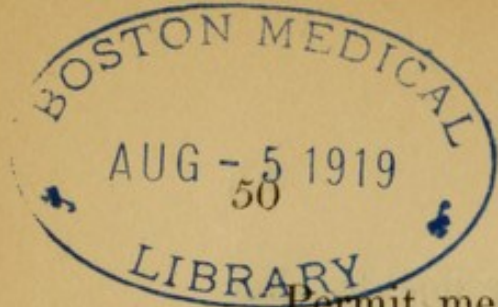
nigh fainting ; this slightly relieved him, but shortly afterwards he had a *relapse* (exacerbation?) and four weeks passed before he recovered sufficiently to leave the house. There is no doubt but that some radical change had occurred in his constitution, for previously he had never been visited with a single days illness, while after its occurrence he never had a single day of perfect health." If the reader reflects that medical relief was *immediately* called in, he may, perhaps, be inclined to look upon poor Grimaldi's damaged constitution not so much as the effect of disease as of the sanguinary treatment adopted for his relief.

The generality of practitioners, in detailing the most strikingly remittent phœnomena, will for the most part so 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 account 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 pos-

sible 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.

It was the fate of a former work of mine, upon the subject of REMITTENCY IN DISEASE, to be reviewed in two quarterly medical periodicals, (*The Medico-Chirurgical, and British and Foreign Medical Reviews*,) the Editors or Authors 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 mis-stating and mis-representing the doctrines of the book, they had recourse to personal abuse of the author. My open contempt of their wooden oracle, the stethoscope, would appear to have fired them with a common indignation; for, while Messrs. Conolly and Forbes, with a rare courtesy, made this a reason for pointing out to me "the advantages of common sense over the want of it,"—Dr. James Johnson, in an equally gentlemanlike manner, charged me with "profound ignorance and inveterate prejudice." To the Editor of the *Lancet* I was indebted for an opportunity of replying to both.



Permit me, I said, to these gentlemen, to ask you a single question:—since *mediate* auscultation (to use your jargon) has become the fashion, has the medical student, or have you, my Critics, been able to bring pectoral or other disease to a more favorable termination? Hitherto I had never obtained but one answer to this question, and that was in the negative. Oh! but you have been taught (you tell me) to distinguish and discriminate one disease from another. Admitting for the present that such is the fact,—which allow me to doubt,—of what use, again I ask, is such discrimination—such change of one piece of pompous verbosity for another, if it lead to no difference or improvement in practice,—if your remedial means for all shades and variations of pectoral disorder come at last to the same agents? Of what use is it to distinguish severe bronchitis or catarrh from *phthisis*, if quinine or hydrocyanic acid be equally beneficial in all. If you say it is a satisfaction to know whether the case be curable or not, my reply is, each of these diseases may, under certain circumstances, admit of cure; and all of them to your and my sorrow may prove the reverse! Dr. Thomson tells you that these disorders are every one of them remittent. Is not quinine then, I ask, or iron, or arsenic, under such circumstances, of more avail than all the dis-

cussion and discrimination of all the doctors that ever mystified disease by their vain nosologies? "Have we not (asks Dr. Uwins) had too much talk of Heart-Disease since the stethoscope has come so generally into vogue?" One of my Critics even, Dr. James Johnson, with a strange forgetfulness of his previous abuse of me on this head, is reported [*Lancet*] to have spoken in the following manner at a medical society:—"It was a common error of young practitioners to consider the heart as organically diseased when its function only was much interfered with—and this error had become more general, he was sorry to say, *since the stethoscope had come into use.*"

So much for its value as a diagnostic instrument in Heart-Disease. We shall now examine at length its merits in the detection of Consumption.

"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, Bennett, and others, was not regarded as an incurable disease."—*London Medical and Surgical Journal.*

Let us, nevertheless, for argument's sake, allow that a knowledge of the exact amount of pectoral lesion could be turned to a useful or practical account, are my Reviewers so certain that the stethoscope is of itself adequate to the detection of this? Andral, one of the best living authorities on pathology, candidly admits its deficiency. "*Without other signs*, he says, the stethoscope does *not* reveal with certainty phthisis 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 the patient throughout. As the discovery of the degree of organic lesion, then in no instance leads to practical improvement, I am content to judge of it from the patients 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!

It is truly amusing to find men playing the Reviewer, without the smallest pretension to the knowledge requisite for such an office. So ignorant was my Critic of the *Medico-Chirurgical Review*, of one of the most universal laws of disorder, as to accuse me of limited views of my profession in making FEVER,—“not FEVER in the large sense of the word, but only *remittent* fever” my primitive type of all disease. He chuckled at the discovery that there exists such a thing as *Continued* Fever—“fever in the large sense of the word.” But according to an authority to whom I already owe numerous obligations, Dr. Thomson,—“in CONTINUED fever in almost every case, there is an exacerbation towards mid-day, and another towards the evening, and the *remission* towards morning.” An intermittent, (says Dr. Shearman,) 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.”—*Medical Gazette*.

Now as there is no kind of disease, however named, or by whatever caused, of which the most perfect intermitting examples might not be given,

[See Appendix] the only difference betwixt such a form and the more apparently continued cases is that the periods of these last are less perfect, and the stages of their curriculum not so well marked as the former. No physician will doubt that a perfectly periodical or purely intermittent disease, whatever be its *nosological name* or character, partakes of the nature, and is more or less amenable to the treatment successfully followed in ague. Why, then, deny that the same disease under other circumstances, partakes of that variety of ague misnamed *continued fever*?—seeing that all disorders like it have remissions of some kind or other, however imperfect or irregular their revolution. What are such diseases but varieties of the more purely intermittent type? The remedies to which *any* disease has ever been known to yield, have all, as I shall in the sequel shew, an equally salutary influence over the most perfect ague.

We shall now enquire a little into the nature of PULMONARY CONSUMPTION,—a disease which, under certain circumstances, is not only curable, but in which the physician might more often bring about this desirable end, were he somewhat better acquainted with the principles of his art, than these are at present taught by schools and colleges.

The following case is from the pen of the patient, himself a physician: "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 long been threatened) in her forty-third year and immediately after she ceased to have children. In the severe winter of 1783-4 he was much affected 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 paroxysm with what he had experienced under that disease*, and was willing to flatter himself it might be of the same nature. He there-

fore took *bark* in the interval of the fever, but with an increase of his cough."—*Darwin*. This gentleman eventually recovered by the use of horse exercise, a remedy extolled by Sydenham,—one one whose mode of action it will puzzle the *pathologists* to reconcile with *their* particular notions of the nature of consumption, and their particular doctrines as to the manner in which it should be treated.

The circumstance of the bark having not only failed in this case, but actually aggravated the symptoms, might be looked upon by many as conclusive of its being contra-indicated in consumption. To this I have only to answer that I do not mean to cry up bark as a specific for phthisis any more than for uncomplicated ague, in which latter disease we are often obliged to dismiss it for arsenic, iron, mercury, or some other agent not so generally influential in the treatment of the disease.

In the thirteenth volume of the *Medical Gazette*, the reader will find the detailed case of a man labouring under this disease, for whom the narrator, Mr. Maclure, prescribed generous diet and *quinine*. Dr. Marshall Hall examined the patient with the stethoscope, and pronounced an unfavorable 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 time to have been moribund—his pulse, good looks, muscular firmness, appetite, and high spirits notwithstanding. I need hardly add (says Mr. Maclure) that our judicious friend, the doctor, was much surprised as well as gratified to witness his appearance,"—alluding to the change after the cure had taken place. It is but fair to Dr. Hall, to say that in another number of this journal, he questions the *cure*. It is enough for our purpose that he admits the *suspension* of the disease while the patient was taking the bark.

With quinine, arsenic and hydrocyanic acid, I am satisfied I have cured—repeatedly cured Phthisis; and I would have given cases in this place, did I not feel assured the pathological gentlemen would object that I could not be certain of their real nature, as I had not used the stethoscope!

Like bark and arsenic, the hydrocyanic acid is a most potent remedy in ague. The bitter almond emulsion which owes its taste and properties to this acid, has been successfully used in intermittents, even where the bark has failed; and Dr. Brown Langrish used to cure agues with

the distilled water of the *prunus lauro-cerasus*, the curative effects of which depend upon the hydrocyanic acid it contains.

That the same medicine has positively cured consumption is only doubted by ill-informed practitioners. Magendie, no mean authority, expressly states "a great number of observations induce the belief that it may effect a cure in the early stage;" and "he asserts and maintains" in another place, 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 successfully employed this remedy in several cases of phthisis. *Magendie's Formulary*.

But the possibility of curing phthisis, has been admitted even by gentlemen of the Pathological school. Sir James Clark, for example, has the following observation:—"That pulmonary consumption admits of cure is now no longer a matter of doubt. It has been clearly demonstrated by the Researches of Laennec, and other modern pathologists."—

"Pathological anatomy," says Dr. Carswell, has, perhaps, never afforded more conclusive evidence in proof of the curability of a disease than it has in that of *tubercular phthisis*."

"Can consumption be cured?" asked the late

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 enquirer 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.”

I have been occasionally asked by patients, “What is *tubercle*?” I take this to be the proper answer—the true explanation. For the requisite lubrication of the bronchiæ and air-cells, minute and almost imperceptible glands abound throughout the healthy pulmonary tissue. The successive enlargement and disorganization of these glands, as those changes become developed in the course of general constitutional disorder, constitute tubercular consumption. Messieurs the Critics will, perhaps, say otherwise;—but whatever be their opinion on this head, I think I have said enough to convince the more candid mem-

bers of the profession, that consumption is not absolutely incurable in particular stages.*

Dr. Wilson Philip assumes *dyspepsia*, or *indigestion* to be the remote cause of a variety of phthisis. Direct your attention, he says, to the digestive organs, and you will ameliorate the state of the patient. With all due submission to an author, from whom nothing but a sense of duty would lead me to dissent, I must here enter my protest against any symptom or class of symptoms being looked upon as the cause of any other symptoms. May you not as well say cure the consumption and the digestive powers will improve—as cure the indigestion and you will stop the phthisis? Medical men constantly talk of indigestion as if it were an essence or entity, having features separate and distinct from all other disorders. Can any person, I ask, become the subject of any disease without exhibiting symptoms of indigestion? Tell a man bad news before dinner, has he not immediately symptoms of dyspepsia! You hear that such a man is ill, very ill, but thank heaven his appe-

* In the report of the trial of a case in the *Worcester Journal*, *Stallard v. Eagle Insurance Company*, Dr. Selwyn, of Ledbury, the principal witness for the Company in his cross-examination, stated on his oath, his belief in the curability of consumption. Dr. Selwyn's well-known talents and probity, are a sufficient assurance of the truth of his statement.

tite 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 what is termed good, nay, excellent, is morbidly voracious and craving;—having as much resemblance to the appetite of health as the diabetic increase of urine has to a useful and perfect secretion from the kidneys. The medicines recommended by Dr. Philip for “dyspeptic phthisis” may cure or aggravate *every disorder* physician ever treated, according to the state and constitution of the patient. No man can be the subject of disease of any kind without his digestive organs partaking in the general *totality* of derangement.

Is GOUT nothing more than a developement in the course of remittent constitutional disorder—gout which takes according to received opinion, shapes as many and protean as there have been physicians to write about it! What is gout? If it means *any* thing at all, it is an enlargement or tendency to decomposition of the smaller joints of the lower extremities. When you hear of gout in the brain, gout in the stomach, &c. the individual who talks in this manner, only mystifies himself and his hearers, by “an abstracted combination of words.” The enlargement of any joint, whether of the knee or of the great toe,

cannot take place without constitutional change, in the first place. My Critics of the *British and Foreign Medical Review*, would appear to question this;—these gentlemen, while they admit remission, deny the fever. They are lucky to have never experienced gout. Dr. Darwin has at least as good a claim to be looked upon as an authority in this disease, as my critics;—*he* bears me out to the full extent, so far as regards the symptoms of ague:—“The patients (he says) after a few days, were both of them affected with cold fits, like ague-fits, and their feet became affected with gout.” An equally honest and accurate observer, Heberden, speaking of this disease, remarks, “the pains are sometimes *preceded* either by a *considerable fever*, or by slight feels of illness, which for a few days make the sleep less sound, or in a small degree abate the vigour of the appetite, spirits, and strength.” That the swelled foot is a developement, and not a cause of such fever, is proved by the non-existence of swelling at the febrile approach. What are the remedies for gout? Are they not the remedies for ague? I myself have cured it with arsenic, colchicum, quinine, mercury, &c. and I am bound to say I have failed with all.

But the STONE? My readers will doubtless ask me whether I look upon this also as a result

of intermittent fever. Assuredly 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 lythontriptics exert but little influence in such cases, *tonics* have almost universally ameliorated the condition of the patient. Are not the medicines usually termed *tonics*, the best remedies for ague? In the sequel we hope to prove this.

Whether Gout and Rheumatism be remittent diseases, 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, would be so ignorant as to question. The calculary depositions which occasionally take place in different tissues, in the course of these affections, suggested to medical men, even at an early period, the analogy subsisting betwixt them and stone. During constitutional disorder, calculary deposition may be developed in any structure of the body.—Salivary calculi are common;—pulmonary calculi I have seen;—these were expectorated by a consumptive patient. How often the liver, gall bladder,

and kidney are the seat of stone, I need not tell the medical reader. Occurring in the course of an artery, stone is erroneously termed *ossification*. That the *false* cartilages found in joints are also developements in the course of intermittent fever, I think the following case will be looked upon as as a proof:—A soldier of the 30th foot, had a fit of ague every alternate day. Among his other complaints was a sudden occasional inability to use the elbow joint, an annoyance that came on and went off he knew not how. My assistant in the hospital supposed him to be malingering. One day, however, the patient directed my attention to a substance in the joint, which, upon examination, finding to be a false cartilage I immediately cut down upon and extracted. This was loose and unconnected;—a second cartilaginous substance which adhered by a *thread-like pedicle* to the surface of one of the bones I also removed. The arm got well but the man continued subject to occasional ague fits, and in about a year afterwards I had again to perform a similar operation for him. From the *same* joint I extracted another cartilaginous substance, which was attended with some difficulty in the removal, as it adhered by a considerable part of its surface to the capsular ligament.

I shall now speak of TUMORS. It is a 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. From this, it is obvious, that while teachers busy themselves with artificial distinctions, they neglect to imbue the student with a proper knowledge of what *is*, and what is *not* health. Numerous cases of tumor of every kind and description have I witnessed during my professional career, but I have never met a solitary case where the constitution of the patient was not at fault. Chills and heats have been confessed to in almost every instance, and the great majority of patients have remembered that in the earlier stages the 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 bring out the weak point of the previously healthy, and this may be a tendency to tumor in one or more tissues. The difference of the organic appearance of different textures will account for any apparent difference of the tumors themselves ; and where tumors appear to differ in the same tissue, it 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. Some tumors partake most of the sanguiferous tissue, *fungus hæmatodes* for example—some of the glandular, and these are usually termed scrofulous ; some are adipose,* or aqueous ; some bony or cartilaginous, while others again are a confusion of all ; and these, from their real or supposed incurability are termed cancerous or malignant.

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. Reader, 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

* It is a law in the animal economy, that when any secretion is deficient, another, to a certain extent, supplies its place. If you do not perspire, you will find the secretion from the kidneys, or some other organ, in excess. I have a patient, at this moment, whose breasts have become enormous from adipose deposition *i.e.* secretion. Her urine is scanty, and she never sweats. Such is her statement.

name—tumors of every description among the number!

What a fine thing to be able to master the CUTANEOUS DISORDERS of Willan and Bateman! How useful and necessary for the successful treatment of skin disease, to be able to distinguish *psoriasis* from *lepra*, erythema from erysipelas, &c.—diseases only differing from each other in their being acute or chronic, or from being simply more or less extensively developed; all depending too upon the same constitutional unity and integrity of state; all more or less amenable to identical agency! What! I shall be asked, is Erysipelas nothing more than a result of ague? Hear what Sir James Mackintosh says when describing his own case. Its accuracy will scarcely be questioned, if it be remembered that previously to his entering on his legal career, he had not only studied but taken his degree in medicine. “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.

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 betwixt 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, deserve well of mankind for the introduction of a constitutional mode of treatment in such cases. In the hands of these gentlemen, mercury internally exhibited, has enabled patients of this kind to obtain a perfect re-union of their fractures. Several years ago, while serving in the East Indies, it was my fortune to obtain the same satisfactory result in the case of a soldier of the 30th foot, by the administration of quinine. The man had diurnal FEVER,—the true constitutional reason why fractured bones occasionally refuse to unite under ordinary means.

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, or mutilation, to the spurious brilliancy of a name for

“operative surgery,” will blush for the individual whose only title to renown was the bliss of his boasted ignorance, and a dexterity of hand unenviably obtained by the unnecessary waste of human blood!

In the great majority of instances, the *local* disorder—I speak in the common acceptation of the word, *from* which physicians almost invariably name disease, and *to* which they almost as invariably confine their attention, is only one,—and that *not always* the most prominent,—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 developements occurring in its course;—developements, expressive for the most part, of the weak points of individual constitution, though *sometimes* determined by climate, or other speciality of cause. These, in the first instance, seldom require local treatment; when they do, it is because the disease involves parts, the disturbance of which materially interferes with the more immediate functions of life,—such as croup, and some other cases of cynanche. Local measures become more particularly necessary in habitual or long-standing disease. In such cases, those remedies will be found most useful which tend to the improve-

ment of the temperature of the part most affected.

Injuries, passions, poisons, then, are each capable of producing the same constitutional disturbance, with every kind of organic complication. The difference in the seat of these last, as we have just hinted, has sometimes a reference to the special cause, but it more frequently relates to individual predisposition. To use a homely illustration:—"When the whole house shakes, the *worst 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 a finger, may produce general remittent disorder,—*ending* in abscess of the lungs or liver, according to the constitutional predisposition of the patient. In the course of the contagious fevers, Small pox for example, we daily find every kind of organic lesion developed—lesion which no man in his senses, not even Clutterbuck or Broussais would place in the light of a cause. These fevers all partake of the intermittent, and in the commencement cannot be distinguished from fever produced by a blow or a passion.

Is the PLAGUE an intermittent fever? The case of Corporal Farrell, as detailed by Dr. Calvert, in his remarks on the plague at Malta, [*Medico-Chirurg. 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 an intermittent fever. The next day his fever returned as usual, but now it declared itself to be the PLAGUE by a bubo (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 Lazaret, he dropped down and expired."

A French writer, quoted by Sir John Pringle, detailing the symptoms of the plague, as it appeared at Marseilles, says :—" Il arrive mais rarement que le mal se masque par tous les signes d'une fièvre double tierce, et ce deguisement dure tout au plus jusques au troisieme accès, et alors il se demasque par tous les symptomes susdites de peste tant intérieurs qu'extérieurs."*

* "It happens sometimes, though rarely, that the disease assumes

Disputes still exist as to the contagious nature of plague. On which ever side truth lies, there can be no difficulty as to the proper treatment. The indications, as in simple intermittent fever, are to moderate the temperature in the cold and hot stages; and to prolong the remission by quinine, arsenic, &c., according to particular constitutions. Treated in this manner, the disease could not possibly be more fatal than we are told it is under the routine practice at present adopted. "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 periodical 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 a symptom—not a disease;—it is the result of spasm developed in the course of

the mask of a double tertian fever—and it may maintain this disguise even to the third paroxysm, and then it develops itself by all the usual symptoms of plague whether external or internal."

fever.* The difference of locality has afforded nosologists an opportunity of mystifying the subject of spasm. When it affects the lachrymal duct, they term it *Epiphora* or *Fistula lachrymalis*;† the windpipe or bronchiæ, *Dyspnœa* or *Asthma*. When this irregular action of muscles is manifested about the jaws and throat, with loss of consciousness, the disease is styled *Epilepsy*. Taking place in the ilium or small gut, spasm is called *Iliac Passion*; in the colon or large gut *Colic*; and in the urethra, *Spasmodic Stricture*. That all these various diseases are merely modifications of the same action is still further proved by each and all of them having been observed to assume the most perfectly intermittent type in individual cases, and by all being more or less amenable to the same class of medicines which have proved available in the treatment of simple ague. People will say:—"Oh, but you would not give quinine or bark in jaundice!" I can only say, I have found these remedies more beneficial

* It may also be the result of a gall-stone, but this is rare; and the gall-stone could not have been developed without fever, in the first instance.

† *Fistula lachrymalis* is more frequently the effect of thickening or enlargement of the mucous membrane, lining the lachrymal duct. The same general treatment will very often succeed in both, though in the latter kind of fistula, the knife and style must occasionally be resorted to.

than mercury in many cases of this disease; and I shall in the sequel, quote other authority in their favour. 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 book on the Diseases of Tropical Climates. Imbued with his doctrines I put his sanguinary treatment and his scruple doses of calomel to the test. So far from confirming his assertions, my own experience led me to nearly the same conclusions as Dr. Madden. Captain Owen too, who could neither have a theory to support, nor any interested end to serve by his evidence one way or the other, details at great length the mortality among his people in the expedition which he commanded when employed to survey the African coast:—“It may in fact be questioned (says the intelligent navigator,) whether our very severe losses were not in some measure attributable to European medical practice,—bleed-

ing 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 either of the lancet or of this medicine." Captain Owen further 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!

CHOLERA, the scourge of nations,—will cholera be found to partake of the same universal type of disease—the ague? Let the reader judge when we draw our parallel.

Tremulous and spasmodic action are equally symptoms of ague and cholera. Vomiting or nausea characterise both. The ague patient occasionally labours under diarrhœa or looseness; oppression at the chest, and coldness of the extremities, are the primary symptoms of each. The increased flow of pale urine so often remarked in ague, is sometimes a symptom of the epidemic cholera. In more than one instance of cholera which came under my own 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 re-action, death is

usually preceded by stupor in both. You have ague, too, with hot skin and bounding pulse—a state analagous to English cholera, or cholera without asphyxia. When not fatal, cholera, like ague, has a hot and sweating stage. Lastly, when ague has terminated life by a single paroxysm, dissection shews the same appearances as in cholera. Phrenitic, hepatic and splenic change, with dysentery and dropsy, to say nothing of epilepsy and apoplexy, have been the occasional sequelæ of each.

Let us now advert to what is technically called INFLAMMATION. Volumes have been written upon this one word, yet no two authors agree upon it. If the student will only use his eyes, he shall find that inflammation is not a stable entity or state, but that like all the phenomena of the human frame, whether under health or disease, it resolves itself into a succession of alternations, in the course of which its character and combinations are widely at variance with each other. What, then, is inflammation? The word signifies *fire—flame*. It is a metaphor merely. It means nothing more than a higher action and temperature of a part than are compatible with the healthy organization of that part. During the tendency of any structure of the body to decomposition there is more or less redness, throb-

bing, tumefaction, and pain, in that structure. Medical men retain the term inflammation even in the absence of one or more of these phenomena. Like every other *localism*, inflammation is a developement in the course of general constitutional disturbance. I do not speak of local inflammation produced by a chemical or mechanical injury. I leave 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 cold or any other widely injurious influence, he shivers, fevers, and complains of pain, tension and throbbing in the brain, chest, or abdomen,—phenomena gradually developed according to the patient's predisposition to organic change in this or that locality. Phrenitis, pneumonia, peritonitis take place as consequences or features —*not causes* of the constitutional disorder. But are the symptoms of inflammation in such parts equally intermittent as in the inflamed joint termed gout or rheumatism? Listen to Lallemand.—“In inflammation of the brain (he says,) you have spasmodic symptoms, slow and progressive paralysis—the course of the disorder being *intermittent*.” Even according to Dr. Connolly, one of my most unfavorable critics, “diurnal re-

missions are distinguishable in *every attack* of inflammation." Inflammation then differs in nothing from every other morbid action. Whether you recognize it as 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 chills and heats. Will inflammation then yield to bark? Dr. Wallace 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 ANTI-PHLOGISTIC. In my own practice the happiest results have followed its employment in the various inflammations which affect the lungs, liver, and testis. "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 every 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 inflammation. *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."

All this reasoning will equally apply to arsenic, hydrocyanic acid, opium, &c. ; and, however modern theories may oppose their employment in particular inflammations, experience will assuredly bear out the practical man in prescribing these agents in every inflammatory disease, provided he give them during the remission. Take the following case of indubitable and palpable inflammation as an instance of the value of opium in such cases:—ACUTE OPHTHALMIA. An old officer, Major F—, 89th foot, who had previously lost one eye, had the other attacked in a similar way to the first, with great pain, redness, &c. I found him leaning his head over a chair, 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 in the morning when overcome by suffering, that he could at last

obtain a transitory sleep. The pain came on at bed-time in an aggravated degree, and remitted only for a short period of the afternoon. Three grains of opium which I ordered him to take half an hour before 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, and blistered, without even temporary benefit;—indeed the practitioner who attended him in the first instance, plumed himself on the *activity* of his treatment!

Let me now turn to such forms of disorder as in the male have been termed HYPOCHONDRIA, and in the female HYSTERIA. In common practice you will hear medical men say “Oh! there is nothing the matter with this man; he is *only* hip-ped,”—and if a female, “she is *only* hysterical,” or “she has the vapours.” Having no inflammatory entity to treat, and really not knowing what to do, the generality of practitioners content themselves with prescribing placebos or purgatives in such cases. Now, I must deprecate all this empiricism. No man or woman indulges in whims and fantasies without being positively ill. If the physician will enquire, he will find that the subject of the group of symptoms whether termed hypochondria or hysteria, suffers from chills and

heats—that exacerbation and remission characterize these diseases in every form, and that the hysteric or hypochondriac *whim* differs from hallucination and mania in shade merely, and the chills and heats from the cold and hot stages of fever in nothing but degree. Look at an hysterical or chlorotic female—there is not a function of her whole body properly performed—but the mere circumstance of a particular organ, the womb, being part of her economy, her disorder is vaguely associated with this as a cause, and from its Greek derivation is named *hysteria*!—in the same way that a man similarly affected is said to be *hypochondriac* because he has a stomach or liver! How ridiculous in medical men thus to fasten on one organ as the cause of disorder in every other! These diseases are mere variations of chronic or habitual low fever. By treating them as such I have had a success which at an earlier period of my life I could not have dared to anticipate. In these, as in every other chronic disorder, the practitioner should act on the brain in various manners and with various remedies; for, generally speaking, no single remedy will long retain its beneficial power in chronic disease. He should therefore rapidly substitute one medicine and combination of medicines for another—now acting through the medium of the stomach

and digestive organs, now through the outer surface of the body. To-day a mild emetic will give relief—to-morrow iron, opium, quinine, or the bath. One week arsenic will be a divine remedy;—the next, having lost its power, it may be dismissed for prussic acid, silver, creosote or strychnine. Change of air and scene,—than which nothing can afford a more rapid succession of mental novelty,—exercise of various kinds,—attention to dietetics (more to call the patient's attention from himself than to any influence of the particular diet itself)—baths, cold and hot, will alternately suggest themselves to the pains-taking and philosophical physician. Above all things let him not exclusively pin his faith on any single remedial means!

I have already said that hypochondria and mania differ but in shade or degree. It is no unusual thing for a hypochondriac patient to tell me that he has had the most dreadful mental feelings to combat,—such as the wish to commit suicide or murder; and in the case of the female, I have been told she desired to fly from her home or husband, she knew not why, and she cared not whither! All these individuals have confessed to shiverings;—all to heats and chills. *Mens sana in corpore sano!*

The following case from the *Annales d'Hygiène*

publique et de Médecine légale, is sufficiently interesting to give entire:—"M. R—, a chemist, naturally of a gentle disposition, voluntarily claimed admission into a mad-house, in the Fauxbourg St. Antoine. He was tormented with a desire to commit homicide. He threw himself at the foot of the altar, and implored the Almighty to deliver him from such a horrid propensity. He could give no account of the origin of his mental disorder. When he felt the accession of the fatal desire he was in the habit of running to the Head 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 the life of one of his keepers, and perished in a paroxysm of fury."

The remittent nature of this man's disease is sufficiently obvious. Nothing is said of the temperature of his body, but the efficacy of the *ligature*, as a temporary alleviation, will at once suggest to the informed physician, the affinity of the disorder to ague, in which affection as well as in epilepsy, the ligature applied to the legs or arms is well known to have in many instances the effect of arresting the anticipated fit. When the late Dr. Mackintosh advocated blood-letting, at the accession of the ague fit, may he not have

been deceived by his own experience? Before venesection could be attempted, the ligature was necessarily applied to the arm. To this novel mode of influencing the brain, rather than to the few ounces of blood drawn, I am inclined to ascribe any benefit (temporary for the most part) observed to be derived from it. Is not this view of the subject further borne out by the beneficial influence of the proceeding being greatest when it was adopted before, or at the very commencement of the shivering fit? In other words, before Dr. Mackintosh's imputed cause,—*Congestion* (I call it the effect) could have existed. Dr. Parr, in his Dictionary, states that he has frequently succeeded in arresting the fit of Asthma, by the application of the ligature, and merely scratching the skin with the lancet, but without letting a drop of blood!

All that I have already said upon the subject of hypochondria and hysteria, will equally apply to the disorders of the female embracing catamenial irregularity.

The following remarks, though confined by their author to AMENORRHEA, will be found of equal solidity in MENORRHAGIA. "It has been too much the custom," says Dr. Ramsbottom, "as is well observed by Sir Charles Clarke, to treat Amenorrhœa, as an ideopathic disease; whereas it

is much more frequently merely symptomatic of general or local derangement; and as this evacuation is a secretion, we might expect that like all the secretions of the body, it would be most duly formed when the general health is the least impaired. The best means, therefore, of *eliciting the discharge* is by restoring a healthy state to the *system generally*. We know that in that constitutional derangement called *fever*, the secretions from the liver, salivary glands, skin, and all the mucous surfaces are suspended or lessened; but that they return with the decline of the febrile paroxysms. Would any person in his senses attribute the fever to the want of all or any of these secretions? Would he endeavour to relieve the patient by exhibiting specific medicines to stimulate each of these organs for the purpose of re-establishing their functions? Certainly not: he would look upon the fever as the cause, not the consequence, of the suppression, and he would restore the secretions by *removing the fever*. But change the case—let obstruction be a feature in the disease—the patient is impressed immediately with the idea that the obstruction is the cause of all her suffering,—and she will frequently succeed in producing the same impression on the mind of her medical attendant. From that time he disregards

the primary cause, and directs all his attention to the restoration of peculiar functions by stimulating remedies. Nothing can be more unphilosophical than such a proceeding—no practice can be more injurious. It sinks the Science of Physic beneath the level of the commonest mechanical art, and degrades it to the meanest empiricism. It must lower it in the estimation of the public, and disgrace it in the eyes of the profession.”

PREGNANCY has been defined to be a *natural* process. So is disease—so is death! I term it a *disorder*, and one very clearly exemplifying the unity of type which characterizes disease generally. During the early months, the brain, in attending to the new production, must, of necessity, to a certain extent, be withdrawn from the influence it otherwise possesses over the functions of the mother. You have, consequently, the same alternations of temperature—the same shades of disease that may arise from any other agency affecting the brain in any unusual manner. Thus, like a blow on the head, loss of blood &c., Pregnancy is ushered in by vomiting—in most instances, periodic and intermittent. The pregnant female complains of chills and heats—and blood drawn from her arm exhibits the identical crust which writers have delighted to enlarge upon as the

peculiarity of inflammatory fever! Nay, the hereditary or constitutional tendency to derangement or decomposition of a particular organ, is often developed during the early months of pregnancy. Among the particular shades of disease which have come under my own observation, let me name epilepsy, apoplexy, loss of speech, and other palsies—consumption, spitting of blood, with many other glandular and varicose affections—also mania. Some of these very disorders have been remarkably and favourably influenced by this state. The disease most familiarly known to the profession as capable of being suspended, and in some instances cured, by pregnancy is Consumption. Where all other remedial means have failed, it is the duty of the physician to announce the *possibility* of a cure by marriage.

PARTURITION we have already defined to be a series of pains and remissions. The commencement of labour is preceded by shiverings. “Sometimes,” says Dr. Ramsbottom, “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.” Who is so ignorant as not to know that this chilly sensation is often complained of

by ague patients even in the hot stage? Pregnancy and parturition then are intermittent fevers. 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 of both every kind of disease may shew itself, and even terminate in fatality.

ABORTION I need scarcely say is in every case preceded by the same constitutional symptoms as pregnancy and parturition. In most cases it may be prevented by the early administration of remedies proper for the intermittent. 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 taken place at nearly the same period of gestation—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. It is now a year old, well and thriving. I have succeeded in similar cases with the internal exhibition of quinine, hydrocyanic acid, &c.

THE
UNITY OF DISEASE.

PART II.

COMPRISING
REMEDIES, AND THEIR MODE
OF ACTION.

HAVING, we hope, satisfactorily demonstrated that ALL DISEASES, in the words of Hippocrates, not only “resemble each other in their form, invasion, march, and decline;”—but that whatever be its remote origin, MORBID ACTION is still, under every circumstance, essentially the same,—partaking throughout the whole of its various shades and revolutions, of the nature and simplicity of the uncomplicated INTERMITTENT; we shall now enter upon the consideration of some of the various means which accident or experience has shewn to be adequate to its alleviation or cure.

Turn over the records of the profession, 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 *preserving* or *controlling* temperature;—of exalting or depressing this in the stages of exacerbation; or of continuing or prolonging the more healthy and moderate degrees of it characteristic of the period of remission.

The CAUSES of disease, as already mentioned, can only affect the body, through one or other of the various modifications of nervous perception. Through the *same medium*, and in the *same manner* only, do all our REMEDIAL MEASURES exert their salutary influence on the human frame. The Brain and Spine are the grand centres upon which they act,—and *many are the roads* by which these may be approached. A man may fall from a height upon his feet, and be as certainly stunned as if he had alighted on his head. A smart blow on the knee or elbow, may produce the same effect,—nay, each of these different accidents, has been occasionally followed by the same constitutional affection, as by any active power introduced into the stomach;—the brain in both cases being influenced in a novel or unusual manner. By each of the five senses may

the brain be beneficially, or banefully approached.

SIGHT. The presence of a strong light will excite head-ache with some;—a flash of lightning has caused and cured “the palsy.” The effects of sudden light on a friend of mine is almost always a fit of sneezing. Laennec mentions the case of a gentleman who, in riding on horseback arrived at an extensive plain. As he proceeded upon it, he perceived a sense of suffocation;—he turned back and the sensation went off;—he again attempted to proceed, but the return of the dyspnœa forced him to abandon his journey. Change of scene has in this way *cured* many otherwise intractable diseases. To the waving motion of the hands in what are termed “the passes,” I attribute all the phenomena which Animal Magnetism is said to induce in patients who submit to this mummery. Such motions appeared to me to be influential in a case of epilepsy. Authors on the other hand, mention vertigo and epilepsy as having been induced by gazing for a length of time upon a running stream! Vertigo and a sense of sickness are common effects of looking from a great height. The view of a varied and pleasant country, will, of itself, improve the state of many invalids.

HEARING. A loud noise has caused and cured an infinity of disorders. Fevers that would yield

to no internal remedy, have been remarkably and advantageously influenced by the music of some long remembered song. The well known Swiss air the "Ranz des Vaches," has removed and given rise to many a malady. Sounds which set the teeth on edge have been familiar to all. Dr. Baron, in his Life of Jenner, states that at one period of his life, the subject of his biography became "remarkably sensitive to external impressions, but most of all to sounds of a certain description. Those that were dull and obtuse he little regarded, but the sharp harsh click, for instance, of a knife upon a plate, produced an effect as if he had an electric shock sent through his frame."

SMELL. There are individuals, in whom the odour of certain flowers, such as the tube-rose and the heliotrope, will bring on a paroxysm of asthma. Even the smell of the rose, has occasionally been followed by a fainting fit. How often through the same medium—the sense of smell do we recall patients from this very state by the use of burnt feathers, hartshorn, and other olfactory substances.

TASTE. Sweets are not alike pleasing to all. Sugar, so grateful to the European palate, is rejected by some tribes of Esquimaux with disgust. The negro, in particular forms of sickness, like

the pregnant woman, takes delight in the most inedible and repugnant substances, such as clay, &c. The bitters and acrids occasionally produce nausea and vomiting. A shudder or shiver is their more common effect. There are some individuals, nevertheless, who seem to enjoy them.

TOUCH. If a smart dash of cold water on any part of the body may cause syncope or convulsion, it has cured both. Titillation or tickling, which may readily produce convulsive motions has been employed by Mr. Wardrop, as a remedy for convulsion. The simple operation of passing an instrument into the urethra,—and that even without exciting pain,—may be followed by a host of affections. Under my own eye it has produced ague, fainting fits, and the most perfect form of cholera asphyxia; in some instances it has been followed by a rash all over the body. I am not sure that ague might not be *cured* by passing a bougie. If so, this might serve to explain the manner in which the general health, and by consequence local affections have been sometimes improved under the hands of professional quacks, who treat all applicants for their assistance, whatever be their complaint, for urethral stricture.

THE PASSIONS. We have already, to a certain extent, demonstrated the influence of par-

ticular passions in the production of disease. 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 agents! I care not what be the nature of the passion,—joy, grief, or fear,—the constitutional circle of actions is still the same. Thus, in all these different passions, as from palpable physical agency, the muscles may become tremulous, spasmodic, palsied,—respiration convulsive, or otherwise disturbed—and each and all of the secretions, more or less vitiated and varied. If we have ameliorated or cured the subjects of disease, originating in a mental impression, by physical means; so also does the History of Medicine present us with innumerable instances of the beneficial influence of these very passions in every kind of disorder, whatever may have been the nature of the primary cause.

Few medical men will dispute the influence of a passion in the cure of ague. Mention any mental impression, such as faith, fear, grief, or joy, as having been successful 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 ulcer or the King's-evil, and they smile in derision at the efficacy of a charm. Extremes in scepticism and credulity are disease. The healthy mind 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 upon the brain and nerves, as to interrupt or avert the mutations of action and temperature, constituting an ague fit, should pause before he denies their influence over an ulcer or a tumour, which can only be developed or removed by, or with, change of temperature. And no individual can possibly 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 all the *atomic* relations of every organ, and consequently of every organic volume and secretion.

Baron Alibert gives the case of a Parisian lady of fortune, who had a large wen on the neck—a *goitre*, which, from its deformity, occasioned her much annoyance. That tumour 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. In my own experience, abscesses of considerable magnitude have been cured both by fear and joy. Few surgeons, in much practice, have been with-

out 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 tumour—the frightened patient begs another day, but on the morrow it has vanished! How is all this effected? Sir H. Davy has well answered the question:—“We cannot entertain a doubt (he says) but that *every change in our sensations and ideas* must be accompanied with some corresponding *change in the organic matter* of the body.” That change relates to motion and temperature.

The effect of terror in removing the pain of gout and tooth-ache is so familiar to many who have suffered from either, that I only recall it to notice in this place, to induce people to pause before they ascribe the former disease to some mystical essence, or *humor*; or, in the latter, consent to the extraction of a tooth that in many instances might have been usefully preserved by the employment of well-directed constitutional remedies. With quinine, arsenic, &c., I have enabled many a sufferer from tooth-ache to escape the dexterity of the dentist. Far be it, however, from my intention, to condemn the operation of extraction in all circumstances;—the removal of a decayed tooth being, in many instances, followed by

the same good consequences as the removal of a bullet or other extraneous body, when acting prejudicially on the whole corporeal frame.

The influence of the mind in disease, is often powerfully exerted, in the case of the wounded of contending armies. The same description of injuries which heal with rapidity, when occurring in the persons of the victors, often prove intractable, or even fatal to the vanquished !

Medical men, while they generally, but vaguely, profess their belief that the body may be influenced through the medium of the mind, have yet been slow to avail themselves of the passions *in the cure* of disease. Often, indeed, and not altogether disinterestedly, do many of the subordinate class of practitioners take advantage of their patients' fears against a too speedy recovery. Until the general practitioner obtain a fairer and more equitable mode of remuneration for his services, than what he can procure by ordering and charging for unnecessary medicine, it is vain to expect that he will put his patient's interests against his own, and cure him by the happier influence of mental impression. And, here let me observe, if some legislative enactment do not speedily rectify this among other medical abuses, I fear the profession of physic will shortly become one which a gentleman shall be ashamed to fol-

low! Let our senators and legislators reflect for a moment on such a possibility. With their daily experience of human nature,—with their knowledge of the past history of men of every class and country,—let them imagine the consequences of medical practice being left entirely in the hands of illiterate and interested tradesmen. The result of such a state of things will be, that the petty doctor like the petty lawyer, will be in less hurry to relieve the applicant for his assistance, than cunning in his mode of prolonging and turning the embarrassment of individuals to his own private pecuniary advantage.*

From this digression let me again revert to the beneficial agency of the mind. In times comparatively modern, it was a common practice to pre-

* The late Dr. Parry, of Bath, alluding to men of this stamp, has the following remarks :—“ A man shall be grossly ignorant of the whole science of medicine ; yet, if he has a certain degree of assurance aided by an adequate number of fashionable phrases—some speciousness in decorating mystery, with a determined resolution of flattering his patients by an appearance of great zeal and attachment, and by confirming the good opinion which they entertain of their own discernment in the choice of the medicine and diet which they most like,—that man shall grow popular and rich, under the hourly dereliction of every principle of truth, honour, and conscience, and become accessory to the daily destruction of his fellow creatures. This is the reason why a large party of all ranks is always inclined to favor the most uneducated of the medical profession.” Do we require to go to Bath to see such characters ?

scribe live toads, moss from the dead man's skull, viper's and puppy's flesh, &c. That such means occasionally accomplished the end for which they were directed, is to be attributed not so much to any intrinsic virtue of their own, as to the *emotions* which they naturally inspired. The horror, the disgust, nay, the *shudder* of the patient are all sufficient proofs of their manner of action.

Even in our own days we hear of the dead malefactor's hand being applied to wens—and we have known spider web cure the ague. With regard to the latter, I am not sure that its action is entirely mental, for it has been occasionally found to be effectual, even where the patient was in ignorance of the nature of his remedy. Like musk, castor, and some other animal secretions, the spider-web may act in a physical manner upon the brain and nerves independent of mental influence.

“Les amulettes et les charmes furent en vogue de tout temps—les prêtres et les rois qui ce sont tour-a-tour disputé le gouvernement des hommes furent aussi ceux qui s'attribuèrent la prérogative de les distribuer. Avant même que les Grecs eussent pensé a faire un code de Médecine, leurs hierophantes formaient des amulettes de toutes les substances les plus singulières que l'imagination pût leur suggérer—Qu : Sever : Simonicus

inventa ensuite le mot baroque *Abacadabra* pour guérir la fièvre *hemitritié*. Les Juifs attribuerent la même vertu a leur mot *Abracalan*. Les Arabes long tems après vanterent leur talismans ; les Europeans l'attouchement de leur rois et de leur reliques ! La consideration de la croyance des hommes sur ce point offre le tableau singulièrement varié de leur faiblesse.”*

In Ireland, even at this hour, exorcism is resorted to, for the cure of epilepsy, by the Catholic clergy, who are supposed, not only by the credulous of their community, but, by many of the more enlightened members of the Roman Church, to be invested with the power of healing among other miracles. The more fanatical the priest, the more surely will he obtain the dominion, over the mind of his patient, necessary to secure the faith that produces the required beneficial result

* “Amulets and charms have been resorted to from the earliest ages. Priests and Kings, who by turns have disputed the government of mankind, have also been those who arrogated to themselves the privilege of their distribution. Before the Greeks had even dreamed of reducing medicine to a system, their *hierophants* formed amulets from substances the most extraordinary that imagination could suggest. Qu: Sever: Simonius invented the ridiculous word *abacadabra* to cure the *hemitritic* fever. The Jews attributed the same virtue to their word *abracalan*. The Arabs, long after this, boasted their talismans ;—Europeans the touch of their Kings and their relics ! The consideration of man’s credulity upon this point, presents a singular picture of his feebleness and folly.”

of his exorcism. Who, after this, will question the Hohenloe miracles; or, who can be in any kind of doubt as to the mode and medium of their accomplishment? A highly gifted clergyman of the Church of England informs me, that he has been very recently asked for a piece of silver (sacrament money,) to be worn round the neck, as a charm against epilepsy! While the Pathological School sneers with contempt at the influence of mind on matter, the Caffre Rain-maker and the Copper-Indian sorcerer, with their charms and simples, work changes in the constitution that put the boasted *science* of all the schools together to shame! We laugh at the vulgar for their simplicity and superstition; but, the records of every people bear testimony to the efficacy of charms!

BATHS, COLD AFFUSION, &c. What disease has not been cured or alleviated by the bath—the first and favorite prescription of the ancient physician? Need I say, that the efficacy of this remedy, whether hot or cold, medicated or mineral, entirely relates to the improvement which, directly or indirectly, it is capable of affording, to the temperature of the patient? I have seen a chilly hypochondriac *dash* into the cold plunge-bath, and, in a minute or two after leaving it, become all in a glow. While in this state, flights and fancies, and real and imaginary pains have in most cases

been put to, at least, a temporary flight. In repeated instances, I have even known such diseases to be cured by a few successive plunges. Numerous cases of chronic rheumatism have, in my experience, yielded to the cold bath, after every other remedy had been tried in vain. The same means have materially assisted me in the treatment of particular cases of dropsy and heart-disease. Successively alternated with the hot air-bath, and the tepid shower-bath, cold bathing may be made generally useful in almost every kind of chronic disease.

The cold *affusion*, as a general measure, is better adapted to hospital practice than to the treatment of private patients. I have, nevertheless, with the aid of this powerful means, cut short many a fever, which, under the bleeding and starving systems, would have filled the pocket of the medical attendant. I regret to be obliged to make such an allusion, but certainly the interests of the profession generally, have not hitherto led them to question the utility of measures to which custom, rather than a curative necessity, has reconciled the majority of patients.

MINERAL WATERS, whether chalybeate, sulphureous, or indeed under any combination in which nature presents them to us, have been celebrated in every form of disorder; and who can doubt

that particular constitutions have derived benefit from every description of mineral spring !

Having practised in Cheltenham sufficiently long to test the efficacy of its waters, it might be expected that I should here enter into some particulars regarding them ; but, so many analyses have been made of their component parts, and so many books and guides detail these at length, that I shall content myself for the present by simply stating,—that combined with the baths, amusements, and novelties of the place, together with the beautiful and varied scenery which surrounds, or lies contiguous to, a town unequalled in England for salubrity, the waters of Cheltenham have been of infinite service to almost every description of invalid. Like every good thing, however, they have been occasionally taken under circumstances which ought to have counter-indicated their employment. They ought never to be drank but under the superintendence of physicians, thoroughly acquainted with both their virtues and their vices—for to say that they want the latter, would be to strip them of every thing like value in the eyes of all thinking persons.

EXERCISE, CHANGE OF AIR, &c. I have said there can be no *motion* without change of temperature. This is the secret of the benefit to be derived from exercise and gestation.

A gentleman affected with habitual asthma, breathed freely when in his gig. Another, afflicted with vertigo, is immediately "himself again," when on horseback. I have already given the reader, at full length, a case of consumption, cured by horse-exercise. A dropsical female, who came many miles to consult 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. I have had cases of all these various diseases, where aggravation was the result of gestation.

Exercise of the muscles, in any manner calculated to occupy the patient's whole attention, will often greatly improve patients suffering under 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 walk, 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."

Discrimination, I need not say, is especially required in all cases where exercise is ordered. It is from the neglect of this, that particular remedies have been praised in one age, and decried in another. Physicians too often appear to have lost sight of the fact, that, what will cure one patient will frequently not only fail, but have even an opposite effect in another, though the nature of the disease and its cause may have been one and identical. In the moral world we see the same thing take place daily. If a soft answer, for example, very frequently turns away wrath, we are yet compelled to witness cases, which so far from alleviating, it only adds to the paroxysm of rage; and rage, after all, like every other passion, is the mere manifestation of corporeal change. Let us confess, then, with Hoffman, that our difficulties in practice arise, not so much from multiplicity of disease, as from variety of constitution. The same cause, whether chemical, moral, or mechanical, has given rise to every shade of disorder. May not these shades then, though all at first sight so different, be each, so far as nomenclature is concerned, beneficially treated by a given remedy?

The most successful physicians have employed the same medicines in every form of disorder; and assuredly there is no one remedy which may not prove advantageous in all. But for this, the calomel of the Eastern practitioner, Abernethy's pill, Perkin's Tractors, and Mesmer's Magnetism, had alike been vaunted in vain! Nay, but for this, the nostrum of the Charlatan would be as seldom profitable to its propounder, as to its purchaser. But, containing in many instances, an energetic substance, is it wonderful that the secret remedy should occasionally accomplish cures in cases which the routine practitioner, to the prejudice of the profession and his art, has aggravated by what the fashion of his day has been pleased to term *scientific* treatment! That the various panaceæ of the quack have done so is undeniable; for, there are few substances that may not accomplish a change, for better or for worse, in every deviation from health, under whatever denomination you may please to place it. Quackery in and out of the profession, carefully conceals the number and extent of its victims!

Return we to Exercise. The advantages derived *from travelling* are partly to be ascribed to the necessary movement, and partly, to change of air and scene. Like every mode of treatment that presents frequent novelty, travelling promises

the greatest advantages to patients afflicted with 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.—*Est modus in rebus!*

PLASTERS, BANDAGES, &c. The beneficial influence obtained from all such local applications, depends upon the change of temperature which they are capable of producing. Their results will vary with constitutions. Sir R. A— told me that while serving in Portugal, he became the subject of severe ague, which resisted all the remedies prescribed for him by numerous medical friends. 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 the back, and the ague was forthwith cured! Instructed by this fact, I have advantageously prescribed plasters in many cases of chronic disease. The improvement of the temperature of the spine under such treatment, has been followed by the alleviation in most cases,

and the cure in many, where the symptoms had previously resisted every kind of internal treatment. 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 dropsy 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* or other *ligature* 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, &c. 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, lotions, &c.—what are they but combinations of the agents with which we combat fever? They have no other influence but through the medium of temperature.

HAVING thus far explained the action of the more early and obvious means of relief to which mankind resorted in the hour of sickness, we shall now turn to a consideration of the principal substances which modern practitioners have, from time to time, adopted for the treatment of disorder—and *all of which* the London College of Physicians has publicly and officially sanctioned, by including them in their later pharmacopœiæ.

From the History of Medicine we learn that after *charms* came *simples*. The accumulated experience of ages has since discovered to physicians the remedial power of many substances, which the early practitioners of medicine, in common with the vulgar of every time and country, were accustomed to condemn as only dangerous or deadly. The use in practice of the more active *poisons*, such as arsenic and prussic acid, is comparatively speaking, a modern improvement.

“Wherefore” asked Pliny, “has our mother, the earth, brought forth so many poisons, but that man in his distress might make away with himself.” Such was the very natural feeling of men who lived in an age when it was considered a greater proof of philosophy to *meet suicide* than to *endure suffering*. A better reason will be given in the sequel. The first maxim of the more enlightened medical man is, *Ubi virtus, ibi virus*.

Linneus well observes "MEDICINE AND POISON ARE IDENTICAL"; which being interpreted, means that any earthly agent may become either a remedy or a poison, according to the dose or degree in which it may be administered;—taking into account, of course, the constitution of the patient.

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. It is to this passion the ignorant medical practitioner appeals, when he employs the word POISON as a bugbear, to preserve his practice from the inroads of the true cultivators of the science of medicine. It may not, therefore, be without use to several of our readers to explain its proper meaning in this place. In its popular sense, this word signifies any substance which taken into the stomach in *small* quantity, may shorten or otherwise prove injurious to life. It is then a relative term—a term applicable only to bulk or volume. But what is there, under Heaven, when tried by the mere test of volume, may not deserve the name of poison? The domestic fire may become the source of a general conflagration—the water we drink has inundated a city,—shall we banish them henceforth from our hearths and homes? Shall we eschew the air we breathe, because the ill-clad or incautious have suffered from exposure

to its unmitigated influence in all weathers? Shall we make it an insurmountable objection to the employment of *rhubarb* or *jalap*, that an infant at the breast has been, accidentally, *poisoned*, by the dose that would scarcely produce any effect upon an adult? Shall *opium* cease to soothe the pillow of the wretched, because the suicide has, under its influence, settled his last account with man and his Maker? Shall we repudiate the curative aid of *arsenic* in ague, because the poisoner and the cut-throat have, with a thousand times the volume adequate to that desirable end, drugged the cup of their unsuspecting victim? Shall we suffer our patients to die a lingering death by consumption, rather than try to cure them by the measured exhibition of *prussic acid*, because the dog and other inferior animals have, in the laboratory of the chemist, perished by concentrated doses of this valuable medicine? Shall we, in fine, prefer sickness and sadness to the blessings of *health*,—*death* to *life*, for the prejudice of a name! Every remedial agent, however beneficial in one volume, may become poisonous in another. Medicine, then, is a *power* for good or for evil, for life or for death, according as it is well or ill-directed. Of this fact, the general reader may be certain, there is no such thing as an absolutely *safe* substance in the whole Materia

medica. What remedy can be worth a rush, that in all conceivable states and proportions possesses no innocuous quality? The amount of opium, prussic acid or arsenic, may be so adjusted to a given volume of fluid that you might drink of the mixture to a greater extent, and with more impunity, than from an equal volume of wine and water of common strength.

The difference betwixt Medicine and poison then is a mere question of *quantity* or degree; for, what is there which pertains to earth or air, that may not be converted to the *use* of man? If *he*, in his ignorance or depravity, turns a given substance to evil account instead of to good, shall blame be imputed to the Almighty, who bestowed it upon him as a boon! When you hear a *medical practitioner* decrying a medicine as being a "strong medicine," or a "*poison*," you may be certain of one of two things—either that that man is in utter ignorance of the nature of the agency he himself employs in physic, or that he is endeavouring by disingenuous means to injure the reputation of a successful rival, whose better sense and more extensive practice, have taught him to administer in safe and efficient doses, substances which the other, with well-dissembled horror, affects to look upon as only destructive to life. The Charlatan, when he puffs his nostrum, tells you it contains

no mercury—he goes so far as to boast that it may be taken in any quantity!

The infinity of substances which have been 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, upon investigation, be found to have the most perfect UNITY in their mode of action. Their influence relates solely to *temperature*; differing, where they do differ, simply, in their power of influencing in this respect, the *atomic relations* of a particular locality, 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.” One substance will most rapidly affect glandular structure; another will be more generally influential in *muscular* parts. Through the medium of the nerves of a part, a particular substance, even when injected into the veins, will produce its particular effect, good or bad, upon that part. Is not this the best of all proofs, that the Deity intended POISONS, so called, for the use of man? When thus administered, antimony, for example, will prove equally emetic as when introduced into the stomach—rhubarb, equally purgative, and opium as certainly soporific! Ask the

schoolman the reason of all this; and he will tell you he knows the fact, but nothing more. Had his acquaintance with the book of nature, practically, been equal to his knowledge of scholastic literature, he would long ago have satisfied us upon this head. But for the last two hundred years, *professors* have done little more than *split straws*, and quarrel about words, equally misleading themselves, their pupils, and the public! It is only in relation to the difference of the office of particular organs, and to the power with which particular remedial agents influence the *temperature*, and consequent motion of these, that they produce effects apparently different from each other. Opium, antimony, rhubarb, then, have but one primitive mode of action—their ultimate and, apparently, unlike results only differing in the dissimilarity of the functions of the organs which they respectively influence. Change of temperature, without any other agency, can produce every constitutional and local change, every vitiation and variation,—whether spasmodic or secretive,—which has ever formed the subject of medical observation. Having premised this much, we shall now speak of the action of

EMETICS. When the various doctrines which attributed all diseases to “acrimonies,” “peccant humors,” “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 acknowledged beneficial effect of 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*. Whatever will influence the brain in any unusual or novel manner, by changing its temperature and atomic motion, must necessarily contribute to change the whole corporeal state, whether it be at the time in health or disease. Have we not this familiarly exemplified in sea-sickness—in the sickness produced by the rotatory-chair, and in the morning vomitings of early pregnancy? Anything that will diminish the brain's influence over the stomach, such as a blow on the head, loss of blood, or a division of the nerves that supply it, will 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 shivering, tremors, &c. 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. He feels a creeping sensation in every part—a sensation demonstrative of the rapid revolution and alteration 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 each of these organs may be an equally rapid result. A gentleman of the medical profession sent for me at midnight. I heard his groans before I reached his chamber. He had, immediately on leaving a crowded theatre, been so imprudent as to take 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 are termed, in the Schools, high inflammatory fever, and 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 patient lately under my care, experienced a like relief from the use of an emetic in nearly the same circumstances. In the case of the first gentleman, I followed up the emetic with hydrocyanic acid. In the case of 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, cynanche, pneumonia, 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. In physic, as in every thing else, there is a fashion; but the men of our day, notwithstanding all their assertions, would do well, in many instances, to imitate the practice of their forefathers.

PURGATIVES. The action of a purgative medicine upon the bowels has often been made a power-

ful means of influencing diseased states, through the medium of the brain—but, like every other remedial agency, it has been too frequently converted into a cause of disease and death. The physician who proceeds, day by day, to purge away “morbid secretions,” “peccant humors,” &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 us be understood to deprecate purgative medicines.—As a remedial means they are inferior to emetics;—when combined with these, they are among the best means with which to commence the treatment of diseases generally.

It has been my fate to witness no inconsiderable amount of suffering induced by a mistaken perseverance in purgative measures. Will nothing open the eyes of gentlemen of the humoral school? Surely it will stagger them to be told that in an evil hour the exhibition of a purge has been followed by a paroxysm of 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. When I say I have known fatal fever 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."—According to Sydenham's celebrated description of dysentery, "the patient is attacked with a *chilliness* and *shaking*, which is immediately succeeded by a *heat* of the whole body. Soon *after* this, gripes and stools *follow*." What is this but ague with a discharge from the bowels, instead of the skin? "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 mercurials are supposed to be most useful? The records of the profession answer, fever, iritis, erysipelas, dysentery, rheumatism, cutaneous, osseous, and glandular disturbances. To the same records, I appeal for testimony to the truth of my statement, that ignorantly and incautiously administered, it has too frequently produced those very

maladies in all and every of their forms and variations. According to Sir Charles Bell, 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 you hear some say it is *specific*!

The value of every medicine 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-practitioners,—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!

Many years have now passed since Mr. Abernethy first advocated the employment of mercury in moderate doses. Dr. Wilson Philip has recently written a book upon the same subject, and he has demonstrated the value of calomel in doses so minute as the twelfth, sixteenth, and twentieth part of a grain. For thirteen years of my life, I have been in the habit of prescribing calomel in this manner; and I feel a pleasure in stating, that my inducement to do so was the observation of its happy effects in the practice of a gentleman who, after taking the highest rank as a surgeon in Edinburgh, has since removed to London, where he will not receive his just reward, if he be not equally fortunate;—need I name Mr. Liston, of the North London Hospital?

The following case is one of many, which I could furnish from my own experience, illustrative of the value of calomel in minute doses when combined with an equally minute quantity of sulphate of quinine:—Harriet Buckle, seven months old, had caries of the bones of the elbow, which

joint was much enlarged, red, painful, and pervious to the probe. She was the subject of *diurnal fever*. Notwithstanding the assurance of the mother that amputation had been held out as the only resource by Mr. Minster and Mr. Whitmore, two surgeons of the Casualty Hospital of Cheltenham, where the child had been for a considerable period a patient, I confidently calculated on success. The sixteenth part of a grain of calomel, the same proportion of quinine, with not quite a grain of rhubarb, were prescribed to be taken every third hour. The case was completely cured in a fortnight, without any external application.

In this manner I have beneficially treated every kind of diseased joint, including numerous cases of *hip-disease*, in all its stages. In such cases, where disorganization had not previously taken place, I have frequently obtained the most perfect result;—I need not say I dispensed with leeches, setons, blisters, issues, &c., those relics of a barbarous age;—measures which never could in any way influence the constitutional *integrity of cause* except to make the result more surely unfavorable!

If, with such minute doses of mercury, the practitioner may obtain the most excellent effects,—what shall we say to the exhibition of five-grain doses of calomel to infants? What language can be sufficiently strong to denounce the equally da-

ring practice of ordering scruple doses of the same powerful mercurial for adults? That many individuals have recovered from serious disease, after the unsparing use of calomel in such doses, is no more an argument in favor 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.

I beg it to be at the same time understood, that I have no objection to calomel as a purgative,—in which case, a full dose is necessary. But how often do you see this substance given in enormous and repeated doses, with the view of correcting morbid secretions, and to cure so called syphilitic disorders, which enquiry, 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 the constitution of the patient. It 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 exhibited, or the reverse, according to particular doses and ideosyncracies. How frequently, in the course of our recorded cases, have we shewn that similar, nay, identical diseases,—diseases produced by identical causes, refuse to yield to the same remedies.

I shall conclude my observations upon mercury, with a remark which applies to this metal and its preparations, in common with *all* remedial agents—namely, that diseases caused by mercury, *may*, after a certain time, even yield to mercury itself. So has the delirium of the drunkard been subdued by alcohol; but where the remedy has failed in either case, it has only aggravated existing symptoms.

PERUVIAN BARK, and its salt the *sulphate* of quinine, With many of the beneficial effects of the bark, the reader is already well acquainted. The deservedly high rank which it held in the estimation of the older writers, contrasts strangely with the little regard paid to it by many of the moderns. To the errors of the Pathological School, I attribute the prevalent reluctance of practitioners to employ it in the early treatment of disease. To the equally erroneous views which these schools have propagated as to its mode of action, I am inclined to ascribe the general want

of success attending its exhibition in the later stages.

The celebrated Cullen, however we may now feel inclined to smile at his nosology,—a nosology, by the way, which has enslaved the medical schools of Europe for upwards of half a century,—was no mean adept in the *practice* of physic. To the value of the bark he bears his unequivocal testimony in scrofula, skin disease, osseous alterations, in rheumatism, gout, *dysentery*, and gangrene. He extols it, moreover, as a diuretic, and diaphoretic—praises it as a remedy for small-pox, and admits it to be advantageous in the treatment of spasms, convulsions, and hæmorrhages. His objection to its use in phthisis was founded upon the hypothetical assumption that the “phthisis pulmonalis is accompanied by an inflammatory state.” Dr. Thomson, nevertheless, recommends it “even in phthisis;” and I myself can speak to its beneficial influence in many cases of the same disorder.

“I have, (says Baron Alibert,) been able to follow and appreciate the salutary results of the employment of this substance in cancerous affections, in scrofulous tumours of the glands, (according to the recommendation of Fordyce,) in many cutaneous diseases, and principally in lepra, 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 lesions 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 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. Murray, however, differs from them altogether on this point. In his opinion, the bark is equally adapted to the cure of convulsive and periodic coughs as to the cure of intermittent fevers. He has witnessed an Epidemic, in which these maladies were efficaciously met by this powerful remedy from the commencement. He has thus 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 power, only renders the symptoms more rebellious, and their consequences more fatal !*"—*New Elements of Medicine.*

From my own experience, I could here give numerous instances of cure by the bark or its salt, of every shade and variety of disease—disease which nosologists have so delighted to separate and classify in their systems. The only preparatory means to which I have for a long time resorted, being an emetic, a purge, or both in combination ;—*bloodletting*, for reasons to be afterwards mentioned, forming no part of my therapeutics.

To such as are only superficially acquainted with the practice of physic, it might appear, that possessed of a remedy so powerful, and, so far as nomenclature is concerned, one so *universally* applicable as the bark, the physician need give himself little trouble about the numerous other agents employed in medicine. But here I have to observe, that however generally the bark may be found an efficient remedy, there are constitutions, for the diseases of which, it will not only prove altogether unavailing, but to which, even in moderate doses, it will be highly detrimental.

The most perfect ague fit, within my own re-

membrane, appeared to me to have been the effect of two grains of quinine, which I prescribed for an asthmatic patient. I have found intermittent fainting-fits occur in a patient who had no such symptoms before she took it. Dr. Thomson mentions the case of a patient of his in whom the sulphate of quinine 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." Where this substance has, in my own practice, disagreed, the common complaints have been tremor, faintness, head-ache, nervousness, cramps and "all over-ishness." Ratier, in his Hospital Reports, mentions "nervous agitations" as the effect of quinine. Now all of these, when proceeding from other causes it has been my good fortune to cure by this very medicine. My common dose for an adult is two grains of the sulphate, with an excess of acid—but I have, in a case of hypochondria, found it decidedly beneficial in a dose of fifteen grains. I once knew *eight* grains produce vertigo and delirium; yet I am in the habit of ordering it to be taken, during the remission for these very affections, when proceeding from unknown causes; and my success has been greater than by any routine treatment. The bark like many other medicines 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, we have complaints of weakness or nervousness after using them, will any body say that in that case they are any thing but debilitating? Bark, like blood-letting, or a purge may cause both one and the other. To go on, day after day, prescribing this substance, and what are termed “strengtheners,” not only without any manifest amelioration, but 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 bark, when its action proves salutary ? Simply this :—it produces a new, but more subdued circle of motions throughout the body, though still a veritable *fever* ; and thus by engaging the attention—in other words—by altering the temperature of the brain, for a greater or less space of time, the remembrance of a former cause of action is thereby suspended or confused. It is in this manner, I apprehend, that the vaccine virus prevents small-pox. The masked or more mild form of small-pox, [according to Jenner] produced by this virus, has the power, if I may so express myself, of retaining the constitutional attention for so long a period that not one in a thousand

forgets it.* This kind of memory is termed by French writers, "memoire machinale." You often find pulmonary consumption suspended during *pregnancy*; the brain in this case is too busy with the foetus to remember the old corporeal action; and even after delivery, it occasionally forgets it for ever. Thus, in some instances, pregnancy is of more avail in phthisis, than all the artificial or other agents, which have obtained a place in the *materia medica*.

PRUSSIC ACID. The employment of this remedy having procured me a considerable share of abuse from some of my professional brethren in the particular locality where I practice, I am necessitated, in self-defence, to adduce the following authority in its favour:—"Prussic acid, diluted in the way we are about to describe, is employed with success in all cases of morbid irritability 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 PHTHISIS; indeed, a great number of observations induce the belief that it may effect *a cure* in the early stage of the *latter*

* The *Contagion* of small-pox, however inexplicable and astonishing, is not more wonderful than that the magnet can make iron magnetic, or that Man has the power of reproducing man. One *principle* may some day be found to explain all.

disease. In England it has been administered with success in hectic cough sympathetic of some other affection, and also in *dyspepsia*.* 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*, which were cured by this acid. The same physician quotes a case of colica pictonum, 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. Applied externally in lotions, in different diseases of the skin, it has not, in Dr. Elliotson's practice, produced any decided effects. Dr. Thomson, however, asserts that he has employed it, in lotions with 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

* Why sympathetic of another affection? When a man's health is wrong *throughout*, some prominent symptom is seized upon, and considered to be the cause of all the others!

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 linctus. M. Bouchenel has also employed prussic acid in a case of Phthisis, 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 Phthisis. *I do, however, assert and maintain, that 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 an anthelmintic. 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.* 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

* How common this error of accusing one symptom of being the cause of another!

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." *Extracted from* MAGENDIE'S FORMULARY.

Shall I appeal in vain to the evidence of the first physician in France, and to some of the highest authorities in the medical profession of this country, against the exclusive decision of jealous or defectively-educated pretenders!

To the above extracts from M. Magendie's formulary, I will here add a few observations of my own, in favour of the prussic acid. In the proportion of two drops with a drachm of the tincture of *lobelia inflata*, in an ounce of the infusion of roses, it is one of the most effectual remedies for asthma, with which I am acquainted. I have also derived benefit from the same combination in spasmodic stricture of the urethra; and, generally speaking, 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 hemiplegia, I have found it more successful than strychnia. I may here mention that it is my custom, in the treatment of DISORDER generally, to combine some universal power, such as quinine, hydrocyanic acid, or arsenic, with another power, whose influence has been well ascertained to be more particularly local. Thus, either of these 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—with squill in catarrh—purgatives where costiveness is a symptom; and so on 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 stomach. In all these disorders, prussic acid is valuable only in so far as it contributes to *improve the temperature*, and, consequently, the circulation of the subjects of them. Your patients, when obtaining its 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.” 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 a minute dose of the same medicine, experienced severe shivering and chilliness, with cramp, pain of stomach, and slight difficulty of breathing;—the very symptoms, the reader will remark, for which it is so often available in practice!

TAR, CREOSOTE. Bishop Berkeley in his Treatise on Tar Water, has detailed the signal results of its employment in numerous diseases,—diseases which the routine practitioner is accustomed to view as the most opposite in their nature, and requiring treatment the most varied. He has the following among other observations:—“From my representing tar water 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 good Bishop sums up the catalogue of its virtues by saying “It is of admirable use in *fevers*.”

From innumerable trials of Creosote, a prepa-

ration of tar, I can bear him out in his assertions, simply observing, that like every other remedy it will occasionally fail or aggravate, whatever be the form of disorder for which it is prescribed. With creosote I succeeded in curing a case of amaurotic blindness of both eyes of a considerable standing. The dose was cautiously pushed from two to twenty drops three times a day. I have found the medicine valuable in hysteria, chlorosis, dropsy, chronic rheumatism, and all kinds of cutaneous disease. Its control over temperature explains its general mode of action.

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. The agency of opium appears to be, in the first place, principally confined to the nerves belonging to the five senses. 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 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. While minute portions of opium heighten the general perceptive powers, large doses diminish them. But a large dose is, after all, only a relative term—for

the quantity, that would poison a horse, may be a moderate dose to the habitual opium eater !

In addition to the beneficial effect of opium in diseases admitted on all hands to be purely nervous, I have found it more particularly useful in dropsy. 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. Indeed, I do not know a form of disease that has not in some stages been benefitted by the exhibition of opium. By giving it in a large dose during the remission, I have kept many consumptive patients alive for months, and several for years, whose period of existence must assuredly have been shortened but for the beneficial influence of this drug.

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. Like alcohol, mercury, &c., it may, under certain circumstances, relieve the symptoms it has itself produced. It has caused mania and cured it.

ALCOHOL—can 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 its abuse 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,—a third becomes witty; while a fourth, under its influence loses the wit he may have previously possessed.

Alcohol 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 shew the effects of drunkenness in his speech—another in his diminished powers of prehension—some individuals will not betray the influence it has obtained until they try to walk; their limbs may then fail them, though neither hands nor tongue shew any signs of inebriety. Now all this is

done by the change of temperature which alcohol 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 drank 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*.

MUSK, VALERIAN, CAMPHOR, ASSAFŒTIDA—all highly valuable in ague. But for its expense, musk would 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 recommended in books to begin with ten grains;—my own dose of two grains has been attended with the best effects in numerous cases. Much, however, depends upon the purity of the drug. I have lately succeeded with musk in a case of intermittent squint, which successively resisted quinine, arsenic, prussic acid, and iron.

SULPHUR—now seldom used except in diseases of the skin, was long a medicine of universal employment in the practice of physic. With the

vulgar it is still a remedy for ague. I introduce it in this place simply to chronicle my opinion of its value in Rheumatism, some cases of which, after resisting every medicine with which medical men are wont to treat it, yielded in my practice after the administration, for a few days, of sulphur, in drachm doses. I have found it useful in certain cases of painful leucorrhœa, and also as a purgative in hypochondria and hysteria.

COLCHICUM, GUAIAAC, TURPENTINE, COPAIBA, CUBEBS, CANTHARIDES, SQUILL, DIGITALIS, IODINE, the MINERAL ACIDS, the EARTHS, the ALKALIS and their Combinations. These agents have all more or less control over intermittent fever: they exert, moreover, a special influence over particular organs, and, consequently, are capable of curing, causing, or aggravating diseases attended with certain local peculiarities. Copaiba, cantharides, and turpentine afford us familiar instances of the cure and aggravation of rheumatism and of urethral and vaginal discharges by the same remedies. The error committed by most practitioners consists in pinning their faith too exclusively on one medicine. Colchicum, for example, is by some supposed to be a never failing remedy in rheumatism. No one is more inclined to put a high appreciation upon colchicum, in the treatment of this disease than myself;—yet, not only, have I found it

fail, but aggravate many rheumatisms,—and the journals of the day will bear me out, when I say that pains of the joints and feet, are among the symptoms produced by this drug, when accidentally taken in poisonous quantities, by previously healthy persons.

Iodine, by some practitioners, is believed to be a specific for scrofula, and for every kind of morbid glandular developement. It behoves me 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. The patient in such cases, is sure to say “I do not feel so well in myself—I have greater heats and chills ;” or, “I have more inward fever ;” or, “I perspire so on the least exertion.” In my own practice quinine has been more generally successful in goitre than iodine. But, here I may observe, that a remedy generally applicable to a particular type of disorder in one country or locality, may be found to be as generally prejudicial when applied to the same type in another. This, to a certain extent, will 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.

Let me caution practitioners against the too

indiscriminate employment of *Digitalis*. Are they generally aware that this substance has the power of *suspending*, as well as of increasing, the secretion from the kidneys? It is daily given to the prejudice of the patient in dropsy, from practitioners being unacquainted with this fact. The same observation applies to squill.

Copaiba has, in six or seven instances out of several hundreds in which I have prescribed it, produced a cuticular eruption, so like small-pox, that in two of these it was pronounced even by nurses to be that disorder. I do not remember to have met with a similar fact in the writings of any author.*

We have constant disputes whether a particular remedy be stimulant or sedative. Opium, digitalis, 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.

* While this sheet was passing through the press, I read the following in one of the very excellent lectures of Dr. Sigmond, published in the *Lancet*:—"One of the effects of the administration of *copaiba*, has been an eruption of papulæ, and sometimes of pustules, in large patches."

STRYCHNIA, BRUCINE—can each interrupt, and each 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 has cured.

I have introduced Brucine in this place, more to enter a caution regarding its dose, than from any observation of its particular efficacy in disease.

It has been recommended by some physicians to commence with a grain of this substance. A case came under my own eye, where a gentleman took not quite this quantity, and it produced not only a complete tetanic state with lock-jaw, but considerable difficulty of breathing, and cold sweats,—which last symptoms continued for some hours. The eighth of a grain is quite sufficient for an adult. For the same age, my usual dose of sulphate of strychnia is the sixteenth part of a grain, increasing it cautiously, according to the nature of the disease and the constitution of the patient.

SILVER. The occasional beneficial influence of Nitrate of Silver in epilepsy, led me to extend its use to other disorders of an equally spasmodic and periodic nature, such as hooping-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.

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 notion 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 proves for the most part amenable. In *pain of stomach after eating*—also a disease of a 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 from much 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, “rush of blood to the head” &c., and in many cases of mental confusion.

The influence of nitrate of silver seems to be exerted chiefly on the spine and spinal nerves; for, patients sometimes complain of lumbago, sciatica and rheumatic pains while taking it. In such cases I abandon it for other remedies. Writers mention blueness of skin as an occasional effect of nitrate of silver. Having myself prescribed it, many thousand times, without ever witnessing such an effect, or the slightest appearance of it, I do not think any judicious physician 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 powers; 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 I had, while serving there, many opportunities of testing Dr. Elliotson's 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.” An universal or partial shiver, will be found to precede or accompany all these symptoms. The sulphate of copper was a favorite *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 Chlorosis 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 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 head-ache. Now, in all these affections it has served me much like other powers—ameliorating or aggravating the condition of the patient, according to ideosyncrasy.

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.”

LEAD. This metal is now rarely prescribed, except for hæmorrhages. It has, nevertheless, been celebrated for its beneficial agency in the treatment of phthisis, cancer, and other glandular disorganizations—in leucorrhœa and other discharges—in spasm and palsy. My own experience will enable me to extend the list. I can bear testimony to its virtue in the treatment of varicose veins, and in many shades of cutaneous disorder. In these diseases its influence would avail but little, did it not include *fever*—the type of all the others. Cullen, in his Lectures on the Materia Medica, observes, “*saccharum saturnii* and *tinctura anti-phthisica*, into which that certainly enters, have been employed in continual fevers with remarkable success—not having such a stimulus as the copper—and taking off the nervous symptoms, the delirium, the *subsultus tendinum*”—in other words, the twitchings or spasms. The workers in this metal are sufficiently acquainted with every one of these particular shades of disease.

The *Colica Pictonum* is a well known instance of the spasmodic disorders to which it more frequently gives rise. "One curious effect of the continued use of acetate of lead (says Dr Thomson) is the excitement of Ptyalism—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?" My answer will reconcile both,—*Similia similibus curantur*;—of the truth of which the reader has already had too many proofs to doubt. And now, when we are upon this subject, I shall take the liberty of making a passing remark upon the doctrines of Hahnemann. With this gentleman, "Diseases are the product of three evil principles only, *qui deturpant sanguinem*, namely, the psoric (vulgo itch) the syphilitic and the scrofulous."* His remedies are aconite, gold, belladonna, &c.; but these are only salutary, according to him, when prescribed in the minutest possible doses;—the millionth, decillionth, and heaven knows what other infinitesimal proportion of a *grain* of aconite or belladonna, being an infallible remedy for the great proportion of human diseases! Can my

* Quoted from a letter of Hahnemann, by Dr. Granville.

reader, unless absolutely mystified by metaphysics, require me to enter upon the serious refutation of such absurdities? How, even according to the very terms of the remaining part of the homœopathic doctrine—that portion, at least, which Hahnemann mistakenly arrogates as his own (*similia similibus*) can this professor expect to cure grave disease—disease proceeding from a grave agency—by the DISSIMILAR agency of infinitesimal physic! It is only in occasional and rare instances that severe disorder arises from (apparently) slight accidents—and, where it has been cured under such *nugatory* treatment, the patient has recovered, either through the natural strength of his constitution, or the existing *faith*,—a powerful influence, as we have already shown,—which induced him to try the nostrum of the homœopathist.

So far from Hahnemann having developed a NEW TRUTH, he has only *driven over* an old one! The doctrine “like cures like,” may be found not only in the writings of some of the most ancient authors, but in the actual practice of the vulgar, time immemorial. It is merely a fragment of the great abstract law in medicine—a law which I do not remember to have seen elsewhere stated—ANY GIVEN POWER MAY CAUSE, CURE, AGGRAVATE, OR ALLEVIATE ANY GIVEN FORM OF DISEASE, ACCORDING TO THE DOSE, DEGREE, AND CONSTITUTION OF THE PATIENT.

I know no agent used in physic which may not cause, and none which has not cured the ague! If it be true then, that in the course of this universal affection, every kind of organic change may be developed to which physicians have given a name,—are we not equally entitled to assume an UNITY OF ACTION in REMEDIES, as an unity of action in the causes of disease?

ARSENIC. The successful employment of arsenic by the natives of India, first, I believe, induced European practitioners to try it in ague and skin-disease. The happy effects of the 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. Dr. Parr, in his Dictionary, published in 1809, speaks of the beneficial result of its exhibition in open cancer. “We have seen,” he says, “from its use, an extensive sore filled with the most healthy granulations, the complexion become clear, the appetite improved, and the general health increased. Unfortunately,” he adds, “these good effects have not been permanent. By increasing the dose, we have gained a little more, but at last, every advantage was apparently lost.” I have already stated, as a general observation,

that few remedies will long preserve their beneficial influence over chronic disease. If this be true in the case of simple and uncomplicated nervous disorder, what right have we to expect a more favourable result, from the employment of any medicine, in a structural disorder of so chronic a nature as cancer?

The numerous panaceæ which have, from time to time, been vaunted as cures for cancer, will be found, on examination, to be principally composed of remedies proper for intermittent fever;—iron, bark, arsenic. In this, as in every other chronic disease, what will be beneficial one day may fail or aggravate the next. Let the reader try arsenic in cancer or consumption, not on one but many patients, and change it for iron, quinine, and prussic acid, according as he finds its action more or less permanently beneficial, and I feel assured he will not have to thank some of his teachers for the notions with which they have imbued his mind on the subject of the absolute incurability of these diseases.

Arsenic, like every other remedy, 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*,

is a relation of five cases of poisoning by arsenic. Among the symptoms mentioned by the narrator, Mr. Marshall, were vomiting, pain, and burning at 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 found benefit from any remedy, was cured by this metal. The subject of it was a soldier of the 30th Foot, in whom the disease was principally brought on by hard drinking. The fit, in this case, 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, *intermittent* epilepsy was among the effects produced. The subject of it, a girl of nineteen, had also chills and heats, which, if the reader pleases, he may call *Intermittent*, or *Remittent Fever*, or any thing else he fancies—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 have noted down. The subjects of them were 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 eat 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 become nearly of the natural size, and the disease of the skin had gradually lessened. He then slept and eat 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, scorbutic patches all over his skin, and an irritable ulcer of the scrotum, from which a fungus, about the size of a chesnut, 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 *ut supra*. In a week, there was great amendment of the ulcer. 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 ulcers 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, with a feather, to the whole surface of the ulcers, 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 his leg amputated three times, 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 ulcers, 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 ulcer 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 the reader the principle upon which arsenic proved 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's were all suffering—the structural lesions being mere features or developements of the general derangement.

Dr. A. T. Thomson recommends arsenic “in threatened APOPLEXY *after cuppings and purgings*, when the strength is diminished and the complexion pale.” Upon what principle does this remedy prove advantageous in such cases? Simply by prolonging the remission—by averting the paroxysm. Long after the bark came into fashion for the cure of ague, that distemper used to be treated in the first instance by depletion, till “*the complexion became pale.*” Seeing that this treatment is not now pursued for ague, even by the most bigoted to old systems,—men who think for themselves, may possibly enquire whether it be not equally unnecessary in “threatened apoplexy” or “rush of blood to the head,” as this affection is still ridiculously termed. The primary employment of quinine, silver, arsenic, &c., has enabled the writer of these pages to dispense entirely with

depletion in its treatment. What did the lowering and starving system avail Sir Walter Scott? In the case of that great man, might not the threatened apoplectic paroxysm have been averted by quinine or arsenic? Be this as it may, the fact is now established, that any given medicine,—bark or arsenic for example,—has cured a host of maladies, which the authors of nosological systems have not only noted 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 circumstance that the subjects of all these, so styled, different diseases 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 remedies so generally applicable, as bark and arsenic;—to what other conclusion, can the unprejudiced reader come, than that all disorders are variations of this one type—that, *abstractedly speaking*, 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 guided physicians in the application of their remedies to Disease, have been a mere romance of the schools; that their views of its causes have, for the most part, been as erroneous as their modes of cure have been defective; and their nomenclature throughout, little better than an unmeaning jargon!

BLOODLETTING.—While, with one class of practitioners, Medicine has been reduced to a mere system of purging, from what we are daily compelled to witness in the practice of others, it might not unaptly be termed, the sanguinary art—every means being resorted to, in the mode of abstracting blood, from venesection, arteriotomy, and cupping, to the basest application of the leech!

The Wits of every age and country have amused themselves at the expense of the physician: against his science, they have directed all the arrows of their ridicule, and in the numerous contradictions of its professors, they have found matter for some of their richest scenes. Moliere makes one of his *dramatis personæ* say to another—“Call in a physician, and if you do not like his physic, I’ll soon find you another who will condemn it!” Rousseau distrusted the entire art. The witty Marryat, in these days, seems equally incredulous, and Bulwer evidently holds the most eminent professors of it in dread, simply from his horror of the LANCET.

My own previous observations on the nature of disease, have prepared the reader to anticipate no very favourable view of Bloodletting, in these pages. He will, consequently, receive with less surprise, the information that in the course of a very extensive experience, I have not for some years even once ordered the abstraction of blood in any manner, nor have I had cause to regret the circumstance—for, since I dropped the practice, I have met with a success in the treatment of disease generally, which, while my mind continued fettered by school-doctrines, I could not by any possibility have foreseen.

“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 doctrines. TRUTH scarce ever yet carried it by vote any where at its first appearance; new opinions are always suspected, and usually opposed without any other reason but because they are not already common. But TRUTH, like gold, is not the less so, for being newly brought out of the mine. It is trial and examination must give it price, and not any antique fashion; and though it be not yet current by the public stamp, yet it may for all that be *as old as Nature*, and is certainly not the less genuine.”

The operation of Bloodletting is so connected and associated, in the minds of most men, with the practice of physic, that when a 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. The laughers never reflected that there was 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 we are to attribute the introduction of the lancet, into the practice of physic, the annals of the art leave us in ignorance; but, this we know, that it must have been while Medicine was yet in its infancy; when remedial means were 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 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?” What, I shall be asked, do we not daily see people bled to fainting for the simplest diseases, and the operation intrusted to the merest tyros, who scruple not to employ it with heroic perseverance, in every disorder, from infancy to age! 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, as in the case of the murdered Malibran, has an individual fainted from exertion or exhaustion, is it not a case of *fit*, and what so proper as venesection? Need I say all this is wrong—all a superadded injury! In every one of these cases, the brain and nerves are already in a state of debility—there is a positive diminution of nervous influence, evidenced by the cold surface, and weak or imperceptible pulse;—there is an exhaustion, which the lancet, so far from relieving, too often converts into a state of utter and hopeless prostration. True, many have recovered who have been treated in this manner; but these were not *cures*—they were *escapes*!

If the causes of disease, as we have already seen, be infinite, the reader will not be astonished

to find loss of blood comprised in the number. When I except small-pox, and a few specific contagions, I know not a disease which loss of blood may not produce. For proofs of this, I might refer to a variety of authors: 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." But I rather choose to refer to what I have myself witnessed; and in these sanguisugal times, my reader will have ample opportunity of testing my assertions. 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—every species of palsy;—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 run, until the patient fell, like a slaughtered ox, death-like and all but dead upon the floor! Do these practitioners know the nature of the 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, never, either relieved the one, nor prevented the other! Hundreds, thousands, have recovered under each of these circumstances, who never were bled—and many, too many, have died, for whom venesection had been most scientifically practised! Have I not proved that all remedial agents have but one mode of action—the power of influencing 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 Bloodletting, where it has been beneficial

in disease, relates solely to *temperature*. To this complexion it comes at last, and 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. Bloodletting, under each of these circumstances, has changed existing temperature. Why, then, object to its use? Simply, because we have remedies without number, possessing each an influence equally rapid, and an agency equally curative, without being like bloodletting, attended with the insuperable disadvantage of abstracting the material of life. I deny not its power as a remedy, in certain cases; but I question its claim to precedence, even in these. Resorted to, under the most favourable circumstances, its success is any thing but sure, and its failure involves consequences which the untoward administration of other means may not so certainly produce. Have we not shewn that all diseases have remissions, and exacerbations—that mania, asthma, rheumatism, dropsy are all remittent? From the agony or intensity of each of these varieties 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 away his life. Venesection, then, in the majority of cases, is a temporary but delusive relief. The general result is depression of vital energy, with diminution of corporeal force!

Dr. Southwood Smith, one of the physicians to the London Fever Hospital, has published a book purposely to shew the advantages of venesection in fever. One of his cases is so curiously ILLUSTRATIVE of his position, that I shall take the liberty of transcribing it here, with a running commentary, by the Editor of the *Medical Gazette*:—
“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 of the ferocious attack that was at hand.—
p. 398.

“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.’

“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 bloodletting, *before there was any pain in the head, while the patient was yet only feeble and chilly*, which grew worse and worse as the bloodletting 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 bloodletting 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 all its forms,

either as a certain remedy, or a preventive of fever? Yet such is the force of custom, prejudice, education, that that 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.

Let us now take the case of the late Lord Byron, as detailed by Mr. Moore;—“Of all his prejudices, 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 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 shew 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.” It is enough for our present purpose 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 the reader, 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 or arsenic?*

* Since the above was written, I am enabled to record the case of — Moulder, aged 25, residing 32, Winchcomb-street, Cheltenham. I was called to see him by his wife, who thought him dying; after he had been labouring for four or five days, under severe rheumatic fever. The joints of his wrists and ankles were much swelled, and exquisitely painful, his heart laboured, and was so painful as to interfere with his breathing; his tongue was foul, and furred, and he had been occasionally delirious—his pulse was full and hard. I ordered him an emetic, which was some time in operating, but when it did, the relief was great. 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

I have preferred to give these two cases to any of the numerous instances 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, it matters little what may have been the primary cause of disorder. The effect, under every circumstance, refers to temperature,—with more or less interruption to the two great vital processes *Digestion* and *Respiration*. In other words, there is a stop to SANGUIFICATION, or the necessary reproduction of that fluid, which, throughout all the changes of life is constantly maintaining expenditure. Take the influence of a passion—*fear*, for example :— Does not the breathing immediately become difficult, and the appetite fail? Shakespeare, who had no theory to support, makes Henry VIII. when surprising Wolsey, with the proofs of his treachery, exclaim :—

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

The first effect of disorder, then, being a cessation of sanguification—let us beware how we swelling remaining in the affected joints. In two days more he had no complaint. Would such have been the result, had he been treated according to the depleting fashion?

employ a remedy, which if it succeed not in restoring healthy temperature, inevitably hastens the fatal catastrophe—or, in default of that, produces those low chronic fevers, which, under the names of dyspepsia, hypochondria, hysteria, &c., the best devised means too often fail to alleviate, far less to cure. While I freely admit, then, that the lancet is capable of giving *temporary* relief to local fulness of blood, and the attendant symptoms, I reject it generally, upon this simple and rational ground, that we can do the same thing by other and better agency. For, I care not whether you take inflammation of any considerable internal organ, such as the brain, liver, or heart—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,—giving up fever, perhaps, and a few other disorders, which the occasional obstinacy of a refractory patient has, contrary to “received doctrine,” taught him may yield to other means than bloodletting—will ask me what I should do without the lancet in apoplexy? Here the patient having no will of his own, and the prejudices 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 affusion. The result was beyond my most sanguine 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. In the army, I had a sufficiently extensive field for my experiments; and I seldom afterwards lost an apoplectic patient.

Shall I be told there are cases of apoplexy, where the face is pale, and the temperature cold? My answer is—these cases are not apoplexy, but *faint*;—cases which the cold dash, or a stimulant might recover, but which the lancet in too many instances has perpetuated to fatality! If the practitioner tells me that the cold dash will not cure an apoplexy, where a vessel is ruptured with *sanguineous effusion*, 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, would any repetition of venesection make the effused blood re-enter the vessel from which it had escaped? No more would it do so in the brain, or any other part. When on the contrary, there is no ruptured vessel, the cold dash will not only contract the vessels more effectually than blood-letting, but it will, moreover, rouse the patient from his stupor, by the simple shock of its application. 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 men 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 lancets of either surgeon or physician.

Will any practitioner be so bold as to tell me that inflammation of any organ in the body is

beyond the control 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 we have internal remedies, why may we not have medicines equally available for diseases of the lungs? Have I not the authority of Magendie, Elliotson, Granville, &c., for 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! Properly diluted and combined, with prussic acid I have saved the infant at the breast from the threatened suffocation of croup. I have known it in the briefest space of time relieve 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 bloodletting? Fearlessly I answer yes! and with much more certainty. With emetics, prussic acid, mercury, colchicum, silver, &c., I have conquered inflammations of the heart, which the abstraction of half the blood in the body could not have cured. Dr. Fosbroke, physician to the Ross Dispensary, a gentleman at one time associated with Jenner in his labours,* and one to whose talents, learning, and varied acquirements, even his enemies bear testimony, has given cases of this kind in the *Lancet*; and with a rare candour he has admitted that a lecture of mine on the heart and circulation, had no small influence in leading him to dismiss bloodletting in the treatment of heart-disease. The same physician, in a subsequent communication to the *Lancet*, gives the following summary of his views upon this point:—“Finally, I do not deny that bleeding is the best practice; *but*, it certainly appears to me that a man may be bled, all but to death, to save his life, and die notwithstanding—that bleeding may be the best means to prevent what is called metastasis—but, that it may ensue after a patient has been bled so often as six times—that getting worse is no uncommon

* See Baron's life of Jenner.

thing, and that getting better is a very bad sign, for nothing is so frequent as relapse and death after it—that it does not very plainly appear that the bleeding cures the few who get well under such treatment—and that where it has appeared to cure them, enough is left behind sooner or later to cause death. To use M. Andral's exclamation, 'how fruitless are these sanguine emissions to prevent the one or cure the other!' " "I can clearly foresee (continues the Doctor,) that the general application of bloodletting is destined to undergo a great change, and to be brought within more rational limits. M. Louis, an authority of weight, has assailed it with much force of fact in PNEUMONIA, a disease for which Professor Gregory went so far as to abstract *three hundred ounces* of blood. Only one case in ten thousand, says Professor Allison, could bear such a loss! 'Bleeding (says Mr. Liston,) is too often resorted to by thoughtless or ill-educated practitioners to the detriment of the patient. It is had recourse to, by those who have no correct ideas of the actions of the animal economy, who have not within their heads a peg to hang an idea upon—or if they have, they are too lazy to think and combine their ideas, so as to come to a proper conclusion regarding what is the judicious course to be pursued in any case. They follow a routine, and bleeding is too generally the

commencement of it.” Dr. Fosbroke, after a complimentary notice of my own labours, which it would ill become me to quote, sums up the subject of bloodletting thus:—“Let not petulant ignorance assume that bloodletting has been an immutable and unassailable practice. The Egyptian and Pythagorean schools rejected it, because the ‘life is in the blood,’—the latter, after Hippocrates had revived it. It has alternately fallen and prevailed through thirty-six centuries, and its more or less use will be subject to the discovery of agents adequate to supersede it.”

I have been occasionally asked, how I would treat ENTERITIS—inflammation of the bowels—without the lancet. Before I have given my answer, I have generally asked this question—Can gentlemen boast of any particular success from depletion in this disease? If so, why have they been so solicitous to get the system under the influence of mercury? Was it not that the nature of the relief afforded by bloodletting, was either temporary and delusive, or altogether nugatory 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.” Such is the view of bloodletting in enteritis, taken by a man as remarkable for his opportunities of seeing disease of every kind, as for his great regard to truth. My own practice is this:—I give an emetic combined with a purgative, and apply the cold affusion to the hot and agonised abdomen, and whether the emetic act or not I follow it up with calomel, quinine, or turpentine, or one or two of them in combination. That these measures will cure *iritis*—inflammation of an analogous membrane, supposing the case to partake of *peritonite*—every medical man knows. Let the practitioner try these means in abdominal inflammation, and he will not at all events find himself less successful than by his present *almost universally fatal* practice of bloodletting.

The human mind does not easily turn from errors with which, by early education, it has been long imbued: and men, gray with years and prac-

tice, 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 step, and that slowly, that I came to abandon the lancet altogether in the treatment of disease. My principal substitutes have been the remedies upon which I have already entered. 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 have 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, have, in the language of Dr. Johnson, “put bodies, of which they knew little, into bodies of which they knew less!”

Enter the crowded hospital, you will see the marks of blood on nearly every bed ; and from whom drawn ? From the ill-fed artizan, and the starved labourer, whose diseases, in an immense majority of instances, have been the result of defective nutrition and vitiated air ;—nay, as if this were not enough, a wretched ptisan supplies, even here, the place of wholesome food ; and only when life reaches its last flutter, is the then useless wine administered with hesitating hand.

This is no picture of the imagination ;—the attentive observer may witness it daily, in almost every hospital. No longer, it is true, do physicians shut up, as they once did, the doors and windows of their fever-wards ;—no longer do they destroy the health of their patients with reiterated courses of mercury, for diseases which they now know yield to the simplest remedies. But, so deeply rooted are even the popular prejudices in favor of Bloodletting, it will be long before such a reaction take place in medical practice as to render any reasoning of mine against it of material avail to suffering man. This much, however, I may be allowed to hope, that my medical readers will not, on every trifling occasion, order their patient's arm to be bared to the lancet ; and even in more serious disorder, turn over in their minds the possibility of, at least, a safer, and less debilitating cure.

I have already confessed that I have not always had this horror of bloodletting. 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 palsy of every organic perception, which only differs from *death*, in being remittent. 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.

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 be successfully treated, without loss of blood; and that bloodletting, however put in practice, though it give a temporary relief, almost invariably in-

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?*

ABSTINENCE—has been a favourite remedy with philosophers, as well as physicians. That it is proper in the commencement of acute disease, nobody will doubt. The fact is proved by the inability of the patient to take his accustomed meal: his stomach is then as little fit to digest nutriment, as his limbs are inadequate to locomotion; both require rest.

In chronic disease, the patient should take food only in small quantities at a time, in the same way as the limbs should be gently but equally exercised. In this country, abstinence is generally carried too far by medical men. I must again repeat, *Est modus in rebus*.

A modern Russian physician, has detailed many cases of intermittent fever, which he has cured, solely, by exacting a rigid abstinence on the part of his patients. We can understand this: the brain may be influenced, both beneficially and

* A cupper asked me one day to patronize him. I told him I never ordered *Cupping*. “Ah Sir! It *pays* very well.”—Those nurses who obtain their livelihood by applying leeches, very *naturally* abuse me on all occasions.

the reverse, by abstinence, much in the same way as by loss of blood. Abstinence 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. The prisoners of the Penitentiary “were suddenly put upon a diet, from which animal food was almost entirely excluded. 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, affections of the brain and nervous system.

“The affections which came on during this faded, wasted, weakened state of body, were headache, vertigo, delirium, convulsions, APOPLEXY, and even mania. When bloodletting was 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 membranes, and in its ventricles.”—*Dr. Latham*, and *Cyclopædia of Medicine*. Article ABSTINENCE.

Sir Walter Scott, in his autobiography, has given us the effects of abstinence, or, what he describes, as 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." *Lockhart's Life of Scott*.

Is not this a lesson to some of our modern doctors, who are so fond of recommending starvation to their patients?

CONCLUSION.

We have proved, we hope, to the satisfaction of all but the prejudiced and the interested:—

1. That, the phenomena of perfect HEALTH consist in a regular series of alternate actions—each embracing a special portion of time.

2. That, DISEASE, under all its modifications, is a simple *exaggeration* or *diminution* of the same actions;—and being universally alternative with a comparative state of health, strictly speaking, resolves itself into FEVER, REMITTENT OR INTER-

MITTENT, *chronic* or *acute*:—every kind of structural lesion or disorganization, from the *caries* of a tooth, to the pulmonary decomposition of *phthisis*, and that state of knee which is termed *white swelling*, being merely developements in its course.*

3. That the tendency to disorganization, usually denominated acute or inflammatory, differs from the chronic or scrofulous in the mere amount of temperature and action:—the former being more remarkably characterised by excess of both, and consequently exhibiting a more rapid progress to decomposition or cure; while the latter approaches its respective terminations, by more subdued, and consequently slower and less obvious alternations of the same action and temperature. The slow and rapid caries of a tooth vary, in nothing, from the chronic and “galloping” consumptions, 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 treatment of this. When the doctrine of the Concoction of

* Tooth-consumption, — Lung-consumption, — Knee-consumption.

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 humor from the body. Like the popular error of our own 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 *fatality* 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—since door, window, and bed curtains were closed, and the apartment heated by a large

fire! Like the treatment of 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 into practice, 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!

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 localisms 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 land-marks 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 constitutional 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—idiosyncrasy or 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

* Sydenham shewed how little the anatomists had done for Medicine when he said “Anatomy is a fit study for a painter!”

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! The judicious treatment of all disease comes to this, and to no 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 sudorific medicine. 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 developement*, 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 developement. 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.

In obstinate cases, it is my custom, as I have already said, to prescribe two or more powers, having a general influence, with two or more having a special local bearing. I have, necessarily, on certain occasions, 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! The charge of want of chemical knowledge, which has been occasionally, urged against me, by drug compounders—those to whom “a little learning is a dangerous thing,”—is one which I am willing to share with numerous medical men, whom the world has already recognised as eminent in their art.* To such a charge 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.

* Sir Astley Cooper, for example, prescribes Oxymuriate of Mercury in tincture of Bark. This is unchemical—but its value as a remedial means is unquestionable. “Were it my business to understand physic,” says Locke, “would not the surer way be to consult Nature herself, in the history of diseases and their cures, than to espouse the principles of the dogmatists, methodists, or chemists?”

To the Army Surgeons belongs the honor of many improvements in particular forms of disease. The opportunities afforded to them by the nature of their duties and the singularly effective hospital-administration of their present chief, Sir James M^c.Grigor, have not been lost to the Service or the public. These officers have tried and *succeeded* with the cold affusion in fever; they have *proved* the curability of syphilis by milder means than mercurial salivation; and to them I confidently look for the slow but progressive expulsion of the lancet and the leech from the therapeutic branch of Medicine. Instead of the physician being looked upon with fear and trembling by the majority of patients, I hope to live to see him respected and honoured by all ranks—not according to the number of letters or vain distinctions he attaches to his name; but, according to the number of lives he shall have contributed to prolong. Medicine will then be a salutary, not a sanguinary art—a blessing, not a bane to humanity!

APPENDIX.

“MASKED INTERMITTENTS.—These may be succinctly described to be certain diseases familiar in a continued (?) form to medical men and our nosologies,—recurring at intervals in paroxysms of greater or less duration, *apparently* owing their origin to the influence of *Malaria* (?) and remediable by the means employed to cure intermittent fever.”

“These diseases are either inflammatory or nervous. Of the first class there have been mentioned examples of pneumonia (*Pallas*)—pleuritis tertian (*Sauvages, Arloing*)—carditis (*Ibid et Juncker*)—otitis (*Mongellaz and others*)—peritonitis (*fell under the writer's own observation*)—ophthalmia frequent,—coryza frequent,—tertian swelling of the head (*Mongellas*)—quotidian and tertian urticaria (*Ibid*)—quotidian scarlatina,—livid spots, probably of purpura, quotidian, (*Storck*)—tertian erysipelas (*Mongellas*)—rheumatism quotidian, tertian and quartan, (*Ibid and others*)—gout first quotidian, then double quartan; epistaxis quotidian; intermittent odontalgia and cephalalgia very frequent; quotidian inflammation of leech bites (*Elliotson's Lectures, published in the Medical Gazette*)—encephalitis and meningitis quotidian, tertian and quartan (*Leucaire Parent du Chatelet, Martinet, &c.*) gastro-

enteritis (*Havard*) diarrhœa tertian (*Picque Journal de Medecine*, 1774) and quotidian frequent (*from the writer's observation*;) and dysentery has not been found unfrequently complicating the paroxysms of an intermittent."

"Of the nervous affections, the following are the most remarkable—asthma frequent; but many cases, which have occurred in the practice of the writer, lead him to suspect that the periodic exacerbation of permanent bronchitis has been, occasionally, confounded with intermitting dyspnoea—periodical hysteria and epilepsy frequent—intermitting deafness, type tertian (*Ephemerides Curios. Natur.* 1704)—tertian convulsions and blindness (*Ibid* 1694)—quotidian dumbness (*Ibid* 1684)—periodical sneezing—three paroxysms occurring every evening, and each paroxysm comprising three hundred sneezes (*Ibid* 1672)—tertian eructations at the rate of three hundred eructations per hour (*Ibid* 1762)—periodical flow of leucorrhœa with lypothymia, convulsions and mutism; intermittent palsy is mentioned by many, and an excellent example of intermitting hemiplegia of the left side is related in Dr. Elliotson's Lectures, published in the *Medical Gazette*. It was generally tertian or quartan, but once occurred at the interval of sixteen days."—*See Article FEVER in the Cyclopedia of Medicine.* The writer,

(Dr. Joseph Brown) gives other forms of disease of an intermittent character,—all which he presumes to be dependent on malaria! Now, the singularity of the thing is this:—that since my attention first became directed to the subject, I have met with no form of disease whatever, or by whatever caused, which has not proved intermittent or remittent in its course! The philosophical physician, on reflection, will wonder how he ever could have doubted the remittency of any form of disease. When the mind of any individual, however intelligent, is upon a false scent and intensely occupied, he will pass by the most natural and obvious facts,—in the same way as a soldier, in the eagerness of the combat, will lose an arm for minutes without knowing it.—When any truth has been discovered, we have wondered that it did not sooner strike us.

Dr. Irving, formerly of the Madras Medical Establishment, has, in two instances of tooth-ache, succeeded with quinine internally administered—he was led to try the quinine from observing the remissions.

APoplexy.—“It is evident that the remedy [bloodletting] can have no direct effect in removing the extravasated blood, nor can it lessen the quantity of blood altogether within the skull, so as to give additional space, and thereby diminish

the pressure the effused blood is making on the brain;—and yet it is employed in these cases as if it were capable of accomplishing with certainty one or other of these purposes: it is used too with such freedom, as if it needed only to be carried to a certain extent in order to insure success. But, blood once extravasated, can be removed only by *absorption*, which is a natural and slow process—requiring for its completion at least a moderate share of general strength.” “As mere matter of *experience*, there is reason to believe that bloodletting in these cases does much LESS GOOD, and the *omission* of it *less injury*, than is generally supposed.”—*Clutterbuck*. All this reasoning equally applies to the treatment of every kind of palsy.

GREY HAIR.—A child of *nine* years of age, was lately brought to my notice, whose hair was perfectly grey. She had patches on her skin of a brownish colour, like freckles, but of the size of the palm and larger, on different parts of the body.

While serving in India, I was astonished to find many of the natives with large *white* patches on various parts of their skin; which patches resembled the European *cutis*. The subjects of this disease were generally aged. I take it to be analogous to grey hairs.

TEMPERATURE.—The influence of temperature

upon Pregnancy must be powerful:—according to Dr. J. R. Johnson, the aphis, and also the wood-louse, may be made to bring forth either eggs or live young at pleasure, by keeping them *in a particular temperature*, and treating them in a particular manner. What produces the chick *in ovo?*—change of temperature solely!

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THE GERMS OF TYPHOID FEVER.

TO THE EDITOR OF THE TIMES.

Sir,—As I think the public mind may be rather misled by the letter of Professor Tyndall in *The Times* of to-day, I venture to beg space for a few lines in answer to it.

The Professor's argument is ostensibly directed against the possibility of an origin of typhoid fever independent of the emanations of a typhoid patient; all that is proved is what is universally admitted by pathologists—viz., that in numerous cases the disease is undoubtedly propagated in this manner.

Again, in Professor Tyndall's account of the North Tawton outbreak in 1839, the use of the words "doubtless imported from without," instead of the statement of whatever evidence there might be of such importation of the first case, really makes the whole argument, as at present before "the public mind," a *petitio principii*.

The impossibility of proving a negative may be an argument against the perfect demonstrability of the "putrescent" theory, but the failure of the opponents of this theory to substantiate a specific origin in many of their alleged cases must be regarded as at least an equally weak point in their armour.

I am, Sir, your obedient servant,

H. B. DONKIN.

29, Devonshire-street, W., Nov. 9.

TO THE EDITOR OF THE TIMES.

Sir,—In Professor Tyndall's letter on typhoid fever, published to-day in your columns, he mentions as a "crowning fact" that "Dr. Klein has recently discovered the very organism which lies at the root of all the mischief."

Dr. Klein himself is as yet far from making any such statement.

One of the difficulties in the way of accepting the germ theory as expounded by some authors is its incapacity to account for all the facts. The blood of persons suffering from typhoid fever, for instance, is highly poisonous. Davaine found that a drop of its dilution to a millionth is a certainly fatal dose for a rabbit, which dies with symptoms of blood poisoning, its blood being not only poisonous but containing the poison in an apparently increased strength. But many observers have been unable with the best microscopes and the greatest care to discover in the blood taken during the progress of the disease any of the elements generally known as micrococci. On the other hand, these are always found in abundance very soon after death, and especially in diseased tissue exposed to a free surface like that of the intestine.

Whether these organisms, when developed, may carry with them a poison present in the tissues in which their development originated, and so constitute one and a fruitful source of the propagation of the disease, is an important question to which researches like those ably conducted by Dr. Klein may in time give an answer; but the question is none the less a very different one from that which would receive an answer by an assumption of the identity of the poison with vegetable spores.

November 9.

M.D.

1874

