

Rational medicine and Thomsonianism : an essay on rational vs. routine and book practice of medicine, reviewed by Dr. M.S. Thomson and vindicated by J. Dickson Smith of Macon, Ga.

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Smith (J. D.)

RATIONAL MEDICINE

AND

THOMSONIANISM.

AN ESSAY

ON

Rational vs. Routine and Book Practice of Medicine,

REVIEWED BY DR. M. S. THOMSON,

AND

VINDICATED

BY J. DICKSON SMITH, M. D.,

OF MACON, GA.

But

TELEGRAPH STEAM PRINTING HOUSE.

1859.

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MEMORANDUM

The first part of the report is devoted to a description of the general situation of the country at the time of the discovery of the gold. It is then followed by a detailed account of the discovery itself, and the subsequent events which led to the establishment of the gold fields. The report concludes with a summary of the results of the expedition, and a list of the names of the persons who were engaged in it.

The second part of the report is devoted to a description of the gold fields, and the methods of mining. It is then followed by a detailed account of the various mines, and the amount of gold which has been discovered. The report concludes with a summary of the results of the expedition, and a list of the names of the persons who were engaged in it.

EXPLANATION.

The following paper was published in the April No. of the "Oglethorpe Medical and Surgical Journal," of Savannah. A portion of this article having been taken by the "Christian Index" for the health department of its columns, brought out the article of review and criticism from Dr. Thomson, which will be found in these pages. This "rejoinder," as indicated by its own address, was written for the "Index," but that paper refusing to publish, it was sent to the "Georgia Citizen" and published as an advertisement, at the usual rates of charge.

Being rather surprised at such an attack, made upon me through the columns of a public paper, whose readers had not seen my article, I determined to place it before them, that they might see what they were criticising in their reading, from the pen of M. S. Thomson, M. D. Accordingly, I sent the Journal containing the original article, to the "Citizen," with the following exordium prefixed :

DR. ANDREWS :

Dear Sir.—Much to my amusement, I notice in your issue of the 17th inst., a "rejoinder," by M. S. Thomson, M. D., to an extract made by the "Christian Index," from an article of mine published in the April number of the "Oglethorpe Medical and Surgical Journal," of Savannah.

In reply, and as an all-sufficient defence of my article from the uncalled for sparrings of Dr. Thomson, I submit the *article entire*, as it originally appeared in the Journal, and ask you to spread it before your readers. Let them read and "ventilate" it for themselves.

The prominent errors that I pointed out—as proceeding from unguardedness and a want of proper vigilance on the part of my Allopathic brethren—are defended by Dr. Thomson as the *true principles*—the *fundamental doctrines* of Botanic Medicine. *Routinism* has no *legitimate* existence in Allopathic Medicine, and it is candor—*noble*—in Dr. Thomson to acknowledge the fact that it is an *essential integral* in the structure of the whole system of Botanic practice.

I meant no fight upon the Botanics. I intended not to combat error as a *radical defect* in another system, but to rebuke it as a *wolfish intruder* into our own borders. I had no knowledge of, or agency in the re-publication of "that portion" of my article by the Christian Index; and that all may know what it is that Dr. T. is cutting at so fiercely in his *ex-parte* "rejoinder," I hand you the original paper, which, *in itself*, contains all the defence that I shall offer—through this medium—to sustain its *truth* and its *proportions*. Respectfully,

J. DICKSON SMITH.

Not being satisfied with his first article of "rejoinder," Dr. Thomson prepared another of similar length, and published it in the same paper, and, I suppose, at the *same rates of charge*. This second article traveled over the same ground as the first, with this addition, that it was a little more vituperative and abusive. I have, therefore, omitted it in this paper.

Concurring with the Doctor in the opinion that this subject might be "ventilated" to public good, I have thought proper to assist him in this undertaking; and while I design to explain, and illustrate some of the main points in my article on the subject of 'RATIONAL MEDICINE,' I desire to enlighten the popular mind on the subject of THOMSONISM, and to show it up in its true light. As Dr. Thomson has suggested the contrast, I desire to extend the analogy, and show to the public how perfectly nonsensical and absurd is this new system—called Thomsonianism.

MACON, July 4th, 1859.

RATIONAL vs. ROUTINE AND BOOK-PRACTICE OF MEDICINE.

BY J. DICKSON SMITH, M. D., MACON, GA.

Medicine claims to be both a *science* and an *art*, and the two are so intimately blended, that it becomes difficult to define the extent and the limit of each. It is denominated the "*Healing Art*," but the simple term *art*, does not express the true character and claims of medicine. It possesses all the defining elements necessary to constitute it a *science*, and the term is as appropriately applied to medicine as to any other system. It is a regularly organized system of *general principles* and *legitimate deductions*, from empirical facts and clinical observations. The term *art*, as applied to medicine, expresses only the mechanical administration of a drug, or the ingenious application of a remedial agent. *Science* declares the reason and the philosophy for such appliances.

In the practice of medicine, there is much that is empirical, but it is not *all* mere experiment and speculation. We claim to have certain fundamental principles, as *land-marks* and *beacon-lights*, to guide and govern us; and directed by these, we shall be enabled to steer our bark safely into port, and to give our patients the entire benefit of medicine, no matter under what circumstances, or under what Sun we may find them. Guided by these beacon-lights, we shall not be very liable to err, for they will point us to a careful consideration of all the modifying circumstances connected with the treatment of diseases. Are we combating disease in Georgia, or on the banks of the Mississippi? In the swamp, or on the mountain-top? Amongst the equatorial heats, or the Siberian snows? These land-marks will *guide us aright* in every instance.

With the ingenuity and the tact of art, and the engineering power of science and philosophy, we shall be prepared to encounter disease *anywhere*, and to effect all the good that medicine, in its wisdom, proposes.

Away, then, with the doctrine of sectional medicine, which requires the medical student to study where he intends to practice his profession. If the human system and its physiology be the same everywhere; if the prominent features of disease are similar,

and the settled principles of treatment founded upon the same basis, how can it matter as to where—in what country or school—the physician has been educated, so that he has been taught aright? If his mind has been properly and thoroughly imbued with the great principles of Therapeutics, and if his knowledge of the *theory* of medicine has been familiarized and confirmed by *practice*, the medical man will be competent, with due care and precaution, successfully to practice medicine *anywhere*; and to dispense the benefits of his art, as well to the Arab as to the American; and as well to the rice-farm slave, as to the mountain herdsman.

But is it true, it may be asked, that all practitioners follow and practice physic according to those established principles? or, is there not much of *habit* and *routine* in our profession? I am well satisfied that the latter is true, and equally well convinced that this is one of the great sources of failure in medical practice in accomplishing its desired object. In obedience to the fact that there are generally present certain leading indications of treatment in certain classes of disease, the doctor unconsciously gets into the habit of advising a particular round of remedies in every case bearing the same name. He contracts the habit of prescribing for *names* instead of for *symptoms*. He directs his remedies to certain diseases *by name*, disregarding the peculiar circumstances under which these attacks have originated, and over-looking some unaccustomed, yet very important feature they may present. Is the case diagnosed *Pleurisy*? the lancet must be used. Does he call it *Rheumatism*? colchicum is forthwith written in the prescription. Is it *inflammation*? mercury is the great anti-phlogistic, and must be employed. No allowance is made for idiosyncrasy, for malignant tendency of disease, or for any other circumstance. Their *names* are recognized, and the *remedy* known. The employment of certain drugs, and certain recipes soon becomes a confirmed habit, and every patient affected with the prevailing disease of the neighborhood, irrespective of complication and the various modifying circumstances of each, meets the same treatment. This is *empirical* vs. *scientific* practice, and cannot claim that success which is expected of medicine. The practitioner ought to study each individual case, applying the resources of his art with care and discretion—according to all the modifying circumstances surrounding his patient. In *this* consists the *science* and *philosophy* of medicine.

Another prevalent error of practitioners, and particularly of those just entering the arena of practice, is the habit of looking

to their text-books, and relying upon them in the treatment of disease. Instead of prescribing for, and combating existing symptoms—excited by peculiarities and various complications—they seek to give definite names to every case, and to institute that course of treatment marked out in the books for that particular disease. This course is impracticable from the very fact of the diversified complication of disease. In many cases we cannot pronounce any *definite name*. The symptoms are heterogeneous. Perhaps we cannot decide which of several diseases predominate. Here again we see the necessity of looking to *symptoms* and not to *names*, for it is often easier to *prescribe* for a case, than to *name* it. Every practitioner must be his own doctor. He must cast aside his books, and act upon his own judgment in the case. Have we general principles? we must apply them according to our own judgment, from the circumstances around us. The method of treatment instituted in one case, may not be applicable to another case, of the same name and character. So many modifying circumstances are perpetually occurring, that we cannot decide that any two cases are precisely identical.

This inclination and attempt to practice medicine from books, is an unfortunate one. It leads the practitioner into many perplexities and to constant disappointment. The success of his practice will not be commensurate with his laudable desires. The practitioner can better appreciate the exact condition of his patient, and the precise character of his disease, than can the *author of his book* who has not seen the case. Upon careful *clinical investigation* must depend our success in treating disease, for it is only in this way that we can "*find out what the matter is,*" and this we *must* do "*before we can safely go to work to cure it.*" Book practice of medicine, then, is to be condemned because of its impracticability; and because it is less expedient than clinical tact and clinical study.

There is still another habit in the practice of medicine that is objectionable and exceedingly devastating in its consequences and tendency. I allude to *routinism*. It has been said that more persons have fallen victims by the hand of routine practitioners of medicine, than have ever fallen by the sword. Whether this be true or not, it is undeniable that such persons are unsafe practitioners, and are not to be trusted with the management of multi-form disease. This habit consists in indulging a regular round of prescriptions for almost every case they meet—not seeking by close investigation, to discriminate nicely between diseases, and between symptoms. They incline too much to the maxim of the

Botanics, that all diseases originate from the same exciting cause, and consequently are amenable to the same course of treatment.—The Botanics were, at one time, criminally guilty of this kind of *routinism*. They had one “*course of medicine*” through which they carried their patients, and the same “*course*” was repeated again and again, till the patient was *cured* or *dead*. But “*medical reform*” has of late seized upon them, and they have measurably abandoned this *heroic routine*.

In this same manner the lancet has been most mischievously abused, and this error is still operative in some sections. The routine practice was to bleed, and accordingly in almost every case, the lancet was *popped in*, regardless of the character of the pulse, the strength of the patient, or the Typhoid tendency of the disease; and many a case has thus been *bled down*, irrecoverably. But happily, this practice, also, has measurably yielded to the persuasions of *healthful reform*, and this instrument is now used comparatively seldom. Through the same kind of habit, many of our important remedies have been employed as *hobbies*, and made the instruments of mischief.

In the investigation and management of disease, it is not only necessary to attend to symptoms, and to combat the most prominent as they occur, but to inquire into the organ that is suffering, and to ascertain the precise nature of the existing lesion. The practitioner must *discriminate narrowly*, for the same symptom may be present in diseases of very different character. But the importance of looking to these points is *not recognized* by the *routinist*. He disregards the peculiar and special features of the case, adhering to his accustomed habit. He knows what particular drug, or recipe he has used in previous cases, and at random he employs the same.

Cotemporary with his efforts to modify the symptoms, and to give comfort to the patient, the practitioner should inquire into the *causes* of the malady he is treating. This may be all important, for, like the “*thorn in the flesh*,” the disease may not yield until the offending cause has been removed. It is important, in every morbid condition, to seek out the cause in order to remove it, if practicable. The maxim “*Tolle causam cessat effectus*,” is *often*, though not *invariably*, true. This consideration is generally overlooked or neglected by the *routinist*. He contents himself with simply combatting the phenomena present, caring nothing for the *source* of the disease, or its *ultimate tendency*.

We have thus reviewed several practical errors prevalent in the

Medical profession, and which, we consider, fruitful sources of unsound practice. They all need to be rebuked and sedulously guarded against. In indulging them we violate the plain principles of Therapeutics, and turn aside from those scientific land-marks that are to guide and govern us in the cure of disease, and in the alleviation of human suffering. If medicine be a science then let us use it as a science, giving our patients the entire benefit proposed.

The error we pointed out in reference to book practice, is mainly indulged by the younger practitioners, who are just launching out into the field of practice. While students, they read and comprehended the books, flattering themselves with the idea that everything would be equally plain and intelligible at the bed-side.-- But in this they are doomed to disappointment. They do not find things exactly as described, for no two cases are met with, which are precisely identical. Books are mainly useful by way of imbuing their minds with a knowledge of the great general principles of medicine; but when they reach the clinical room, they are left to draw upon their own heads as text books. They will there find demand for the exercise of all their reasoning powers.

There is an easy, and almost natural inclination, on the part of practitioners of medicine, to become routinists, and consequently we find the older physicians mostly addicted to this error, and most amenable to this charge. *Insidiously* habit entwines itself around their actions, and *unconsciously* they yield to its dominion. The unlimited confidence they acquire in their own tact for perceiving and recognizing at a glance, the precise nature and character of the case, destroys in their own minds the necessity of thorough investigation, as well as the great practical importance of scrutiny, and nice discrimination.

Medical men should be always on the alert, looking out for some new feature of disease, and ever taxing their ingenuity, and drawing upon the resources of science and its philosophy for expedients adequate to the emergencies. In the midst of all our experience and imagined skill, we must not lose the guidance of reason and philosophy. We cannot safely depart from those land-marks, the general principles of Therapeutics and the established laws of medical science.

The profession of medicine is honorable, beneficent, noble!-- Freed from the shackles of *empiricism*, and the paralyzing restraint of *habit* and *routine*, and guided by the engineering power and skill of *science* and *reason*, it is to be hailed as a *welcome reprieve*, the *greatest boon* from the mind of man to man's estate.--

Let us then, as the votaries of so *noble a calling*, guard well its sacred portals. Let us seek to block up these avenues of mal-practice by thoroughly imbuing our minds with a knowledge of the fundamental principles of medical science, and bestirring ourselves to that energy and ambition that will not be content with doing less for our confiding patients than the vast domain of medicine proposes. Its design is benevolent, and its application, in order that its contemplated benefits shall be realized, must be *vigilant and faithful*. Thus fortified and guided by all the lights which illumine the Profession in its present advanced and advancing condition, the practitioner will be enabled to shine as the well-informed and rational physician, happy in his own resources and a blessing to the community whose confidence is reposed in him.

DR. THOMSON'S REJOINER.

DR. ANDREWS:—*Dear Sir*—The following strictures were sent as indicated, to the Christian Index, but for reasons that I presume were satisfactory to the Editor, were not published. I have no fault to find with their evident desire to avoid making their religious paper the medium of a medical controversy, but I would suggest as the best means of carrying out that policy, that in future they select articles of a less controversial character for their health department.

Thinking that the subject now broached, might be ventilated with advantage to the public interest, and being unwilling that such an imputation as "criminality" on the part of the "Botanics" should be passed in silence, even though conjoined with a like charge against Allopathists, I hand you the article, and ask for it a place in your independent sheet.

TO THE EDITOR OF THE CHRISTIAN INDEX:

Dear Sir—In the health department of your issue of the 26th of April last, you extract from the Oglethorpe Medical and Surgical Journal, the "argument" of an article by J. Dickson Smith, M. D., of Macon, Ga., which contains statements reflecting, with unnecessary severity, on a class of Practitioners, many of whom doubtless are patrons of your paper, and would hardly expect an attack through that medium. Nevertheless, if your object be to place before your readers medical as well as theological truth, all complaint on that score will be obviated by the opening of your columns to a moderate, good tempered and respectful rejoinder.

We have no objection to urge against the exposition of the errors of his professional brethren, so boldly undertaken by Dr. Smith; *that* he has a perfect right to do, and we are bound to say that he does it most scathingly, but we have a decided objection to his placing us upon the same footing with Allopathic "routinists," as we have no desire for any such association, and would be pleased to have the opportunity of placing ourselves right before your readers if you will indulge us in a few comments on that portion of his article to which *you* have given currency.

In order to a proper understanding of the position occupied by "Botanics," it may be necessary to state some of the points in which we seem to be agreed

in reference to Allopathy itself—and first as to the character of its practices:—Dr. Smith says that in that “there is much that is *empirical*.” That is candid to begin with, and far be it from us to cast a doubt upon the statement, for *we* are convinced that it is truth itself. We also subscribe cheerfully to his next proposition: “If the human system and its Physiology be the same every where, if the prominent features of diseases are similar, and the settled principles of treatment founded upon the same basis; how can it matter as to where the physician has been educated, *so that he has been taught aright?*”

The italics are ours, and we think *that* makes all the difference. Upon the first part of the proposition is *our* system founded theoretically, and it is the *only* system that gives those principles *practical* vitality, as will be shown.

After stating the proposition, Dr. Smith enquires, “Is it true that all practitioners follow and practice physic according to these established principles, or is there not much of *habit* and *routine* in our profession?” In reply to which, he says “the latter is true,” and “is the great source of failure in medical practice,” and we are far from casting the shadow of a doubt upon the statement so far as it refers to his own system.

He further says that Doctors contract the habit of prescribing for *names* instead of *symptoms*, which leads them into all sorts of error, and instances the mere naming of Pleurisy, Rheumatism and Inflammation, as leading directly to the employment of the “lancet,” “colchicum,” and “mercury,” without regard to the peculiar circumstances which have originated the attacks. This he designates as “*empirical*,” but seems himself oblivious of the fact that a simple *cold* will produce all these, and what will cure the *cold*, will cure either of those seemingly dissimilar conditions! This, however, by the way; his idea of what constitutes “the *science* and philosophy of Medicine,” consists of the study of each individual case by each individual practitioner, according to *all* the modifying circumstances surrounding each individual patient, and then “applying the resources of his art” with such “care and discretion” as *he* may possess, having first “cast aside his text books!” as unworthy of consultation, and constituted himself, as Dr. S. expresses it, “his own doctor.” We don’t quote this as one of the coincidence of views, far from it, but to show that what he calls the “*science* and philosophy of medicine,” is just what we would call *empiricism run wild*, in which each man pursues his own course, having no text books, and no two of them thinking alike! Having entered this “Dedalian labyrinth,” just see how the doctor gropes around. He says: “In many cases we cannot pronounce any definite name; the symptoms are heterogeneous, and perhaps we cannot decide which of several diseases predominate.”

In this dilemma he gets but poor comfort from what is understood as “treatment,” for he says “the method of treatment instituted in one case may not be applicable in another case of the same name and character, and the same symptoms may be present in diseases of very different character.” “So many modifying circumstances are perpetually occurring, that we cannot decide that any two cases are precisely identical!” This state of things would present a fine chance for *scientific* display, on account of the *certainty*(?) with which all would prescribe.

Nosology recognizes more than fifteen hundred diseases or shades of disease, each shade of difference requiring a different remedy. In the materia medica there are recognized about three thousand different remedies that it is said are each applicable to a particular shade of disease; now, *scientific*(?) medicine requires that the practitioner shall not only know the particular shade of difference in each case, but he must apply the particular remedy adapted to that difference. Will any one acquainted with the evolutions of numbers take these figures, and the number of Allopathic practitioners even in Georgia, and say what the chances would be for any two of them to agree once in a million of cases? And if each man is to be “his own doctor,” to cast aside his books, and act upon his own idea of the case, what becomes of the *science*? Where is the *certainty* without

which there can be *no science*, for science is ascertained TRUTH, and the inference is fair, that it must be wanting in that system, no two of whose practitioners hardly ever agree, either as to the disease or the remedy, though they may have read the same books, heard the same lectures, and in other respects had their medical instruction identical; and the same want perhaps explains the fact that what has been regarded as quackery in one age, is accepted as scientific truth in the next, and in the next is thrown aside, as the most arrant and destructive humbug.

Disease, according to the Doctor's estimate, must be some dancing devil or Frenchman's flea, the "symptoms" of whose presence must be "discriminated very narrowly," in order that the most prominent may be combatted as they occur," by giving just the proper remedy at the proper time, devolving upon the physician the double duty of watching the remedy as well as the disease, in such a way as to enable him above all things, to avoid another habit which Dr. Smith says his brethren have got into, which is "objectionable and *exceedingly devastating* in its consequences," viz: "*routinism*," in giving a description of which his candor is greatly in excess of his prudence, especially when in referring to bleeding, he gives an instance. He says: "The routine practice was to bleed, and accordingly, in almost every case, the lancet was popped in, regardless of the character of the pulse, the strength of the patient, or the typhoid tendency of the disease, and *many a case has thus been BLED DOWN irrecoverably!* That is, bled to death! And nobody that recollects the common practice of twenty years ago—that *then* was considered *scientific*, and for denouncing which medical reformers of that day were called quacks—will gainsay that proposition, and but few will doubt his correctness when he says that, happily this practice has yielded to the persuasions (demonstrations) of *healthful reform*, and this instrument is now used comparatively seldom. Dr. Smith is no doubt right again when he says: "Through the same kind of habit many of our important remedies have been employed as hobbies, and made the *instruments of mischief*, having been, without regard to the *causes* of the malady, given at *random!*" That is saying a good deal for the system the world has so long been trusting for life and health, and considering the fact that the "important remedies" belonging to that school, are confessedly the *deadliest poisons*, and that Mercury and Morphia have been the principal "*hobbies*," the admission that they have been given at "*random*," deprives the statement that the results have been *exceedingly devastating*, of the slightest exaggeration, and we honor Dr. Smith for the manliness with which he has come forward to confess it.

We think, however, that he is mistaken in attributing all the "*mischief*" to "*routinism*," for there could be no harm in giving a *safe* medicine repeatedly, if the exigence of the case required it, to effect the object in view, and if the physician knows just what is needed, and knows at the same time that the remedy he prescribes will effect that result, just as certainly and indubitably as food relieves hunger, or water thirst, it would be "*criminal*" in him if he did not persevere in its use, and *repeat* it until the object be attained in the one case, just as it is in the other, and if the process be somewhat *routine*, it will correspond none the less certainly with all the other operations of nature, of which scientific men have any knowledge, and the fact that so much trembling *watchfulness* is necessary to what Dr. Smith thinks a proper method of administering Allopathic remedies, proves that *certainty* of result cannot be one of their attributes, and we would advise that those articles which require such close *watching* to keep them from doing "*mischief*," be shunned, as men are who require to be subjected to the same process. The practitioner that cannot calculate the effect of his remedies with almost mathematical precision, and is not able at the same time to apply them on scientific principles to the case in hand, is compelled to grope in the dark, and must be very careful and watchful, or he will, if using poison, do "*mischief*;" and hence the application of the term, *scientific* to such proceedings would be a misnomer, and it would only require the dismissal of "text books," and the constituting of "every man his own Doctor," to make them the very essence of *empiricism* and quintessence of *quackery*.

The "thorn in the flesh" instanced by the Doctor is an apt illustration, for in all cases of disease "the offending cause must be removed." How is that done in the case of the thorn? If removed at once the disturbance is slight, and no diseased condition of consequence follows; if not removed, a certain action is set up called inflammation, which some doctors might try to subdue by bleeding, perhaps, but as that is evidently intended for the removal of the thorn, others would, more scientifically, encourage and assist in such a way as to attain the desired object as soon as possible; heat and moisture would be employed in the shape of poultices to the part, and a little internal stimulus might be used to give vigor to the circulation, and though the practice might be "routine," and would have to be repeated and repeated still, yet the practitioner would not have a doubt of his success, even from the first, and if there be sufficient energy in the system he must succeed, there cannot be a doubt about it, because the practice is based upon laws, just as certain as those that sent Newton's apple to the ground or that maintain the worlds in space. But there might be a thousand thorns or obstructions in the flesh, and a high degree of inflammation indeed would be got up for their removal, but would that change the principle? The aim of *nature*, so to speak, would be the same in both instances; bleeding in the first case might only partially thwart her efforts, in the last it would be fatal, because by it the forces are destroyed that are brought to bear upon them for their removal, but if assistance is rendered by applying heat and moisture externally, and the internal energies are increased, not destroyed, the result is again assured, unless both the energies and assistance be overtaxed. Well, if thorns by the thousand can be thus removed, may not smaller obstructions by the million, giving rise to the state called fever, be also removed on the same principle, and if your agents are well chosen, *by the same means*; and if we can by stimulation and relaxation applied both internally and externally, control fever and inflammation *invariably*, and have our agents few and well chosen, would not that be reducing medicine to a *science* in fact, and casting to the winds the crude and heterogeneous notions of bye-gone ages, that have hitherto had, without meriting it, the name? Well, if fever and inflammation be thus controlable by agents that act in perfect harmony with the laws of life, neither poisoning the system nor withdrawing the blood, in what consists the "criminality" of their frequent repetition? Does not the *criminality* rather consist in the closing of the eyes to such light as Medical Reform *par excellence* has thrown upon these subjects, and with wilful and inveterate prejudice clinging to obsolete notions "that confessedly lead the practitioner into many perplexities and constant disappointment, and result in consequences *exceedingly devastating*?"

But the doctor thinks *routine* practice can never be *scientific*. If so, medicine is the only exception, for every thing scientific in other respects *is routine*, and we maintain that nothing really scientific can be otherwise! The laws that govern the chemical affinities are so unvarying that the absence of a single condition is fatal to the desired result. The operations of mathematics are all routine, and the surveyor of to-day can track his predecessor of a hundred years, by due observance of them; the astronomer of to-day, by the routine calculations of mathematical science, can foretell the eclipses of the sun and moon, the planetary transits, the distances of the heavenly bodies, &c. &c., just as well as Newton could; and by the same *routine* calculations, the mariner can navigate his ship over the trackless ocean with as much certainty as if he had finger posts and mile stones all the way! But let either of these despise the *routinism* to which *science* subjects him, and he, like the allopathist, soon finds himself at sea without rudder or compass, the sport of every wind, till brought up suddenly on some hidden rock, when with "*exceeding devastation*" all around he is able to appreciate the state of those who give "particular drugs at *random*."

But *routinism* does not stop here, it is evidenced in all the physiological laws that govern the animal economy; eating and drinking, secretion and excretion are always going the same rounds from day to day throughout the generations of men, and will so continue, and if so, why should it be supposed that no *rou-*

tine laws control disease, making it subject to a routine "course" of treatment, that may be repeated with the best effects, should the first effort fail in producing the desired result.

A "course" of medicine that may thus be relied on, the "Botanics" have adopted and practised with such success that the most ignorant of them have *cured* diseases that the most learned Allopathists have abandoned as incurable, and though efforts have been made repeatedly to trace some "*mischief* and *devastation*" to that treatment, not a case has occurred in which it could be substantiated. There is, therefore, nothing "*criminal* in the *routinism* of the Botanic course." That there is in the Allopathic, we have the evidence of Dr. Smith and a host of others to prove, and we trust that henceforth its advocates will speak of it with that modesty that becomes their *acknowledged* position, and, though misery loves company, refrain from their attempts to drag down to their own level that of the "Botanics." Respectfully, M. S. THOMSON, M. D.

VINDICATION.

GENERAL REMARKS—OBJECT IN WRITING.

As an humble votary of Medical Science, and feeling a deep and all-absorbing interest in the Profession to which I have attached myself, and to the service of which I desire to consecrate my life—I feel under obligation to labor in its behalf; to contribute my mite towards its advancement as a beneficent science, in order that its avowed object, and benevolent design may be realized to the world; and that *good* and not *evil* may result from its deliberations.—I say that I feel obligated to do whatever I may be able—not only to promote the interest and accelerate the progress of the Profession of my choice, and to maintain for it the confidence of the public—but to assist in the promulgation of sound and conservative doctrines, the influence and power of which are to be so sensibly felt by those seeking its benefits.

Actuated by motives of this sort, and having from the close observation of ten years in the Practice—noticed what I considered mischievous errors, indulged by the force of habit, by *some* of our medical brethren, I was induced to suggest my convictions in a plain and simple way, in order that those of us at fault might be more guarded upon these points, and bestir ourselves to greater diligence in acquiring a correct knowledge of the true principles of Medicine. Pursuant to this object, I prepared and published the paper that has called forth this lengthy review from Dr. Thomson—making it—not a necessity, but a pleasant pastime—to main-

tain and defend its truths. As it was my privilege to write, I exercised it—hoping that an humble practical suggestion might not be unacceptable to the profession. In this way has the noble structure—Medical Science—been reared to its present gigantic stature. Little by little, small accessions here and there. A thought expressed, a fact communicated, a suggestion made. Thus have the materials been collected, out of which has been organized the science of medicine.

My only object, then, was to contribute my mite to the general good of the profession; to assist in maintaining the soundness and purity of medicine, by combatting errors that have stealthily crept into our borders from unguardedness on the part of some of our practitioners, or from a want of proper understanding of the fundamental doctrines—the correct principles upon which our system is founded. Allopathy has its weak disciples, its ignorant and unfaithful executives. Has not every profession? Are there not those in every association of men who are unfaithful to their vows, and who betray the trusts committed to them? Alas! we have heard of but one single exception—THOMSONIANISM!! We are told that its disciples “cure” the “incurable,” and that the most *ignorant* of their number have *never* been known to do the “least mischief”! “*O mirabile dictu!*” I am sorry that I cannot say as much for the Allopathic system, for although I believe it *sound* and *conservative*, yet I will not contend that our remedies *always* “cure,” and that “*some mischief*” is not occasionally done by the careless and unfaithful of our number. But more of this anon.

My object just here is to state the design and intention of my article. It was simply to incite my professional brethren to great zeal and watchfulness, in order to the avoidance of certain *illegitimate errors*, and to remind them of the necessity of being guided—in all our administrations—by the general principles of Therapeutics. That we must seek to imbue our minds with a thorough knowledge of these general principles, and that in the sick room we must apply them according to our own judgment from the varied modifying circumstances surrounding the patient. I had no disposition, I am sure, to make war with the Thomsonians, and only alluded to that system of practice for the purpose of forcibly illustrating the point I was contending for, and now feel obliged to Dr. Thomson for admitting the legality of the illustration. I have certainly as little unkind feeling towards the Thomsonian brethren as I have confidence and love for their system of

practice. I have more esteem for them as *men*, than appreciation as *practitioners*. The truth is, I do not like their system, nor do I consider it sound and conservative. For myself I would much prefer the unaided efforts of nature—the great “*vis medicatrix nature*”—to that arbitrary “routine” to which Thomsonianism subjects its patients.

As Dr. Thomson has attacked my article, and through it, Allopathy generally, and as he has thrown wide the doors and given us a clear insight into the “*Sanctum Sanctorum*” of *his* pet system, I shall take the liberty—during the vindication of my own propositions—of inquiring into some of its hidden mysteries, and magical powers; and to show up Thomsonianism in its true light, as reflected through M. S. Thomson, M. D., and as recorded in the Thomsonian books.

MEDICINE A SCIENCE.

My article sets out with the proposition that medicine is a “*science*” as well as an “*art*,” and this proposition is thoroughly sustainable. What, then, are the elements and conditions necessary for constituting *medicine a science*? In the first place we must have a collection of facts, or leading truths relating to medicine; and in the second place these facts or truths must be arranged in such systematic order, as that *general principles* may legitimately be deduced therefrom. Now, the requisite accumulation of facts we have. We have a knowledge of Anatomy and Physiology of the human system—in health and in disease. We have a knowledge of certain medicines producing certain effects upon the system, no matter how introduced—many of these articles producing the same general effect, and giving rise to a classification of remedies. These several classes of medicines act in different ways upon the system, and through different *media*—some upon the nervous system, some upon the circulatory system, some upon the absorbents, &c. Some purge, some vomit; some stimulate and others depress the vital actions. We have a vast array of empirical facts in relation to the efficacy of certain drugs in the cure of certain diseases—denominated *empirical*, because ascertained by experiment—known by experience. We have also the benefit of very many special facts, bearing upon the subject of diseases and remedies, obtained by careful clinical observation. We are familiar with many circumstances that modify therapeutic indications—such as age, sex, original conformation, habit, climate, profession and way of life, causes, seat, period, &c., of diseases.

Thus we have a vast collection of facts accumulated during many centuries. These facts have been so arranged and classified as to give rise to certain legitimate deductions—to the establishment of certain general Therapeutic principles. For instance, we know that a certain medicine, or a certain class of medicines, when applied in the treatment of a disease—under ordinary circumstances—will produce certain effects ; but we also know that the same remedy applied in a different disease, or in the same disease, under a different train of circumstances, will produce different results. We know that certain drugs, given in certain quantities, will produce effects different from those produced by the same drugs—in larger or smaller quantities. We also know that the mechanism, or *modus operandi* of medicines vary in the production of the same general results—thus giving occasion to the special selection of one article over another in the same general class.

From these and many synonymous facts, we have *established principles*. These are our “*fundamental principles*” in Therapeutics ; the “landmarks” and “beacon lights” that are to guide and govern us in the treatment of disease. Thus, in making up our opinion that “*medicine is a science,*” we have shown the prerequisite—KNOWLEDGE—the medical facts or leading truths ; and we have exhibited them, arranged and classified in such systematic order, as to give rise to certain legitimate deductions, and the establishment of certain general principles. These, I aver, constitute all the requisite conditions and qualifications necessary for the constituting of medicine a science.

ALLOPATHY.

This is the popular name given to the ordinary mode or regular practice of medicine. It is the true orthodox system of practice, founded upon, as its basis, a *perfect* knowledge of the Anatomy of the human system. It constitutes the true eclectic system of medicine, having alone the right to select its remedies from *any* and *every* source in nature. It purports to be governed by principles, such as we have already alluded to—in all its operations in the cure of disease.

But Dr. Thomson has a “decided objection” to being associated in any sort of view with the Allopathists. He would not be placed on “the same footing with Allopathic routinists,” and wishes to defend Thomsonian medicine from such “*imputations,*” and “to

place themselves right" upon that question. It will be seen hereafter where he *does* place himself and his Thomsonian system.

It is very natural that the doctor should wish no association with Allopathy, for there is no more harmony or affinity existing between the leading doctrines of Thomsonianism and Allopathy, than there is between oil and water. But we will allow the doctor to defend himself, and this he has attempted, at some length, in the article before us. Let us see whether it will stand the test of logic; or whether—like the "house built upon the sand"—its foundations may not begin to crumble when the storm of truth beats upon it.

"EMPIRICAL."

Dr. Thomson gives me credit for candor in saying that much of the practice of medicine is "*empirical*," and thinks that the remark is "truth itself." So I thought and so I contend. The great mass of medical facts has been given us through *experience*. They have been ascertained by *experiment* and research. Man's natural instinct was not strong enough to reveal to him *specifics* and *remedies* for all his diseases. He was, consequently, left to chance, and to the power of his own intellect for relief; and fortunately, through these resources, many valuable remedies have been discovered to him. These are the facts that I denominated *empirical*, and I glory in the thought that time-honored Allopathy has been founded upon such established facts.

But there is another sense in which this expression that—"much of the practice of medicine is empirical," is true; and this, doubtless, is the sense of the word "empirical," that Dr. Thomson takes, and to which he so insinuatingly grants his concurrence. In treating diseases we sometimes meet with very anomalous cases, the prominent features of which are widely at variance with the usual appearances. The circumstances surrounding the patient are unusual, and as we propose to be guided, always, by principles—looking to all the modifying circumstances—we are frequently left to draw upon our suggestive faculties for means to meet the exigency of the case. We, perhaps, cannot call to mind any definite authority that will bear directly upon the case in hand, or any remedy that will fulfill all the existing indications. Consequently the practitioner—following his own head—uses remedies or combinations of remedies that he has never used before, or never read of in any of his books. This is an experiment—an *empirical* remedy.

Again he may meet with an obstinate case, that has defied the usual remedies, and the patient is still unrelieved. Is not the practitioner left to *experiment*? Ought he not to try something else, rather than leave his suffering patient to his agony? This new treatment, then, is *empirical* treatment. May not such new remedies—suggested by the common sense, reason and tact of the attendant—be preferable to the inert repetition *ad infinitum* of the “same routine course,” which has been pursued to no good effect? I contend that a man who has not his mind sufficiently imbued with a knowledge of the fundamental truths and leading principles in medicine; and who has not sufficient tact and ingenuity, in cases of emergency, to draw adequately upon the resources of his own mind for the necessary expedients—though the means resorted to may be empirical—is not worthy of a high place in his Profession, and totally unworthy the confidence of the patient. The doctor should have a head of his own, and although it is the safer policy, in the main, to keep near the land marks of science, yet he should not feel totally prohibited from *all innovations*. *Bad argument.*

SECTIONAL MEDICINE.

As an illustration of the proposition that we have “certain fundamental principles,” and that in practice we should be guided by them as “*landmarks* and *beacon lights*,” I incidentally mentioned that it did not matter where—“in what country or climate” we were practicing our profession, so we adhered to, and were governed by, these settled principles of medical science, for they would point us to a careful consideration of all the modifying circumstances connected with the treatment of disease. Climate and locality, the character and habits of the people, and the peculiar features of the prevailing disease—must be considered important circumstances; and the practitioner must weigh them well before he presumes to treat disease in any locality. This proposition, then, is true only in a comparative and restricted sense; for it cannot be denied that the resident physician, for the time, has an advantage over the itinerant, in that he is already familiar with these practically important peculiarities. This fact, however, does not affect the truth of the general proposition—that “it does not matter where the doctor has been educated—in what country or school—for he will find occasion to study certain peculiar facts and features of disease in every particular locality. If a student of

Georgia studies medicine in Augusta or Savannah, and locates himself in a distant county—or it may be in an adjoining county in his own State—he will find it necessary to study the diseases prevalent in that particular place or neighborhood.

Dr. Thomson seems to agree with me in this position, because it suits the Thomsonian motto that they can cure disease *wherever* they can find plenty of “herbs;” and he particularly concurs in the suggestion that he must be “taught aright.” This is all important, and I have already pointed out to the reader what I considered the indispensable elements of Medical Education. That the practitioner should be familiar with *medicine as a science*—that his mind should be properly and thoroughly imbued with a knowledge of the great principles of therapeutics; and that he must be well versed in the habit of vigilance, and the exercising of “care and precaution,” that none of the important modifying circumstances should escape his observation in the sick room.

This is the kind of education, and this the degree of proficiency and practical admonition that Allopathy enjoins upon its followers, in order that physic may accomplish its desired object. But I suppose that Dr. Thomson would have us all study in the “Reform” College, and learn the practical operations of “steam and Lobelia.”

Dr. Thomson, in this connexion, makes the following quotation from my article, and most wofully perverts its true meaning. “If the human system and its Physiology be the same every where; if the prominent features of diseases are similar, and the settled principles of treatment founded upon the same basis, how can it matter as to where the physician has been educated,” &c.

Let the reader notice this paragraph in its proper connexion, and he will understand it as I meant it. I intended simply to declare the fact that the human system was the same *everywhere*; and that the *principles* of therapeutic treatment were the same in every country and climate. But Dr. Thomson seems to understand me to say that the prominent features of *all diseases* were the same, and that they were all amenable to the same treatment. To this proposition he “cheerfully subscribes,” and says that upon it Thomsonian practice is “founded theoretically,” and is the “only system that gives practical vitality” to such “principles.” Here, then, we have revealed to us this point of doctrine in the Thomsonian system—that all diseases are alike, and all cured by the same remedies.

ERRORS OF PRACTICE—NOT OF PRECEPT.

Having reviewed some of the essential qualifications enjoined by our regular system of Practice, I have taken occasion to suggest that "all of our practitioners *do not* follow and practice Physic according to these established principles," but that *some* of them prove recreant to the trusts committed to them—falling slothfully into mischievous habits. Many of these contracted habits are not recognized at all by the orthodoxy of our system, and for the failure and mischief resulting from whose practice *our system* of practice is not to be held responsible. Allopathy itself is sanative; but its wholesome precepts, we fear, are not, invariably, carried out in practice. Dr. Thomson intimates that no such unfaithfulness is found in the Thomsonian ranks, for he says, that "though efforts have been made repeatedly to trace some 'mischief' to the Thomsonian treatment, not a case has occurred in which it could be substantiated." Now, if this be true, how shameful! that Thomsonian practitioners should be so wofully slandered, and belied! For it has been said *many a time* that they have "*killed* their patients."

I heartily wish that our sheep-fold—like Dr. Thomson's—could be kept free from all "wolfish intruders." My own professional brethren will excuse me, I know, for rebuking such illegitimate practices, by holding them up to view, in order that those of us who may be at fault, may "take due notice and govern ourselves accordingly." We love our profession, and desire to fulfill its obligations to the public; and all we may be able to do towards the correction of error, in every form and shape, will be so much contributed to the good of the confiding invalid; and so much towards maintaining that exalted position the Medical profession has attained in the confidence of the world. Allopathy has survived the assaults of all heretical opposition, and it stands to-day as a mountain, rearing its majestic summit through the pestiferous fogs of heresy and petty isms, far into the etherial regions of truth. It stands firm, because "grounded in the lore of experience, and the wisdom of research in all science;" and its lofty aspirations should be sustained by commensurate zeal and watchfulness on the part of its votaries.

PRESCRIBING FOR NAMES, INSTEAD OF SYMPTOMS.

This is pointed out in my article, as a habit carelessly indulged by some of our number, and one *not* authorized by the true tenets

of Allopathy. The reader is referred to my remarks on that subject. I only desire to say a few things by way of illustrating the points there submitted. I insist upon it, as the true doctrine in the practice of medicine, that we are to prescribe for *the case before us*. We are not to prescribe for Pleurisy, for Rheumatism, for Inflammation; but we are to prescribe for THE CASE BEFORE US. If, by all our tact in clinical investigation, we are utterly unable to make out a clear, satisfactory and definite diagnosis—as is sometimes the case—then we must *prescribe for the symptoms*, endeavoring to meet the indications present, waiting for farther developments, that we may ascertain the true nature and character of the disease. But if, by careful study and nice discrimination of symptoms present, we are enabled to *name the disease*, then we are to—*prescribe for the symptoms*—still.

Is it Pleurisy?—let us not bleed the patient, simply because the lancet is a recognized remedy in the treatment of Pleurisy; but let us look closely at all the features and circumstances connected with *this particular case* of Pleurisy! Is the attack of recent origin? are the symptoms violent? the pulse full and bounding? the patient of vigorous constitution? Does depletion seem to be the indication, and are there no facts or features that would seem to contra-indicate its adoption as a remedy in *the case*? Then let the lancet be used. But in order to determine these last questions, let us inquire after the age, sex, habits, temperament, occupation, idiosyncrasy, causes of attack, extent of the disease, the climate, particular locality, type of prevailing disease, complication with other diseases, &c. In this way, we may discover some existing feature that will forbid the use of the lancet, and call for the employment of other remedies in the treatment of the case. Various are the circumstances modifying the treatment of cases of Pleurisy, as well as *other* diseases; and the general principles of Therapeutics teach us the extent of influence to be exerted by these special circumstances. I repeat then, that “the practitioner ought to study each individual case, applying the resources of his art, with care and discretion—according to all the modifying circumstances surrounding his patient,” for “in this consists the science and philosophy of medicine.”

Rheumatism, in like manner, is to be subjected to the same kind of discretion, and not dosed indiscriminately with colchicum because that may happen to be a general remedy in that disease. The cases of Rheumatism are to be treated as they specially pre-

sent themselves. The same may be said of every other disease. They cannot claim *certain remedies*, simply because they are known by *certain names*.

Calomel possesses antiphlogistic properties. Is it therefore to be given in every case of Inflammation? By no means! There are many other articles that are likewise antiphlogistic, and one or another of this class of remedies may be used, according to its peculiar applicability to *the case* at hand. There may be complicating symptoms forbidding the use of calomel; or there may exist, with the patient, some idiosyncrasy, rendering it highly inapplicable. *Opium* is a valuable soporific, but there are many persons upon whom it has the opposite effect. *Quinine* is a specific, almost, for malarious fever; and yet, very many persons cannot take it, because it injuriously affects the head.

Thus we see the great inexpediency of attempting to advise for names; and we farther see the imperious necessity of directing treatment to the symptoms and circumstances of the case. Rational medicine demands this; sound Medical Philosophy demands it; and every principle of common sense and reason concurs in its approval.

But let us notice the consistency of Thomsonian Philosophy upon this subject. Dr. Thompson says that in the mention of Pleurisy, Rheumatism and Inflammation, I seem "oblivious of the fact that a *single cold* will produce all these, and what will cure *cold*, will cure either of those seemingly dissimilar conditions." That is: as Pleurisy is produced by *cold*, whatever will cure *cold* will cure *Pleurisy*. As *cold* is the exciting cause of Rheumatism therefore whatever will cure *cold*, will cure Rheumatism. And as Inflammation also results from *cold*, *ergo* the remedy for *cold* is the remedy for Inflammation. As they all originate *from cold*, so they are all cured by the remedy *for cold*. All diseases, therefore, that are produced by one *common cause*, are to be cured by one *common remedy*—no matter the special features of the case, and the intensity of the symptoms; no matter the diversity of the patients and their constitutions; no matter the contrariety of circumstances and modifying influences; no matter the number and character of complications. None of these things are *important*—much less *ESSENTIAL*—to successful treatment of disease. They have not the weight of a feather. All the practitioner wants to know, according to Dr. Thomson's premises, is the *name* and *cause* of the disease. The treatment is easy, and the result will follow

“just as certain and indubitably as food relieves hunger, or water thirst.” O! *wonderful—magical—Thomsonianism!!*

Dr. Thomson says that “*cold* is the cause of Inflammation.” Well, Inflammation being a multiform disease—comprising a *large* part of all the diseases of the human system—it follows that *cold* is the exciting cause of most, perhaps a majority, of all diseases; and, consequently, a medicine that will cure *cold*, will cure *most* diseases. If these deductions be correct, they amount, *almost*, to an admission, on the part of Dr. Thomson, of what I stated in reference to Thomsonism, “that all diseases originate from the same exciting cause, and, consequently, are amenable to the same course of treatment.” Here we have a re-affirmation of the original theory and doctrine of Samuel Thomson. This theory, then, afforded me a very *apt* and *forcible* illustration of “*routine practice*,” and as it was for that purpose alone that I mentioned it, I think that the Doctor ought to excuse the liberty taken.

The characteristic of Thomsonian therapeutic science seems to consist in its *extreme* simplicity. There is a *sameness* or *oneness* about it that is entirely disproportionate to the phenomenal changes of organic life. One cause of disease, one general remedy, and one certain, “invariable” result; “the most ignorant Thomsonian curing diseases that the most learned Allopath has abandoned as incurable.” No wonder that steam doctors never err from their true faith and practice. No wonder that no “mischief or devastation” has ever resulted from the inadvertency of the “most ignorant” of their number. The whole theory and practice is quick learned. The lesson is “*short and sweet*.” It is so plain that the “way-faring man may read as he runs.” The whole system is “one routine.” The “regular course of medicine”—which the reader will learn by heart before I close this paper—is universally applicable in all diseases.

But Dr. Thomson is somewhat consistent after all, for he practices much of what he teaches. Discarding the Doctrine of “each individual practitioner,” studying “each individual case,” and “applying the resources of his art” “with care and discretion,” “according to all the modifying circumstances surrounding each individual case,” he adheres to his creed, that there is *one cause* and *one remedy*, and absolutely proposes to “treat cases at a distance without seeing the patient,” and “on sound physiological principles.” Now this is in perfect accord with Thomsonian THEORY, and I honor the doctor for his consistency in practicing what he preaches; for there is no more necessity of his seeing the patient, than there is of the gunner seeing the bird he intends to kill.

According to Dr. Thomson's theory this "dancing devil," or "Frenchman's flea," can be fired upon just as well at a distance, and without seeing him, as to get near enough to put his finger on him. All he wants to know is that a "flea" has been about, and as there are certain known agents that will kill fleas, the indication is at once clear and unmistakable. Disregarding the extent of damage done by this disturber, caring nothing for the erythema, the itching sensation, or the amount of sympathetic excitement resulting from his bite, he levels his artillery at the offending fugitive, believing that what will kill the flea will cure the bite.—Have we not this sentiment clearly embodied in this single expression of Dr. Thomson, that "a single cold will produce all these, and what will cure cold, will cure either of those seemingly dissimilar conditions?"

Now would it not be more rational to let the "flea" go, and content ourselves with simply relieving the remaining "symptoms of his presence?" This is an instance of what I meant by "prescribing for symptoms."

But this doctrine of "rational medicine," that I have been endeavoring to illustrate to the reader, that every practitioner must exercise his own judgment in each particular case, &c.—is denounced by Dr. Thomson as "*empiricism run wild*," because he says "each one pursues his own course, having no text books and no two of them thinking alike." Well! this is only a characteristic difference of opinion and practice between Allopathy and Thomsonism. We recognize many distinct diseases produced by many remote and exciting causes. We know that the combined operator of several cotemporaneous causes will produce a variety of complication and manifestation of disease; and that, as we are thus subjected to such varying external influences, we rarely meet cases of pure, uncomplicated disease. Consequently, as rational advisers we are left to consider the symptoms in the case before us, as they manifest a certain disease, or the co-existence of several diseases combined. We here see the great importance of a familiar acquaintance with the varied manifestations of disease. We see the necessity of the doctor having a head and judgment of his own; and we also see the importance of much shrewdness and *acumen* on the part of the practitioner, in order to a correct apprehension of the true nature and character of the affection, or to a due appreciation of the respective complicating symptoms. If we correctly mark the leading features in the case, and bring to

bear our knowledge of general Therapeutic principles, we shall be able to agree in the *main* in the adoption of such courses of treatment as shall bring about the same general results, and fulfill the existing indication. We have at our discretion many means for the accomplishment of the same common ends, and we are to use these means discriminatingly according to *special* circumstances and *particular* indications.

Dr. Thomson renders it as an objection, that "no two of us hardly ever agree." Admit that in specialities we do not; but if in the recognition of the prominent features of the case, and in the leading indications to be fulfilled we do agree, what matters it whether we concur exactly in the use of the same drugs for producing the same desired effect? If we agree in the decision that *emesis* is the indication of cure, and one of us advises Ipecac, and another Lobelia, are we not still essentially agreed? for both these articles vomit. If we desire to produce purgation and respectively advise Calocynth and May Apple, are we not agreed practically, to all intents and purposes? These are but petty differences, and cannot subject us to the unqualified charge "that we do not agree."

I admit that there is a much greater probability of Thomsonians agreeing precisely, from the fact that there is so little diversity in the system. There is no possibility of disagreeing. "Disease is an unit," says Prof. Worthy, "and the physician can never be at a loss how to proceed, nor at a stand in the choice of remedies." The course to be pursued is as well delineated, as the track for the locomotive. Samuel Thomson, (the Father of the steam system,) says that "heat is life, and cold death," and that if we are "careful to always keep the determining powers to the surface, by keeping the inward heat above the outward, or the fountain above the stream, all will be safe." Now this theory and practice is exceedingly simple—contained within a nutshell; and a man must be a great GUMP that cannot learn it by heart, and follow it even with his eyes shut. There is no possible chance for mistake in diagnosis, for "names are arbitrary things," says Samuel Thomson; and in treatment they cannot err, for the same "routine" is "universally applicable." There is one beaten track to be followed and from it there is no excuse that any should stray.

The rational adviser seeks to "find out what the matter is," and the well-informed modern Allopathist can generally make out a clear and definite diagnosis. Modern research with the micro-

scope, and extensive clinical and post-mortem investigation have thrown much light upon this branch of medicine, during the last fifteen years. The pathology of almost all the important diseases is correctly known by the modern student of medicine, and they may be recognized during life, when normal and uncomplicated, by their respective pathognomonic symptoms. Even in complicated cases, by careful investigation, the various existing lesions may be pointed out with considerable accuracy. The shrewd and discriminating explorer of disease, with the helps of modern science, can almost compel the human system to unbosom and unfold itself to his inquiring gaze. It stands before him almost as a transparent body, every organ and function displaying its abnormal and diseased condition.

These are general truths. We can recognize a great number of diseases with this degree of precision. But we have frequently to view disease through dark and mystic veils. Their phenomena are unintelligible, their symptoms equivocal, and no satisfactory diagnosis can be made out the first examination. Is not this true? Every man of any experience will admit that he finds anomalous cases, and is occasionally puzzled to say exactly what the matter is. He cannot always fix a name. I repeat it then, and with no very great degree of humiliation either, that, "in many cases we cannot pronounce any definite name." The forms and phases of disease differ as much as do men in their physiognomical appearance; and there are mysteries in disease and obscurities in the sick room as well as in all nature. I insist upon it as true, that our success in treating disease must depend greatly upon correct Diagnosis. To have clear views of treatment, we must have lucid conceptions of disease. If the mind's eye is beclouded as to the true nature and extent of the morbid action, the hand of relief must grope in the dark. We cannot always have such clear conceptions, and consequently much of our failure in treatment. It is the most important and yet by far the most difficult step in all the practice of medicine—to find out "what the matter is." The practitioner cannot always succeed in this, but he should labor for it, sparing no effort or means of investigation. We denounce as exceedingly reprehensible, the habit or practice of dosing at random. To say the least, no better success can be expected, than by the sportsman, when killing game, he fires at random in the trees. Botanic medicine may not require such precision, but RATIONAL MEDICINE certainly does.

CERTAINTY OF EFFECT.

Dr. Thomson finds another flaw, another contradiction in the denomination of Medicine a science, from what he conceives an admission on my part that there is no certainty in the operation and effect of remedies. Now I made no such general admission, but simply remarked that "the method of treatment instituted in one case may not be applicable in another case of the same name and character," and from the very fact, as I farther remarked, that "so many modifying circumstances are perpetually occurring, that we cannot decide that any two cases are precisely identical."—This is an established fact, that we never do find two cases exactly alike, and consequently we do object to Routine treatment—to the practice of giving every sick man, woman or child that we meet, the same round of physic, and denounce it as a poisonous element in any system of practice. We would hurl it from our midst as an adder from our door.

We do *not* claim that medicine is an *exact* science, or that we can calculate upon the same *positive* and *unvarying* effect from our remedies in all cases, and under all circumstances, but we do, in general terms, claim that there is "*certainty*" in medicine—enough at least to justify us, in claiming for it the appellation—TRUTH. As before stated, the science of medicine is founded upon *knowledge* as its basis. That vast accumulation of facts constituting the ground work of medical science, is—*knowledge*, and consequently is—*certainty*.

Many of these medical truths I have already enumerated.—These are positive "certainties," but we cannot boast of *universal infallibility* in the use of all the means we employ in combatting disease. Our hearts are sometimes saddened, and our feelings deeply humiliated, when we see our friends die around us, in spite of our best directed efforts to save them. And if Thomsonian remedies were, as Dr. Thomson claims, so "infallibly successful," the population of Georgia, to-day, would be thousands more than it is; for many fatal cases of disease have been registered as patients of "Lobelia and Steam."

Has Dr. Thomson never lost a patient? Can they all stand up to-day and pronounce him blessed, and testify to the infallibility of his all-healing remedies? Can they? But if some of them have died, Why did they die? Why did not the Dr. cure them with his infallible remedies?

Where is the "immortal Thomson"—the progenitor of this im-

maculate "Botanic System?" Gone to the Spirit land, where many of his patients went before him! He lived for years after he had declared that "His system and remedies were about as near perfection as it was possible for human power to bring them."—He had a sound constitution, and one that resisted the "assaults of his persecutors." Why was it that his "infallible herbs" did not serve him perpetually? They grew indigenous all around him, and he gathered and sold them by the quantity.

Ah! he forgot "*to keep the inward heat above the outward, and the fountain above the stream,*" else perhaps, "*all would have been safe.*" His No. 2, and No. 6, must have "failed" him as stimulants. No. 3 could not "clear off the canker," and, alas! he died!

Where, then, are to be found the *practical demonstrations* of the magical power, and infallible efficacy of the much boasted Thomsonian medicines? Are they, indeed, so powerful? so universally applicable to all conceivable states and conditions of disease? Are they so reliably efficient in *all cases*, and under *all circumstances*? Do they really cure with all the certainty and exactness that marks the fixed laws of gravitation? If so, these WONDERFUL facts *ought* to be known; and, if so, they *are* known beyond the walls of the Thomsonian College.

This is a telegraphic age, and truth flies with electric speed. It does not require a half century to disseminate its particles throughout the length and breadth of the land. This Thomsonian "fabric," if so veritable, ought to have swept like a mighty avalanche all over this country. The American people, though excitable in seizing upon every thing new, have intellect to appreciate *truth*, and ingenuity to apply it to practical purposes. Our people love to live, and they seize with avidity, every *plausible* antidote for disease. Why then have not these "infallible specifics" for all sorts of "infirmities" been heralded all over the inhabitable globe? Why is not every Journal and family paper clamorous in such announcements? More than fifty years have elapsed since Thomsonism made its *debut*. Sufficient attention has been given it to incite thorough investigation. It has been tried in the sick room; its claims have been "weighed in the balances" of popular opinion, and the verdict is—"found wanting."

But I repeat the inquiry—what and where are the evidences of its power, and its popularity? Will the people of Macon testify? Can all the students who have been administered to by the learn-

ed Faculty of the "Reform Medical College" of Macon, stand up as living monuments to-day, of the infallible efficacy of Thomsonian medicine? Can it be stated as a fact, that the mass of intelligent citizens of this beautiful city, prefer "steam and lobelia"? and do they manifest such preference by calling upon Thomsonian doctors? From what source comes the acclamation--"ho! all ye who are afflicted, come to the fountain of steam medicine and be healed?" It is but the reverberation of its own "steam" whistle! It issues *alone* from the lecture room of the 'Thomsonian College,' and is re-iterated *alone* by those who expect to be paid for administering the "infallibles!" Is it heard from any body else? Does it come from any other source? Do its own native hills resound with praises of Thomsonism? Is it all the go in the land that gave it birth? Strange for the reputation of this practice—it is *least* popular where it is *best* known. In the county of Monroe, where the S. B. Medical College (now the Reform Medical College) was first established, and where this new Thomson system was taught, I presume, thoroughly, in the very midst of the citizens, no steam doctor has been able to earn his bread by his practice, for the last ten years. Thomsonism utterly perished out in the county. The citizens did not fancy the practice, and they starved it out. During my residence of seven years in the county, it could not produce a single practitioner of that order. Not one was to be found in the county that once was head quarters of Thomsonism!

Where, then, does it flourish? In what land or country has it a place in the confidence of the people? It is indeed *passing strange* that such "TRUTH" could so long "be kept hid under a bushel."

So much then for the "certainty" of Thomsonian medicine, and so much for the evidences of its popular recognition.

BOOK PRACTICE.

This is pointed out in my article as a practice incompatible with sound—rational medicine, and "impracticable from the very fact of the diversified complication of disease." Now, I had as soon have a routinist doctor me as the man who attempts to refer and compare every case he has to some described disease in the books, and to copy his treatment from this author. Sometimes, in chronic cases, we *may* do this; and *frequently* we may consult books *profitably*. But amidst the excitement of the sick room, and in the face of the complicated character of the case before

him—the practitioner must draw upon the resources of his own mind. He must tax his own ingenuity for expedients. He must call into play his calculating and reasoning powers, keeping ever in view general Therapeutic principles—as guiding “land marks.” He may recognize two or more separate and distinct diseases in the case before him. The usual remedies for these diseases respectively, may be incompatible with each other—used in combination. If he attempts to treat both these diseases respectively, in the same patient, at the same time, and with the remedies directed in the books for their respective cure, he may find that they exert counteracting effects; or that the remedy used for one disease may exasperate the symptoms of the other. How, then, is he to proceed? Both diseases demand attention:—if his mind be well stored with facts, and properly impressed with correct views of therapeutic principles, he can readily adjust a compromise—in most instances—and meet the combined indications.

This is another illustration of what I meant by treating *symptoms instead of names*. But Dr. Thomson thinks that a man can lay no sort of claim to being “*scientific*” unless he follows books to the letter. That there is no possible chance for doctors to agree—in any case—unless they copy after the text books. He says there can be no “certainty” in medicine, unless there is rigid adherence to books. Hear what he says on this subject:—“And if each man is to be ‘his own doctor’, to cast aside his books, and act upon his own idea of the case, what becomes of the science? Where is the *certainty*, without which there can be no “*science*?” Now, according to this logic any ten year old boy can practice medicine “*scientifically*” (?)

Now, I do object to Dr. Thomson judging our practitioners by himself, or applying the nonsensical logic of Thomsonism to our time-honored system that is “*grounded in the lore of experience, and the wisdom of research in all science.*” He may copy his routine recipes from books, but I prefer the dictates of reason. The Thomsonian rule of action is as plain as straight along. The Routine Command is imperative, and universally applicable to “all disease.” How can *they* disobey the books, and be “*scientific*” Thomsonians?

I repeat the doctrine, in behalf of Allopathy, that we have no use for books *in the clinical room*. We do not discard books as worthless, by any means, for, as I have already said, they are *useful* by way of “imbuing our minds with a knowledge of the fun-

damental principles of medical science." The time and place for the perusal of books, is in the *office*, during study hours; and the great regret is that they are not studied more. By them we get possession of that rich treasure "*the lore of experience*," and the "*wisdom of research*," upon which is built that noble superstructure, the modern Allopath so much loves, and from whose premises he would expel every unfaithful steward, and drive out every "*wolfish intruder*."

Physicians ought to read much, for in this way they get the benefit of the recorded experience of their predecessors; and post themselves in the recent changes in therapeutics, and in all modern progress of medical science. The physician should be a close student, not only perusing his books, but studying prevailing disease. But I insist upon it that the man who has not the judgment and tact to apply *clinically* his acquired knowledge, in special emergencies, without consultation with books, is not a reliable practitioner. Comparatively few cases can be made to fit the books, and consequently he must devise his own "ways and means." Book practice of medicine, as a habit, is condemnable. It is *irrational* and *impracticable*, Dr. Thomson's logic to the contrary notwithstanding.

The arbitrary policy of despotic governments is not to be taken as the rule of action in independent republics; neither are the imperative edicts of despotic Thomsonism to be observed in our democratic system of medicine. We bow submissively to no Samuel Thomson—making "vows of fidelity" to his "great principles." We would spurn as beneath notice, such imperative and unconditional commands as our Thomsonian friends are subjected to, as in the following directions given by the "immortal Thomson":

GENERAL R_x FOR DISEASE.

"Give a dose of No. 2, then give the tea of No. 3 to guard against canker, and add some No. 2 to overpower the cold; and when the second dose is given, add No. 1 to clear the stomach and promote perspiration."

RECIPE FOR WORM COMPLAINTS.

"Give the composition powders, or No. 2, to warm the stomach, a tea of No. 3 to remove the canker, and the bitters of either of the articles described under No. 4 to correct the bile. If they are bad carry them through a "course of medicine," and give the bitters."

These are some of Samuel Thomson's specimen Recipes for the

cure of disease. The first cures "all disease," and the second cures "worm complaints." This is Thomsonian SCIENCE, and this a specimen of their philosophy. Herein is the great secret of "steam doctors" all "agreeing." They look into the book, and there see plainly dotted down, in letters and figures, every step that is to be taken "to cure disease." These directions must be implicitly obeyed, and if the doctor has the book, it does not matter about seeing the patient at all, for the book tells how "to treat cases at a distance without seeing the patient." This was the announcement of M. S. Thomson, M. D., to the public in the year 1849.

Any other practice than this "routine course" is denounced by Dr. Thomson as "*empiricism and quintessence of quackery.*" Be it so! I am glad that I am connected with a fraternity more liberal, one that allows me freedom of thought and choice of action. The doctor thinks that I would go without my dinner rather than be compelled to take the "same routine" of good things that I dined upon yesterday; but my conscientiousness is more charitable than that. I love to eat, and I rejoice in the fact that I am sojourning with a family that allows me whatever food my appetite demands; not compelling me to eat "vegetables," when I need meat. It is good for health to change the diet according to appetite; and so it is equally important to the sick man to vary the medicine according to the disease, and symptoms of disease.

The boast of our democratic system of practice is that we have a variety of medicinal agents for meeting the indications of disease, and that the practitioner may select or compound them according to the dictates of his own judgment. We have no stereotype recipes, or *patented nostrums* Nos. 1, 2, 3, &c. Ours is the system that has stood the test of time; keeping fully abreast with progress in all science; and it will be our pride as its humble votaries to "guard well its portals" by suppressing, if possible, all illegitimate and erroneous practices that may spring up within our borders.

ROUTINE PRACTICE.

My remarks on this subject sufficiently vindicate themselves to the minds of those who properly appreciate my design in making them. But Dr. Thomson, either wilfully, or for want of correct comprehension, construes them into invectives against routinism as a radical error in our system, instead of against the *persons* in-

advertently indulging the habit. It seems to me that my meaning could not be misunderstood by any intelligent reader, for it is emphatically stated "that *such persons* are unsafe practitioners, and are not to be trusted with the management of multiform disease." Thus it may be seen that I sought to rebuke mischievous errors in persons, and not errors in the system, for routinism—such as I described—has no legitimate existence in the Allopathic system. We would remind our practitioners that it is a deleterious element, and should not be permitted to enter the sick room. We would stimulate them to vigilance in order that such inadvertent habits be not contracted, for they steal insidiously upon us. As co-workers in the same benevolent cause, ought we not to aid and assist—to caution and advise each other, that we may mutually escape from the breakers of error, and the quicksands of indolence? *This was my intent.*

As the votaries of a vastly responsible, yet noble calling, we are to be faithful to our trusts, guarding "our altars and our fires."—Our system of treating disease purports to be a rational one, and ever profiting by experience, we are, nevertheless, not to lose the guidance of reason and medical philosophy.

The more thoroughly to impress this subject upon the readers of my article, I gave some practical instances, and endeavored to portray some of the operations of routinism in producing mischief. For the benefit of those for whom the article was written, and for Dr. Thomson's especial understanding—I will try and illustrate these items more fully.

I have already attempted—in a general way—to show what knowledge, what proficiency of study, and what special qualifications are pre-requisite to entering upon the practical duties of the Medical profession. I have also indicated what should be the deportment of the physician in the *clinique*, and the rule of action by which he is to be governed, intimating that, perhaps, *some* fail to come up to the required—orthodox standard, becoming addicted to improper habits. We are all liable to such faults, but I have known some who were particularly subject to these suggestions.—I mean those who incline, habitually, to pursue a certain stereotyped round of physicing, undeviatingly, from year to year, and irrespective of all clinical specialities. In short, they fall into a *routine*, akin to that of the Thomsonians, forgetting, not only that diseases are diversified in every respect, but that the character and type of disease change frequently. The practice of medi-

cine is not what it was twenty years ago, and it should be the boast of our practitioners to keep pace with its progress; noting carefully every changing feature of disease, under the varied influence of times and circumstances; and adopting whatever of new remedies are demonstrated by experience to be applicable to the indications of modern disease. Very many invaluable remedies have been added to the *Materia Medica* of late, and, of course, the *inveterate routinist* loses the benefits of these new remedies. Allopathy has thrown off the old *restive* motto and its watchword now is "onward and upward." Many have been the recent changes in Therapeutics—occasioned by an advanced knowledge of diagnosis and Pathology. The revelations of the microscope have been wonderful, in these latter days—in demonstrating the human system in health and in disease; and therapeutic changes have been proportionate. Let us not through slothful adherence to routine habits be deprived of these inestimable benefits. Let us be up and on the alert, availing ourselves of the "early and latter rains."

As an instance of routinism I mentioned the abuse of the lancet. There are practitioners now in Georgia, who, perhaps, use the lancet habitually, bleeding almost every patient they see. This is wrong, and rational therapeutics does not, and never did recognize it as sound practice. We hold the lancet as a good remedy in its place, and one for which there is no good substitute in the fulfilment of certain indications; but we also charge that it has been abused.

As an instance of this fact, I have known doctors fall into the popular habit of bleeding every body immediately on the reception of a fall, bruise, or shock of any kind. Now, rational medicine does not allow such treatment. We say bleed when there is plethora and active excitement, and stimulate when there is depression or prostration of the powers of life. A man falls from a height and is stunned; he is picked up in an insensible state; his surface pallid and his pulse feeble, or perhaps not perceptible at all. Now the popular practice has been to bleed him, but the rational indication is, to stimulate him, and excite reaction in his circulation.—For this purpose we give him brandy, instead of bleeding him and depressing still more the depressed vital energies. Bleeding, under such circumstances, has done mischief, but it never was orthodox practice. This is an instance of what I meant by "bleeding down irrecoverably," and which Dr. Thomson has pounced upon

with such avidity, as being Allopathic "science." Such practice never was justifiable, or worthy the reputation of a rational practitioner.

Another instance of the routine and abusive employment of the lancet, is where it is used *indiscriminately* for every name of disease in which it has been suggested—in a general way—by authors, forgetting that these directions in books are always conditional, and that the discretion of the practitioner must adopt or reject it as a remedy in *the particular* case. Most authors concur in advising venesection in the treatment of Pneumonia, but this general suggestion must be under the guidance and restraint of therapeutic principles. To say then that practitioners are to bleed every patient with Pneumonia, would be the *veriest quackery*, and a gross violation of the plain principles of Therapeutics. The error, then, is not fundamental, as Dr. Thomson would have it, but the result of mal-practice. The fault is in the *man* and not in the *system*. If patients have thus been "bled to death," it is just as much mal-practice as if they had died in the "alarm stage" of Lobelia and steam.

The lancet is not now used with that frequency that it was twenty years ago, and from the very fact that the character and type of disease now prevailing do not demand it. The plegmasiæ are not so actively inflammatory, and there is a strong tendency to a typhoid form of disease, which forbids the lancet. Following the progressive spirit of science, and the indications of disease, practitioners have measurably yielded the lancet in favor of cups, leeches, and indirect depletion.

In consonance with the established fact that climate, and the character and habits of the people, influence the type and manifestations of disease, the lancet may prove a valuable remedy in treating the diseases of one country, when, during the same season, it may not be admissible in another locality. Possibly at this very period, when we are using this instrument cautiously in this section of Georgia, it *may* be the Trojan remedy for the prevalent disease in Londân—from the very fact that the habits of that people pre-dispose them to inflammation, and other diseases of the brain, in which nothing is an adequate substitute for the lancet. The people of London are an intellectual people. Their minds are more actively employed than their bodies, and "they are exposed to intense anxieties, occasioned by extensive speculations and reverses of fortune, and are either in a state of considerable mental excite-

ment or depression." They are also exposed to the effects of heavy meals and sedentary habits—impeding the functions of the stomach and bowels. These habits, as before intimated, subject them to cerebral inflammation, and render important the employment of the lancet.

The French, from a very different train of habits, living upon stewed meats, salads, condiments, and drinking beer, acid wines, &c., are more liable to gastro-enteric disease, which rarely demands the lancet. In our own Southern States, where the atmosphere is malarious, and the climate hot and sultry, there is a greater tendency to congestive and hepatic diseases, and the lancet is consequently not so imperatively demanded as calomel and other emulcents.

Thus we maintain the consistency of our Therapeutics, and reconcile facts in relation to the employment or non-employment of the lancet in different localities, among different people, and at different periods of time. I have already stated that, with us, "this instrument is now used comparatively seldom," and is owing to several facts. Physicians, in this day, are more thoroughly acquainted with medicine *as a science*, and they yield a listening ear to the dictates of reason. The thralldom of popular prejudice has been thrown aside. A second reason for this reform, proceeds from the change in the character and type of disease—as already intimated. Instead of a high grade of Bilious Remittent Fever, we have Typhoid Fever. Instead of Pneumonitis, we have Typhoid Pneumonia. A general Typhoid type of disease has substituted the Inflammatory. Consequently, medical practitioners, under the guidance of rationalism, and true medical philosophy, have easily "yielded to the persuasions—"demonstrations"—of healthful reform." We now seldom employ the lancet, because seldom indicated—under the same system of therapeutic principles; and we have substituted—not the pseudo—"Medical Reform" panaceas, but the efficient means of "Rational Medicine."

But let us turn the leaf and read another version of the subject. Dr. Thomson says, that "routinism does exist in, and form an essential and legitimate integral in the system of Thomsonian practice," and that it "will always be acknowledged by him, with pride, and pointed to with pleasure." That is—that Thomsonism consists wholly of routinism, and that he glories in it as a system that allows him always, under all circumstances, to all patients, and in all diseases, to pursue the same course, to give the same round of Physic (?)

Indeed I do not wonder that the Doctor takes pleasure in practicing such a system, for it is as easy as the English alphabet to a boy who can already spell baker. One of the distinguished Professors of the Thomsonian College said that "the physician can never be at a loss how to proceed, nor at a stand in the choice of medicines." Their routine, then, seems to be exceedingly plain and simple, and it is no wonder that Dr. Thomson can "treat cases at a distance without seeing the patient."

Dr. Thomson, in illustrating his routine practice, brings up my "thorn in the flesh," and shows how he would extract it—"scientifically." He says that "heat and moisture would be employed in the shape of poultices to the part, and a "little internal stimulus" (No. 6) might be used to give vigor to the circulation, and "though the practice might be routine," yet he would repeat it, and repeat it still," and intimates that the thorn must come, because, he says, "this practice is based upon law, just as certain as those that sent Newton's apple to the ground, or that maintain the worlds in space."

(Now why does not the Doctor take a pair of forceps and extract the thorn at once? That plan would be more expeditious than steaming it out.) But the offending cause must be removed. My Frenchman's flea must be killed or driven away, and I admire the Doctor's indomitable perseverance in pursuing the offender, but do not like his method of attack, or his weapons.

Dr. Thomson, then, attempts the removal of the "thorn in the flesh" by encouraging and promoting the inflammation that has been excited in the part by the irritant; that is, by exasperating it to a higher and still higher degree. And he farther remarks, that "if thorns by the thousand can thus be removed, may not smaller obstructions by the million, giving rise to the state called fever, be also removed on the same principle, and by the same means;" and that "fever and inflammation can invariably be controlled by the same means," applied in the same way. Now I confess that this proposition seems rather paradoxical, but yet it is strictly true to Thomsonism. Let us review it.

The "poultices and stimulus" will remove thorns in the flesh—will promote inflammation—will subdue inflammation—will control all sorts of fevers by removing "obstructions by the million," &c., &c. Well! well! It really turns out that Thomsonianism is a "routine"; and that routinism is an "essential integral" in the whole "fabric;" for the very "same agents" will remove all sorts of obstructions, and fulfill all sorts of indications, just as "certain

and indubitably as food relieves hunger, or water thirst." If the first "course" fails, the dose is repeated; knowing that success depends on perseverance in the use of the "same means." These are some of the principles—some of the "lights (?) of Medical Reform—par excellence;" the whole system, in epitome, of Thomsonian philosophy. The reader is left to judge whether it is not as "clear as mud."

Dr. Thomson remarks that these therapeutic "laws" of which I speak "are laws because they are routine," and "that it is their unvarying character that makes them such," "for without "routineism" there can be no laws." Now I cannot understand exactly in what sense Dr. T. uses the word routine. I have attached to it, whenever I have used the word medically—the definition of Webster—"Any regular habit or practice not accommodated to circumstances.") Well, in this sense, are the phenomena of life—the manifestations of health and disease—to be considered routine? Are they fixed and unvarying? or, are they not influenced by, or accommodated to circumstances? Is not the whole animal economy a fabric of circumstances? Does not its welfare depend upon contingencies? If not, wherefore the many changes, and varied conditions of life and health? If these Hygienic laws are fixed and unvarying, why do we not have uniform health—the functions all acting harmoniously, each performing its respective part in the manifestations of life? The child entering the world with its organization complete, and subjected to such fixed routine laws, would certainly live on perpetually—without change or decay. Why would it not?

Life is sustained by a long train of dependencies, and the maintenance of perfect health must be due to the uniform supply of these essential elements and conditions. Disease is the opposite—the great antagonist to health, and, consequently, any casual disturbance, or deprivation of the requisites to health, must constitute disease. So we see that disease is the result of as many different casualties, as health and life of contingencies; and that there cannot be any "*fixed*"—"unvarying" laws controlling the one or the other. They are the creatures of circumstances, and any laws that have for their object the care of health or the cure of disease—*cannot* be *routine* in the accepted sense of the term. As health is conditional, and disease the result of incidental causes, all hygienic and therapeutic laws are only *general*—expressive of their conditions, and not *fixed* and *unvarying* as are the laws of natural science, to which Dr. Thomson applies the word routine.

He says that they are routine *because* unvarying; but it is evident—from his own definition—that they are *not* routine, from the very fact that they are *conditional*.

The illustrations that the doctor gives in relation to chemical affinities, mathematics, astronomy, &c., are correct. As facts in natural science—they *are* fixed and unvarying, and afford a perfect illustration of what I understand and mean by “routinism.” But in medicine we have to deal with *organic*, and not *natural* science; the *one* being essentially different from the *other*. The analogy will no more hold than would a comparison between geology and animated nature.

But if nothing short of this definition will constitute scientific “laws”, in Dr. Thomson’s eye, then we cannot claim to be “scientific” either of us, for there is no such “fixedness” and unvarying “immutability” in the human organism, or in Pathology and Therapeutics, as correspond with the fixed laws of natural science. But whether Allopathic medicine be scientific or not, *it is not* “routinism.” We demur to any such charge, and had rather be called empirics than routinists, for in our view, the latter constitutes the least reliable, and, by far, the most dangerous class of *empirics*. “The bold empiric is not half so dangerous as the half-taught routinist.” Dr. Thomson may deny us—if he chooses—the name scientific, but we will not allow him to cast upon us the reproach expressed in the anathema—“*routine practitioner*.” We had rather it would be said that “ours is no system at all,” than that it consists of one *stereotype routine*, not to be varied or “accommodated to circumstances.”

If all men lived in a paradisaical state, subsisting upon the same simple food, breathing the same pure air, engaged in the same healthful occupation, and subjected to the same healthful influences, then we might have unvarying laws in Hygiene and Therapeutics. But alas! we have been driven from this Eden, and “scattered to the four winds of heaven.” We climb the mountain crags, and wade the boggy swamp. We are “hewers of stone and drawers of water.” We shiver in the arctic breezes and welter under the torrid heats. We inhale the malarious and pestiferous fogs and the arid desert air. We live upon all sorts of food, engage in all occupations, breathe all kinds of atmosphere, and are subjected to innumerable poisonous and disturbing influences. There is no permanence or immutability in our present state. We float in the direction of the passing breeze, and are truly the creatures of circumstances; and the truth is we have not, nor cannot

have, such unvarying Hygienic and Therapeutic laws as Dr. Thomson mentions as constituting routine science. Such defining elements and conditions are found only in the natural sciences, and in that branch of human science (?) denominated—THOMSONIANISM. We yield to them the boast of their “pride and pleasure” *routinism*, and send the dear little pet home, for it rightfully belongs to their fold, and is a wolfish intruder prowling about in our borders.

THE “SYSTEM OF GIVING POISONS.”

Dr. Thomson denounces, he says, our “system and our remedies”, and seems not at all delicate in his style of denunciation. He calls it the “system of giving poisons”, the “school of deadliest poisons,” &c. That seems to be the key upon which he pitches all his abuse, and this has been the tone and spirit of the Thomsonians from the day the “steam” whistle first reverberated over the hills of New England. Much of their inspired (?) talent has gone to waste in such invective abuse, and their time, instead of being employed in the study of Pathological Anatomy, (the importance of which they, at first, totally denied) and in the investigation of disease, has been spent in conjuring up expressions of slanderous vituperation; and not at all times have they observed a scrupulous regard for truth. The cry all the time has been—poison! poison! Horrible effects of Mercury! Minerals, &c.!—From the fact that some articles are used from the mineral kingdom, they have, therefore, daubed us with the name “Mineral practice.” To this name we do not answer, because—*inexpressive*. Thomsonians would have the world believe that our *Materia Medica* is made up *alone* from the mineral kingdom, and that the vegetable kingdom is not represented at all in our catalogue of remedies. They would also leave the impression upon the ignorant masses of people, who know no better, that all minerals are *poisons*, and that nothing like a poison is known, or can be found in the vegetable kingdom. Is not this the ready conclusion of the reader who glances over the pages of the Thomsonian Journals?

What then are the facts in reference to these matters? Plainly these; our *Materia Medica* is comprised largely of vegetables. They preponderate over minerals in the ratio of five to one.—Many of the remaining articles are from the animal kingdom.—The number of minerals used, then, in our practice is comparatively *insignificant*. In the second place—all minerals are *not* poisonous. And in the third place—the *deadliest* poisons come

from the *vegetable* kingdom. These are facts that cannot be questioned. But the Thomsonians, seeking a pretext for the "hue and cry" "Reform Medicine," unblushingly state that they "give no poisons," because, forsooth, they use vegetable remedies altogether; they give *no minerals*, but employ *vegetable* remedies; ergo—they "give no poisons" for *vegetables are not poisonous*.

Now, if they really know no better, all we have to say is, that we pity their ignorance, for they are more completely under its thralldom than the beast that instinctively avoids the poisonous plant. But do they sincerely believe that all vegetables are innocuous? If so, they are utterly incompetent to teach the "healing art," and equally unfit for administering the healing draught. It is a plain AXIOM in medicine, that an agent that cannot possibly do harm, cannot do any good, for it must be inert—devoid of all power. One of the first lessons for the doctor to learn is, that his remedies may *kill* instead of *cure*. This idea, then, inculcated by the Thomsonians—that no vegetable remedies are poisonous, is calculated to do a vast deal of mischief, for it sets aside everything like care and caution, and begets habits of recklessness and abuse.

Let us see whether any poisonous plants can be found, and then let us inquire if none of these are used as medicines? Where is the Upas tree? the very atmosphere around which is deleterious to life. Where is Prussic acid? obtained from our domestic fruit trees—the very smell of which is death. Have we not heard of Wooara—the war poison? and Rhus Toxicodendron? Ignatius? Sanguinaria? Pyltolacca? Papaver Somniferum? &c., most of which are used in Thomsonian Practice. Have the Thomsonians not known from experience something of the narcotic—poisonous properties of the "Emetic Herb," (Lobelia?) Does any one doubt that Lobelia is poisonous? Listen to the evidence of Prof. Wood, one of the ablest botanists and physicians in the United States: "its operation upon the system bears a close resemblance to tobacco. Its effects in doses too large, or too frequently repeated, are extreme prostration, great anxiety and distress, and ultimately death, preceded by convulsions." Do our Thomsonian friends doubt that these are the properties of Lobelia—correctly stated? If they do I will confirm every word by the evidence of Samuel Thomson. Go read his description of the "alarm stage of Lobelia," and see whether it is not a poison. Here it is from his own "Guide to Health," (page 150,) "Continue giving the emetic herb (Lobelia) until the stomach is thoroughly cleansed; three doses

will generally be sufficient. If the process has been conducted to the best advantage, the patient will soon after the commencement of the puking begin to run down, that is, he will grow pale and weak, and continue to sink, as it were, until he has not strength to move, or even speak; his breathing may vary from short and soft to long and loud, and from the most free and easy, to the most laborious and jerking; in short, every symptom and appearance, that can well be imagined calculated to alarm and terrify those who are unacquainted with the true cause and effect. Sometimes, instead of the symptoms above described, the patient will appear to be much distressed, will tumble in every direction, and talk in the most incoherent manner, even to raving insanity." This is the "alarm stage of Lobelia," and may last, says Thomson, as long as "fifty hours," and that "language is totally inadequate to describe the scene."

Well, it must be alarming indeed, if language is so "utterly inadequate to describe it."

Reader, would you like to be in this "alarm stage" for *fifty hours*? Would you like to see your wife or your child in it, even for *one hour*? Would you not turn away from the "indescribable scene" with a heavy drawn sigh and give them up for DEAD?—Would you not feel that your wife or child had been poisoned by this "emetic herb?" And would you not feel that the people were perhaps, justifiable in prosecuting Samuel Thomson, in 1809, for the death of Lovett to whom he had administered Lobelia in this way? This is the herb that Thomsonians give in place of "mineral poisons." They "eschew all poisons," and yet they administer Lobelia on all occasions, repeating it even to the "alarm stage." Lobelia! Yes, Lobelia was the "first food" of Thomsonism—(says one of the Professors of the Thomsonian College of Macon)—the "origin of its life," "the very birth of the system," "the boast and pride of its disciples." Lobelia enters largely into the "course of medicine," which is applicable to ALL disease. It constitutes the Trojan remedy—the mighty Sampson of steam medicine.

And yet they do not use poisons! but innocent vegetable remedies. Well, if Lobelia is not poisonous, it at least produces precisely the same effect on the system as are produced by other poisons. Its effects, as described by Samuel Thomson, are exactly identical with Prof. Wood's description of the same when speaking of it as a Narcotic Poison. Can any one follow a patient through the alarm stage, as described by Thomson and not

see evidences of its being powerfully narcotic and poisonous? What means that paralysis of muscular power that prevents the patient from "moving" or "speaking?" What means that "long and loud," "most laborious and jerking respiration?" What means that anxious—distressed manner; that jactitation, incoherent speech and that "raving insanity?" Do they not bespeak a narcotic impression on the brain? Are they not precisely the effects of a narcotic poison? So terrible are the effects of Lobelia, as given by the Thomsonians that the practitioners themselves "become alarmed," says Samuel Thomson, "and consternation seizes the minds of the relatives and friends of the patient." Well, I should think so, and should not wonder if they became exceedingly "alarmed." But Thomsonians do not give poisons! but rely upon "innocent remedies!" They "eschew mineral poisons," but pour in the emetic herb, till they get sick of it, and find themselves in a *moribund* condition.

Now, can the reader reconcile Thomsonian professions with Thomsonian practice? They tell us they "give no poison," and yet we see that Lobelia is the hobby—the pet remedy—the *multum in parvo* of Thomsonian practice; and we have the testimony of the immortal Thomson himself, that the emetic herb is a violent narcotic poison. He experimented and tried it thoroughly, and records it as the result of his experience that "*three doses*" will produce the very alarming effects that he has above described; and which are amply sufficient to satisfy the most scrupulous medical jurist that it is a poison. Do they not give evidence against themselves? Why not acknowledge to the truth of their own demonstrations—that the "emetic herb" is poisonous, in over quantities, and give the necessary caution to their practitioners to be careful in its use as a remedy, in order that "mischief and devastation" may not result—as has been popularly reported in a great many cases in Georgia, since steam medicine was introduced? Does not humanity, and every principle of conservatism demand this at their hands?

In contrast with this mystic and reserve policy of the Thomsonians, the Allopathic system is free to confess that it embraces articles which, if used abusively, in over doses, or to a repetition *ad infinitum*, may be made to produce deleterious effects. We do use articles—both from the mineral and vegetable kingdoms, with which we *could* produce death, if we choose to give them as *poisons* instead of as *curative remedies*. But knowing them to be active agents, we use them only in medicinal doses, incorporating

in the recipe much care and caution. Such are the preparations of Antimony, Mercury, Lead, &c., about which the Thomsonians are always fussing. *Opium* can be made as efficient a *poison* as any mineral that can be mentioned. And yet it is *invaluable* as a remedy, and *safe* in the hands of rational and prudent practitioners. Not even a child need ever be killed by it. This is true of very many articles used as medicinal agents. The doctor, and not the medicine, is oftener to blame. *Lobelia* is a good medicine in its place, when properly used.

But Mercury—Calomel—is the great bugbear; the horrible spectre that stands aghast before the Thomsonians. We do use it, and because we know it to be a valuable remedy, and one for which there is no adequate substitute in many cases. But like *Lobelia*, it has been abused, and made the medium of much malpractice. I can take, however, a jug of *Lobelia*, and give Dr. T. my bottle of Calomel, and I can kill five men to his one, the year round. The ill-fame and unwholesome reputation that Calomel sustains in the eyes of the Thomsonians, has reached them through the irrational employment of it by ‘quacks.’

What, then, is this system denominated the “system of giving poisons?” What is its true basis, and what its component parts?

It is the “regular practice of medicine” as contra-distinguished from all the mushroom isms and pathies of the age. That system that stands to-day a mighty monument of truth. Like that gigantic structure, now erecting at our federal capital, to the name of Washington, it has been reared by contributed mites. Every age and almost every nation have contributed. Built upon a rock foundation—broad and republican—it has braved the storms of monarchical contention, and withstood the assaults of multiform heresy. Slowly, but surely has the work progressed. Fact after fact has been contributed. Knowledge has been added to knowledge. The present improving upon and adding to the experience of the past. Thus by geometrical progression has it grown and strengthened; enlarging its domains, and confirming its parts and proportions, and to-day it stands a polished structure of truth and power—its summit far over-reaching the petty isms and piratical humbugs of the age.

This is the Allopathic system. As its basis, it is founded upon a knowledge of the human system—its Anatomy and its Physiology, in health and in disease. This we consider the basis of all sound therapeutics. Our remedies are obtained from every source in nature. It digs into the bowels of the earth and wanders far

into the meadows and over the hills. It gleans from the fields of nature. The tiny leaf has been plucked. The Allopathist climbs the mountain and dives to the bottom of the ocean for his remedies. He makes his demands upon every kingdom in nature, and none refuse their contributions. He applies first to the vegetable and obtains most of his boasted remedies. He was first to invade the botanic garden in search of cures. He first introduced Lobelia and Cayenne into the *Materia Medica*, correctly assigning to each its respective medical property, only leaving to Samuel Thomson to demonstrate to the world that Lobelia was a POISON and would KILL.

The Allopathist makes his demands upon every department of science and literature, appropriating to his use whatever of practical truth they may present. He brings into subserviency all the ingenious appliances of art that promise to aid him in his mission of mercy. He excerpts from every available source, and drinks from every pure fountain. He would learn from the Thomsonians, did they present any sound practical lessons, that were new and excellent. Thus it is seen that Allopathy is truly eclectic in its resources, circumscribed by no definite limits, oppressed by no arbitrary power, and restricted to no prescribed routine course or creed. The Allopathic doctrine is—not that disease “exalts vitality,” but that it disturbs and deranges the phenomena of health; and our therapeutic motto is—not to “depress vitality,” but to correct this disturbance, whatever may be its character.—We hesitate not, to draw a few “drops of blood,” or even to amputate a limb, if life may be preserved thereby.

Dr. Thomson pretends to imagine that I am in a great dilemma; that I am discontented with my own system of practice, and cannot trust our own practitioners; and that I am at a loss what to do or where to go. But in this he is most egregiously mistaken. I love my Profession, and consider that the system to which I am attached, is the only one at all competent to meet the demands of the age. I am proud, too, of our members, as a general thing, for they are indeed “nature’s noblemen,” sustaining with dignity the honors of the Profession; and our own city of Macon can boast of a competent number of just such “noblemen;” men of scientific attainments; men of sound sense, and judgment enough to give drugs as medicines, and not as poisons.

In my dilemma, the Doctor invites me over, as the only safe alternative, to “Medical Reform, par excellence.” Now, what would

be gained by this step? Would I not be casting away diamonds, to gather up pebbles? If I fled from danger, would I not be rushing wildly into destruction? What is the charm? or where is the safety? We have had some revelations on the subject from Dr. Thomson, but I confess that I have seen nothing, as yet, to fascinate me. Perhaps it may appear better on close inspection, and we will therefore take a microscopic view of

“MEDICAL REFORM *PAR EXCELLENCE*.”

This is the system that has been trying, for the last half century, to struggle into existence; but the Siren song of which is yet heard only under the roof of its own rustic cabin. Its plaudits are pronounced only by its own followers, and the reverberation of its praise is as circumscribed, comparatively, as the echo in the dale. Like other ‘unit’ systems that have sprung up in the world, it has flourished only for a season, and its earlier days were its palmiest days. This new light was but a meteoric flash. It now wanes, and serious apprehensions are being indulged that there is not ‘vitality’ enough left about it “*to keep the inward heat above the outward, and the fountain above the stream.*” It once flourished to *some* extent in Georgia, but it seems to be succumbing under the light of truth and experience. Its claims never have been recognized in the courts of Science. It is in vain that its votaries urge its claims over the regular, time-honored system of Medicine. It would be like the drayman substituting the mighty locomotive and its train in the transportation of freight.

But what was the origin and history of Thomsonism?—It had its origin in Samuel Thomson—a native of the State of New Hampshire. While quite a boy “driving the cows and minding the geese,” Samuel Thomson took his first lessons in Physic from Mrs. Benton, an old woman doctor who used ‘yerbs.’ When she went out to gather herbs and roots she would take Sammy with her, and “learn him the names of the plants and what they were good for.” Samuel Thomson grew to manhood having “not the most distant idea of engaging in the practice of medicine.” He had, he says, “but little learning, and was awkward and ignorant of the world”—having been raised in the back woods, and sent to school only *one month*. But in obedience to his fondness for tasting ‘herbs’ he unconsciously got to be doctor, in the old woman ‘root and herb’ system. Knowing nothing at all of the human system, his first great conception was that man was composed of

four elements—Earth—Water—Air—and Fire; that the Earth and Water were the solids, and Air and Fire the fluids. As a deduction from this basis he concluded that “heat was life, and cold death,” and that “all constitutions are alike.” “Food and medicine” he said “were the fuel which continues the fire, or life of man.” He next conceived that “there are but two great principles in the constitution of things, whether applied to the mind or body; the “principle of life and the principle of death.” That which “contains the principle of life can never be tortured into an administration of death;” and that “if a medicine is good in *any* case, it must be absolutely good in *all* cases.” That is—that a plant, because it contains the “principle of life,” cannot do otherwise than promote the principle of life in man—that is, cure disease; and that if a medicine is good in *one* case, it must be good in *every* case.

Now this seems truly a most *wonderful* conception, and the induction therefrom exceedingly clear and logical! No wonder that such a *logical* (?) *system* has grown out of it (?) From this new philosophy must have sprung the Thomsonian doctrine that vegetable remedies *are not poisonous*; and minerals, because *inorganic*—possessing not the “principle of life,” are *necessarily poisonous*? Pursuant to this idea that “heat is life and its extinction death,” and that “medicines kindle up the decaying spark,” he says that it is “immaterial what is the name or color of the disease—whether bilious, yellow, scarlet or spotted; whether it is simple or complicated,” and that “names are arbitrary things.”—This was the origin of the Thomsonian theory; the great cardinal principle of which was—*one cause* for disease, *one disease*, and *one remedy*; the *same routine course* for all.

Samuel Thomson had no use for Anatomy. He said that a knowledge of the human system was “no more necessary” for the doctor, in qualifying him to “administer relief from pain and sickness,” “than to a cook in preparing food to nourish the body.” He denied in *toto* the importance of knowing any thing about the human organism, or its functions, in health; and that it mattered not as to the character of the disease, or its “color,” for there was one general treatment for all cases. His disciples have held the same doctrines, even since the organization of the “Reform College.” Prof. A. N. Worthy once took for his subject, in an Introductory lecture,—“*the dissection of the human body*,” rebuking, in harsh terms, the practice of dissecting, and denied *vehemently* that “medicine was founded upon a knowledge of Pathological

Anatomy." So we see that this Thomsonian theory saps the very foundation of every thing like rational therapeutics.

Now these were the original and most *wonderful* conceptions of Thomson, upon which were based his "new" theory of medicine—known in this day as "Medical Reform *par excellence*." This was indeed *new* philosophy, and quite contradictory of the old saying that "there is nothing new under the sun." *This* theory *was* new, and just about as nonsensical and ridiculous as it was new! What say you, reader? Would Plato have recognized it as philosophical?

But what was his practice—founded upon this new theory? He gathered a quantity of herbs from the woods, which had been pointed out to him, by Mother Benton, and set about mixing and compounding them. He soon made out a number of preparations, which he designated No. 1, 2, 3, 4, 5, 6; a compound powder called Composition; and another called nerve powder. But Lobelia was his great hobby, which he discovered when he was *four* years old; but *he discovered* afterwards that *it* had been *discovered* *sometime* before *he* discovered it. Thomson, likewise, "made use of steam." Out of these materials—plants and steam—he devised what he called a

"COURSE OF MEDICINE."

"Firstly, give Nos. 2 and 3, adding a teaspoonful of No. 6; then steam, and when in bed repeat it, adding No. 1, which will cleanse the stomach and raise a perspiration. Then give an injection made with the same articles. Put half a teaspoonful of the nerve powder into each dose, and into the injection. The injections to be administered at all times, and in all cases of disease, especially where there is canker, and inflammation of the bowels, and if mortification, add No. 6.

This was the "regular course of medicine" to be "made use of" in all cases—constituting the "routine course" of Thomsonian medicine; and which is still in use. Samuel Thomson declared long before his death, that "his system and remedies were as near perfection as it was in the power of man to bring them." So perfect the theory, and established the practice, that the whole was committed to rhyme in the following

THOMSONIAN VERSES :

“First steep the coffee number 3
 With number 2, then use it free ;
 To clear the cold and raise the heat,
 Now place a hot stone at the feet.

“The inward warmth now oft repeat,
 And change the stone when lost its heat ;
 The fountain 'bove the stream keep clear,
 And perspiration will appear.

“Then take the emetic No. 1,
 Until its duty is well done ;
 The stomach cleansed, and the head made free
 From filth and pain, both equally.

“Should the disorder reinforce,
 Then follow up the former course ;
 The second time I think will do,
 The *third* to fail, I seldom knew.

“The emetic number 1's designed
 A gen'ral med'cine for mankind,
 Of every country, clime or place,
 Wide as the circle of our race,

“In every case, and state, and stage,
 Whatever malady may rage ;
 For male or female, young or old,
 Nor can its value half be told.

“To use this med'cine do not cease,
 Till you are helped of your disease ;
 For Nature's Friend, this sure will be,
 When you are taken sick at sea.

“If any one should be much bruised
 When bleeding frequently is used ;
 A lively sweat upon that day
 Will start the blood a better way.

“Let names of all disorders be
 Like to the limbs joined on a tree ;
 Work on the root, and that subdued,
 Then all the limbs will bow to you.

“So as the body is the tree,
 The limbs are cholic, pleurisy,
 Worms and gravel, gout and stone,
 Remove the cause, and they are gone.

“My system’s founded on the truth,
 Man’s Air and Water, Fire and Earth,
 And death is cold and life is heat,
 These tempered well, your health’s complete.

[Thomson’s “*Guide to Health*,” Page 146.]

This new “system and remedies” thus perfected and reduced to poetry, was patented by Thomson in the year 1813, and the patent rights sold all over the country. He practiced it, and sold the right to practice to others. He had discovered—not steam, for it had been propelling steamboats many years; not Lobelia and Cayenne, and Camphor, and Myrrh, for they were already in the *Materia Medica*—but he had discovered a new and peculiar mode of mixing and administering them. It was a discovery of immense importance, so he patented it and sold it to every body.—Thomson was repeatedly indicted for killing his patients, and in one case, heavy damages obtained; but yet, “no case,” says M. S. Thomson, “has ever been substantiated.”

Such is the early history of Thomsonism as given by Samuel Thomson himself. Such the outlines and doctrines of theory and practice. It was the offspring of a crude and uncultivated brain. It was nurtured by ignorance and illiteracy, developed to a state of ridiculous and absurd “perfection,” and finally prostituted by its founder to mercenary and selfish purposes. It scorned to contempt the experience of past centuries and yet perched itself upon “experience.” What experience? The experience of Samuel Thomson. He acknowledged no auxiliary help. He originated and “perfected” it, and sold it to posterity for money. He realized the profits in cash, leaving to his followers the onerous and difficult task of demonstrating to the world that it possessed any inherent intrinsic merit whatever.

Samuel Thomson, in his new theory of medicine, reminds me of the “Quack Frog” in *Æsop’s Fables*; A frog emerging from the mud of a swamp, proclaimed to all the world that he was come to cure all diseases. “Here,” he cried, “come and see a doctor, the proprietor of medicines such as man never heard of before; no, not *Æsculapius* himself.” The moral of this fable is—“Test a man’s professions by his practice.” Now if this rule be applied to modern Thomsonism, what will be the verdict? Will it stand the test?

I do not like to say it, but “facts are stubborn things,” and when recorded, are subject to the inspection of all readers—this was a

patent medicine—*quack nostrum system*, leading the van of the mighty host of patent "*panaceas*." It was the first record, that I have seen, of a "system and remedies" being secured by *patent right*, but an innumerable host of patent Physics has followed in its make. I say it was a *quack nostrum system*, and its own record shows the fact. (Thomson's "Guide to Health," Pages 250 and 251.)

Now what do we find in original Thomsonism to charm us? In what consisted its excellencies? Does the reader admire the grand philosophical conceptions of Samuel Thomson? Does he appreciate Lobelia as a *universal curative*? and admire its excessive employment in *all kinds* of disease? Does he look upon it as an *adequate* substitute for *all other* remedies? Is he charmed with its effects as exhibited in the "alarm stage?" Does he like the Thomsonian abuse of *steam* as a remedy? Does he like the principle of "*routinism*"—employing the "same means" in all classes and "colors" of disease, regardless of circumstances? If he does not appreciate these features, then he can have *no fancy* for Thomsonian medicine, for THESE are its peculiar characteristic traits, and there is nothing else to distinguish it.

THOMSONISM STILL THE SAME.

The question, perhaps, occurs to the reader, whether the Thomsonian Theory and Practice is the same now as when first introduced by Samuel Thomson and his disciples? From the lights before us, we answer, unhesitatingly, that IT IS THE SAME! If not, where is the record of anything like revolution, or radical change? What and where are the evidences of such change? Is not the name of Samuel Thomson revered to this day? Is he not referred to as the *highest authority*? Is not his name signalized by the appellation "IMMORTAL?" Has it not been said of him, even since the establishment of the Reform Medical College, and by one of its Professors, that Thomson is "regarded as the TREE, the root and trunk of the Lobelia and vapor bath system," and that he is the "Tree of knowledge?" (See Worthy's Practice, page 597.) I say that this practice is still the same—the *identical same*, and I prove it by their own words. Read the speech of one of the learned professors of the Reform Medical College, at Macon, delivered in 1858, in which he says: "Shade of the immortal Thomson! if it is permitted to celestial beings ever to revisit the scenes of earth, I invoke thy presence now. Let thy spirit hover over this Insti-

tution. Inspire us with wisdom, courage and hope. Let our vows of fidelity be made to thee. Hear our pledges, and let them rise as incense from this altar. Render us worthy of thy memory, and of the great principles it is our pride to advocate." Now, do not these words bespeak allegiance and fidelity to the same old Thomsonian principles? If not, what did the speaker mean? But I contend that this system—in doctrine and practice, is the same, and if the reader wishes evidence still nearer home, I refer him to the admissions and arguments of M. S. Thomson in his article of "rejoinder." Does he not re-affirm and maintain vehemently the same principles of doctrine? and reiterate the same practice?

MISCELLANEOUS POINTS.

Dr. Thomson makes allusion to the "frogs in the pond." They were truly in a pitiable condition, and so *would* be the world, with no other "Balm" for its varied and multiform diseases, but Lobelia and Pepper, and no other system of cure than the "*emetic herb and vapor bath*" system. I feel sorry for these "frogs" in the fable, and as sincerely deplore the condition of those persons whose ignorance of the true theory and practical operations of Thomsonism, has doomed them sacrificial victims to its unhallowed altars. They are being "misled" by such ignorance and credulity "in matters involving questions of life and death." I would point them to safety by warning them of reckless and irrational practitioners of every order; and as certain *baneful errors* are legalized by the "Lobelia and steam system," I would warn them against that system. Errors in the shape of wolfish intruders ought to be watched for and rebuked by every system of medicine, and the system that fosters such radical errors ought to be discountenanced. I have said that routinism—as an element in the practice of medicine—is fraught with much danger. Dr. Thomson says that it exists radically in his system of practice, and that he acknowledges the fact with "pride and pleasure." I say, consequently, that Thomsonism is to be avoided as a dangerous system of medicine. It is a wolf in "sheeply clothing." The public is deceived by its professions, as may be seen in the following items:

It claims to be a "sustaining and invigorating" system; yet Lobelia is the great hobby remedy, and Lobelia nauseates and vomits, and actively depresses the powers of life. The steam and vapor bath—a *la mode Thomsoniensi*—is, likewise prostrating in its effects; and many other articles used in that practice, have the

same kind of debilitating tendency. But yet, it is an “invigorating and sustaining” system. They say they use no poisons—yet Lobelia is the panacea, and their own testimony criminales it as a violent, narcotic poison. We have already enumerated a number of other articles in their catalogue of medicines that are poisonous—according to the ablest and most reliable authorities on the effects of poisons. They say they “draw no blood,” and yet they have surgeons who amputate limbs, and do various other cutting operations on human flesh? They say their remedies will produce certain “invariable” effects, and that they can “calculate with almost mathematical precision” on such effects; but they permit their patients “to go from their gaze.” Bills of mortality show that their medicines are not infallible in saving life.

Thus we see the “character of the animal that has been flaunting these vestments in all the security of seeming innocence;” and we plainly see that the “animal” is not worthy the “vestments” wherewithal he presumptuously clothes himself. Thomsonism reminds me of the fable of the “Man and the Satyr.” It “blows hot and cold from the same mouth.” It obtains all sorts of effects from the same remedy. It is “all things to all men.” It is presumption in any system of medicine to claim, or intimate, even, that it can cure all disease. Human nature is frail, and all human science must be correspondingly fallible. I think that Thomsonism is wanting in candor, in not admitting its own weaknesses and fallibilities. We read of many noted ‘PANACEAS,’ but experience proves them humbugs.

Dr. Thomson ridicules the idea that the physician should be held responsible for the “*double duty of watching the REMEDY as well as the DISEASE.*” We hold it in ‘Rational Medicine,’ to be of *vital* importance—an *absolute duty*. No man should doctor me who did not feel the necessity of “watching his remedies” as well as my disease. But true to his faith, the Thomsonian cares not to watch the effect of his medicine, or even to “see his patient” at all, for he can prescribe for him “at a distance, and on sound physiological principles” (?) Now Dr. Thomson may as well employ himself “dashing straws against the wind” as to attempt to inaugurate such doctrines with intelligent and rational people.

And now, when I have written my summary conclusions, I shall have done. I have endeavored to illustrate some of the practical points in Allopathic medicine, and to vindicate my positions against the assaults of Dr. Thomson. With what success, the reader must judge. Having been invited to join in the war against the Allopaths, and to adopt Thomsonism—as the “only rational theory of disease,” I felt called upon to examine this *‘theory.’*—The result of this inquiry is before the reader. Let him decide for himself whether *he* likes it. I have given it correctly, in the language of its own writers and speakers, and have referred to books and pages quoted from.

The two errors—“Routine and Book practice”—which I sought to rebuke as “wolfish intruders” into the Allopathic borders, and which I besought our practitioners to drive out, have been claimed by Dr. Thomson as *radical elements* in his system. I charged this admission upon his first “rejoinder,” and if his own arguments do not prove it true, he, at least, admits it candidly in his second article. Thus we see that what is *erroneous* in Allopathy, is *radical—elemental truth* in Thomsonism. This constitutes the difference between the two. I think the reader will not have failed to perceive a striking contrast between “RATIONAL MEDICINE and THOMSONIAN ROUTINE.”

But I will pursue this subject no farther. With this article terminates this controversy, so far as I am concerned. I regretted the necessity of having to expose such a *hard featured* system, but if, by this sort of disquisition, the “public good” has, to any extent, been promoted, I shall feel compensated for my services in assisting Dr. Thomson in his laudable enterprise of “VENTILATION.”

CONCLUSION.

Having taken a peep into the *Sanctum Sanctorum* of Thomsonism, learned its origin and history; having studied its new doctrines of theory and practice, and traced some of its marvellous (?) results; having satisfied myself that modern “Medical Reform” is the same as Samuel Thomsonism, originally, I have been enabled to arrive at sundry definite conclusions.

I conclude not to affiliate with the Thomsonians. I conclude that there are already as many of that faith and order as there ought to be, for the good of the world—that there is not much in the whole “fabric” of Thomsonism, as originated, perfected and

practiced, that is worthy the confidence of the public—that it contains much that is absurd and nonsensical—that there is not much reason or sense in the whole of it. I conclude that the more I see and know of it the less I like it; and that the nearer I get towards it the more hideous it becomes. *I conclude* that it is no wonder that its own practitioners are becoming disgusted with it, and secretly employing Allopathic medicines; and less wonder, still, that when they or their families (some of them) get very sick that they send for the “Calomel doctor.”—I conclude that it is no wonder that they incline to mix in with the “regular practice” (as very many of them are doing) and to practice “both systems”—that the nearer they approach to rational Allopathy the greater success will they have in treating disease. I conclude that I was right in attaching “criminality” to “routinism” as seen in the “alarm stage,” for patients so *moribund* are certainly in imminent danger of dying; and I question not that many *have* gone down “irrecoverably” in this stage. I conclude that “Medical Reform had better *reform radically*, or else suffer itself amalgamated, so as to lose entirely its identity as a system; for I conclude *finally*, that Thomsonism is “VON GRAN UMBUG.”