

Letter to Valentine Mott, M.D : in reply to his valedictory address to the members of the New-York Academy of Medicine / by F. Vanderbergh.

Contributors

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Vanderbergh (72)

LETTER

TO

VALENTINE MOTT, M. D.,

IN REPLY TO HIS

VALEDICTORY ADDRESS

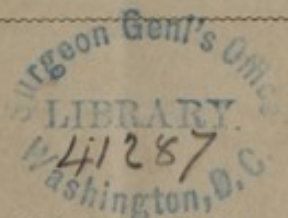
TO THE MEMBERS OF THE

NEW-YORK ACADEMY OF MEDICINE.

BY

F. VANDERBERGH, M. D.,

NEW-YORK, JUNE 3d, 1850.



NEW-YORK:

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NEW-YORK ACADEMY OF MEDICINE

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TO

VALENTINE MOTT, M. D.,

Late President of the New-York Academy of Medicine.

DEAR SIR :—In taking leave of the members of the New-York Academy of Medicine, in your valedictory address, you appear to have taken the opportunity to flatter their prejudices, by denouncing a science in reproachful terms, which, unfortunately for yourself and your associates, you do not seem to comprehend, while at the same time you exclude all information that relates to its doctrines, because it offends you.

Your opinions, whatever they were before you were elected to preside over this Institution, have been characterized, for the most part, by a spirit of moderation, forbearance and harmony; but now, on a signal, they have suddenly become predaceous and controversial, and are charged with denunciations which bespeak a loss of temper, and which, to our surprise, has received the hearty concurrence and support of all the members of your Academy of Medicine. Why this agitation? Why, on the fourth page of your address, did you say "*it became absolutely necessary for the Academy of Medicine to assert its own dignity*"? How came it to be lost? Have you not unadvisedly disclosed the secret on the eighteenth page of your address, when you say, "*and I have heard remarks in this hall, in reference to the Doctors and their vocation, &c., which could not fail, if published, to lessen, on their own authority, the already sufficiently wavering confidence of the public, in their science, honor, and skill*"? How came they to allow you to publish what you so cautiously enjoin upon

them to conceal? What has wrung from you the acknowledgment of the "*wavering confidence of the public in your science,*" your "*honor,*" and your "*skill*"? What but this, that has at length dispelled the imaginary dangers, that has so long threatened your practice, by homœopathic physicians, and brought into view the practical reality of your declining fortunes? that has driven you from the dignity of debate into the most reckless efforts to alarm and misguide public opinion. Have you weighed that public opinion fairly and impartially, when you say (on page 5th) that we (homœopaths) "*live upon the credulity of the public, and delude it with our lying pretences; that we profess to believe in a doctrine that has no superior in absurdity, and (on page 6th) could not be sanctioned by any sensible or honest man*"?

Has it come to this, Dr. Mott, that we, in your opinion, are all "*liars,*" and our patrons and friends "*all fools and all dishonest*"?—then indeed have we a circle of friends and patrons, that instead of exciting your angry denunciations, should command your compassion; and spread your commiserating sympathies over their luckless destiny. A proscribed people, who have no honest advisers in the trying hours of sickness, no hope in the power of the drug, no reliance upon discriminating skill, in short, no expectation from their physician but that of "*plunder and his hope of gain,*" must indeed touch the feelings of the benevolent, and excite their commiseration.

Has it never occurred to you, sir, that we, whom you thus stigmatise with such opprobrious epithets, ever occupied the same position in medical practice that you do now? Have we not passed through all the stages of your errors; felt all the bitter experience of your doubts, and all the painful conviction of your mistakes? Have we not followed in *your practice* many a victim of drugs to the grave, and have we not now to mourn many friends in the tomb, that we feel and know, from our multiplied experience and observation, would have been with us now, if we had known the blessings and power of homœopathic practice earlier in life?

What else than an honest conviction of the blindness and uncertainty of the old school practice could have induced us to abandon it, and embrace another; and after testing, by our experience, to cherish it, to entrust our lives to it, and the lives of our children, families, friends, and patrons?

Have we ever called upon you, or any of the members of the New-York Academy of Medicine, or of the National Convention of Physicians, to aid us, when we are sick, in the trying hour of disease? Have we not unflinchingly relied on our own science and practice in all emergencies; and in the expectation of death, has our confidence ever wavered or fluctuated between the classes of physicians we should employ? Is not the trying circumstances of disease and death a test of our sincerity; or is it to be said of us here also, "that the hope of gain" still animates this hour, and dispels the gloom of an approaching eternity?

Can you, in the presence of such facts as these, honestly believe in the enormities and offences you charge upon us? Surely, God has some signal design in the accomplishment of His providence, by working out one of its problems, through the ignorance of old school physicians. In their adhesion to a practice, through all its disasters, they seem decreed to a blindness, designed to work out some mysterious purpose of His will.

As your valedictory address is now recorded by the New-York Academy of Medicine, and has suddenly become historical by its publication in a pamphlet form, you have furnished the occasion and conferred on us the obligation to reply to your statements in a manner we by no means anticipated; and although we may be compelled in the course of our remarks, to state many unpalatable truths, yet we desire not to do homage to the example you have set us in discourteous epithets.—Your address, apart from its aspersions of character, is the harbinger of good or evil in proportion to the value set upon your opinions.—If your authority in *medical science* stood on the same elevation that characterizes your opinions in surgical disease, and you had given proofs, in your address, that you had faithfully studied and understood the science you so vehemently rebuke and repudiate, then your ar-

guments could have been quoted effectively against us. They would have been supported by all your celebrity as a surgeon, and fortified by all the force of a matured judgment, honestly, frankly, and fairly made up.

Under such circumstances you may have attained the great object of your wishes, by arresting for a time, the progress of public opinion in our favor. But unfortunately for you and your friends, you did not even take the precaution to study the practice you aimed to destroy, and your arrows were spent in the dark. The poverty of your own *materia medica*, and the unparalleled wealth of ours, places us beyond the reach of your bow.—Ours is to us a mine, that you gaze on with astonishment that it yields so much fruit, and while you look upon its workmen with so much disdain, you wonder at the multitude that partake of its blessings.

Have you forgotten that species of delirium that thinks everything deranged but itself, and can you not profit by a lesson that betrays that tendency in the human mind, that every thing is wrong that we do not believe? The darkness that such a state of mind engenders is an excuse for your intemperate assertions, and while you remain thus beclouded no powers can dissipate the gloom that must follow the train of your practice. While the sun of your science shines only on your excretions, ours radiates into every organ and tissue of the body, unfolding pathological phenomena, to which you and your school are altogether strangers.

If you would consent to study the specific properties of any one drug, as we study it, it would exercise more power over your scepticism than any arguments we could offer.—Before you had perused one half of its specific properties and its adaptation to disease, you would perceive that the *a, b, c*, of medical practice is beyond the conception of any of your school. You would then no longer wonder at the "*credulity of the public*." Those whom you now stigmatise as fools and dishonest, you would find to be the most intelligent and conservative in society.

Those whom you charge with "*lying pretences*," you would find to be the most devoted partisans of truth, and the most unerring guides to the treatment of disease. Those whom you now appear to believe to be ignorant and selfish, you would find to be learned and skilful, diffusing blessings that you do not perceive, and imparting a tone and confidence to public opinion, that you cannot comprehend.

If you have any wish to unravel the perplexing combinations that so much disturb you, you must change your position for observation. In looking at a painting, have you not sometimes been placed in a position where the light shed upon it distorted every figure; when some friend who was accustomed to observe it, kindly led you to the light that unfolded all its beauty and displayed it in all the symmetry of

its truthful relations? We believe the obliquity of your opinions, and that of the New-York Academy of Medicine in relation to our science and practice to be the result of the cross lights that are shed upon it; and if you will allow us to befriend you; if you will, for the time being, dismiss your prejudices, and consent to have your position for the observation of facts rectified, we will do what we can to place you in the light, that has hitherto so successfully guided us with so much pleasure to ourselves and so much confiding satisfaction to our friends and patrons. You must not regard this step as a vision of immortality, to be attained only through death and the grave; there are already three hundred thousand of our friends and patrons in the City and State of New-York, who have survived the shock, and are riding on in safety, and we guarantee that it will neither impair your physical or moral state, but in our judgment, will improve them both.

We have reached our conclusions, through the appropriate means of a well graduated experience, that has determined our choice in the art of healing, and can you find fault with such a procedure.

Is it not the course that your own mind suggests to you, in all its deliberations, when you aim to make up a cautious and impartial judgment.

Be this as it may, if you will hear us, we will state to you plainly and fairly the distinctive features of our practice in contradistinction to your own, and show you the physiological and pathological considerations that determine our choice of a drug, as well as the necessity of its attenuation to adapt it to the conditions of disease.

You are already aware that it is historically notorious of your school, that apart from the personal attractions of the physician, it makes little or no difference to the patient which of you he employs. Whether you be learned or unlearned, or whatever may be your difference of talent, when you come to prescribe the drug, you are all reduced to the same level; having no knowledge of its *specific* properties, you can have no discrimination in its choice, other than the general class it may fall in, and the patient is left to the chance from which shelf in the shop it may happen to come.—With such facts as these it is for us, my dear sir, in our turn, to pity and commiserate those who unfortunately cherish your doctrines, till they consume their own energies in a misplaced confidence, that works out its own revenge. With your school the active properties of your drug constitute the engine of your power.

You make no distinction in its application between an organ and its diseased function; between the agent and the office it performs, and hence your remedial measures are all designed to expel some intruder instead of substituting a healthy for a diseased action in any vital organ.

Apart from the active properties of a drug which determine its choice with you, and with which we are all familiar, there are five other points of interest in a drug, that determine its choice with us, with which you and your school are altogether ignorant.

The success of our practice depends—

Firstly: On the knowledge of the distinctive properties of the drug.

Secondly: On its affinities with the different tissues of the body.

Thirdly: On the signs of its indication.

Fourthly: On the duration or period of its action: and

Fifthly: On its adaptation to the tissues of diseased surfaces by attenuation.

As yet the chemical property of drugs throw no light upon their affinities with life, and we are still obliged to ascertain their relations by experiment; but the time is arriving when these pains-taking experiments of the Hahnemann school will be supplanted by the knowledge of the mutual chemical relations that subsist between drug and disease; when the distinctive properties of medicine will foreshadow its affinities with the tissues of the body. Till that time shall arrive we must patiently follow the great leader that has given us our distinguished position among the nations of the earth; that has called to our standard the best intellects of the age, and united them heartily in support of an enterprise that is diffusing its blessings throughout society; enters the chambers of disease, draws aside the curtain of death, gives hope to the invalid, and if it fails to cure, softens the pillow of the dying, and smooths the passage to the grave.

The distinctive properties of drugs, then, must be left for the present, to the process of experimentation, which has thus far unfolded their elective affinities for the different tissues of the body, by repeating them in such doses as to impress the tissues that are in a sound and healthy state with the characteristic distinctions of the drug action; or in other words, to explain the drug action on the tissue by the deviation it produces from the standard of health.

Secondly: The affinities of drugs with the tissues of the body.

If proofs were wanting in support of the law which Hahnemann has promulgated of the different affinities of organic life with the different drug agents, we may cite not only different individuals of a species, but different species of animals, in confirmation of his opinions. There are forty or fifty different species of insects, of very delicate structure, that feed on the Aconite, Belladonna, Euphorbium, Henbane, and Nightshade, which afford them a wholesome, delicious food. Hogs are known to have a voracious appetite for rattle-snakes, which they devour with impunity, regardless of its poison; and they thrive on the bean of nux vomica, which is so fatal to the dog, wolf and fox. The goat strips the leaves from the stramonium, leaving nothing but its naked

branches and solitary burs exposed to the sun, while the mountain laurel, with its prussic acid, falls a prey to the appetite that fattens on it.

Apart from the considerations of the difference in susceptibility of the different species of animal life, our experience with individuals of the same species, unfold alike different susceptibilities to drug action.

The sanguine temperament bears much less of the same drug, in similar conditions, than the phlegmatic, while many of us have witnessed the different effects of nitric acid upon a brunette and fair-haired girl, under the same assemblage of symptoms, but this point will be more fully explained when we come to the last head under attenuations.

Thirdly: Of the signs that a drug is indicated.

It was one of the misfortunes of Hahnemann's opinions to this science, that he considered the outside phenomena to be the index of the inward disease, and he did not live long enough to examine, and rectify his conclusions.

This is a weakness charged upon his disciples now, by your school; you suppose that we rely upon the establishment of this dogma as the maximum of our science in the investigations of disease, and you look upon it as a phantom of the imagination, to be added to our other multiplied delusions.

To our apprehensions, he who could discover the texture of the wood in contemplating the blaze of a fire, might also see in the assemblage of symptoms the transcript of disease, but to our minds, the fluctuations of that blaze are not more variable than the external signs of disease, while the abiding cause remains the same.

Now the question is not with us, as to whether the external signs should guide us in the selection of the drug, but *which* of the external signs; it is not the assemblage or totality of symptoms, but those special signs that unfold the pathological phenomena, that determines the choice. For example: In one class of constitutions that are by no means uncommon, there may be tubercular discrasia at the bottom of every congestion of the brain, lungs and viscera, while the external signs would resemble those of simple congestion. With you this distinction of vital importance to the patient, could make no difference in your practice, while with us it makes the difference of life or death with our patient. The remedies for simple congestion would prove eminently deceitful, preparing only by their palliation for a deeper outbreak of disease, while the specific drugs for tubercular congestion are brought to bear directly on the very element of disease itself, and hence we preserve by this practice life and health, when every other practice fails. If we were to cite examples of mal-practice on this ground, there would be no end to them. A simple congestive disease holding no relation to some special discrasia in the constitution,

would be a *rara avis* the writer of this article never saw. Nor can I close this brief notice of the signs of drug indication without expressing my decided approbation of the practice so common with us, of using the sense of touch, in detecting pathological phenomena. The eye and ear may gather the general indications on the surface, but the touch alone, whenever it can be used, is the most reliable witness of the pathological state.

Fourthly: Of the duration or period of drug action.

Having sketched the different affinities of drugs with the different affinities of the body, and alluded to the pathological signs that should determine their special indication, we come to the period or duration of their action.

This is a question of the deepest importance, as it regards the repetition of the drug. In the treatment of acute disease, our drugs are generally *short working*, and are repeated in rapid succession in accordance with the emergencies of the case; but in chronic disease our remedies are generally long working, and correspond in their action to the chronic nature of the disease. The knowledge obtained on this part of our science has been chiefly gained by observations, that the experiments themselves could not easily determine.

Sulphur is stated to act from thirty-five to forty days; cinchona forty more; mercury from twenty-one to twenty-eight days, while it is well known to all, and more especially to your school, that mercury, cinchona, as well as those fashionable drugs, strychnine and nitrate of silver, *all* at times enter, by overdosing, into permanent combination with the tissues of the body, holding their supremacy during the remainder of life; and while the reactionary force is thus imprisoned, the drug holds the key. Have we not a satisfactory example of this in the permanent color given to the human hair by the sub-oxide of lead?

Is any one so profoundly ignorant as to suppose the constituent properties of the lead to contain the color that is thus imparted to the hair? Is it not known that the hair contains an infinitesimal portion of sulphur, that, by uniting with the lead, forms the compound which gives to the hair its permanent blackness. And if this subordinate part of our organism is thus so easily and permanently changed, by the action of an appropriate drug addressed to its elective affinities, how does the interest magnify and our responsibilities deepen when we come to address the appropriate drugs to organs that involve the principle of life?

Ought we not first to inquire what are the constituent properties of these organs, what their elective affinities, and what the standard of their susceptibilities to the drugs we prescribe for them. While these points are all open to our experiments upon organs at the standard of health, with what fatal concealment are they closed upon you. Having no specific knowledge of the properties of the

drug you employ, and being altogether ignorant of its elective affinities with the different tissues of the body, how can *you* know the disastrous consequences that may follow its use; and hence, how many palsies do we meet with that strychnine has made? How many melancholy faces do we meet with in the street that nitrate of silver has permanently colored with its leaden hue? How many bloated cheeks, ruined teeth and swollen limbs, that mercury has caused, and sallow countenances, with enlarged spleen, tumid abdomen and exhaustion of vital force, far more terrible than exsanguination by the lancet could produce, have been effected by quinine?

If we follow these miserable victims of drug disease to their chambers of despair, we find all their physical sufferings aggravated at night. A tardy fever creeps insidiously through their veins, with an exalted sensibility to every suffering, with soreness in the flesh, and pains in the limbs and joints, that nothing but morphine will still, and then follows an unquiet sleep, with dreams that impress the day with the images of the night, and thus the day and the night follow each other to the grave, in one unbroken succession of physical sufferings, created and multiplied by the means of curing them.

Lastly: Having briefly alluded to the subordinate points of interest in drugs, we come to the more important question of their adaptation to the tissues of the body by attenuation. And here we take leave to remark, that it is not the abstract properties of drugs that absorb so much of our attention; but it is the study of their relations to organic life, that is likely to exhaust the years allotted to our pilgrimage.

A granule of gunpowder is an insignificant substance in itself, and when we place it on the palm of the hand and ignite it with fire, its transient flash indicates its weakness; but if this granule should be enclosed in the centre of a granite rock of a thousand tons, and ignited by an electric spark, it would then manifest its power, by bursting the rock asunder and crumbling it to atoms. It is thus with a grain of silica: it is an unimportant atom in itself, but when we place it in its appropriate relations, when it enters into combination with vital forces with which it holds an affinity, it loses its original insignificance, and rises into power as its combinations multiply with the tissues of the body.

This will be abundantly shown when we come to consider the interior tissues and individual organs themselves, the *less important*, the outside indications being first in order.

These relate to age, sex, temperament, constitution, and habits of life. Infants and children are supposed to be more susceptible to the appropriate drug than adult age; this is not the writer's experience: the nerves of sensation are by no means as impressible in the tender age of infancy as in childhood, and is less in childhood than adult age, and it is also accounted for by the distension of the tissues by perpetual growth.

In adult age, when the limitation of the organs becomes equipoised by supply and waste, the nerves of sensation are at the maximum of impressibility, and we have found the most reliable standard of susceptibility at this stage of being, while on the downward pilgrimage of life, with some brilliant exceptions, the strength of the drug is to be augmented; but this depends greatly on the habits of life.

Indiscriminate indulgence, of every kind, wears out the sensibility of the tissues, as well as their feelings and functions, and superinduces a premature decay of the physical and mental powers. The value of abstinence and self-denial, in early and middle life, is seen in its perpetuating the feelings of youth into the winter of age, and rendering drugs available for the infirmities of declining years.

In regard to sex, we have the highest testimony that woman's structure began its combinations when man's structure ended. His commenced with crude materials, hers in the refinement of his organization; and the delicacy of her physical framework and the acute sensitiveness of her perceptions render her at times the slave of her emotions, and not unfrequently the victim of drugs.

Next to the consideration of sex, the temperament is of paramount importance. The nervous, the sanguine, the mixed nervo-sanguine, the bilious, and the lymphatic, stand in their susceptibilities in the order they are mentioned, and all require different potencies of drugs to dissipate the combinations of disease, while there are some particular constitutions that have a standard susceptibility in health to drugs that are not in themselves poisonous.

To some the infinitesimal fumes of mercury are poisonous, to others opium in small doses induces delirium, nausea and vomiting, while to others it is a purgative. In others the slightest odor of ipecac. produces asthma; while in some urticaria or nettle rash, follows the indulgence in shell fish.

In some the smell of a cat will produce fainting, while the odor of roses covers a more expanded ground for syncope. Others are afflicted with a fiery, itching burning from eating strawberries, and some cannot use butter with impunity.

These, though not exceptions, are deviations from the standard rule or principle, that demand our watchful care. for if the ordinary food of life becomes, under given circumstances, potencies that endanger it, the ordinary medicines for disease, when misapplied, may destroy it.

Having considered the outward indication of drugs in their adaptation to age, sex, temperament, constitution and habits of life, we come next to investigate their multiplied relations to the interior tissues and individual organs of the body in their diversified combinations in disease, *where* each vital organ holds its position in deference to the next in order, and where all are harmoniously counterpoised by difference of vital power. In this concentric focus of physiological phenomena, lies all the

secret of the attenuation of drugs. It is in this difference of vital force that we behold the different susceptibilities in each organ or tissue of the body to the action of all stimulus, and especially to the elective affinity of drugs.

Apart from the augmented susceptibility to medicinal impressions which inflamed structures acquire, we find all the different organs of the body furnished with a higher, or lower susceptibility, according to the number of combinations that enter into their composition—the higher its function and the more expanded its sphere of action as a general rule, it will demand a higher attenuation of drugs.

Of this we need furnish a few examples by way of illustration.

If we take the liver, for an example of a subordinate viscus in the standard of its vital force, we shall find its structure to be divided into two parts, the one brownish red, the other yellowish white. Injections show the reddish substance to differ materially from the yellowish white. It consists of the capillary vessels of the organ, constituting with a small portion of cellular tissue, a highly distensible structure, erectile and elastic, like the parenchyma of the lungs, and is often the receptacle of those extraordinary accumulations of blood that sometimes swell the liver to double its natural size, without lesion of its structure. Secondly: That the whitish substance is a secreting structure, destined to elaborate bile. Each granule of this whitish substance is supposed to receive a ramification of the vena porta, and another of the hepatic artery, and from which the bile is formed and conducted off by an incipient biliary duct.

It appears, then, that the liver, unlike all other secretory organs, deposits its bile from the mingled blood of its arteries and veins, exhibiting in its mixed relation, a lower degree of vital force than that which belongs to most other vital organs. While in acute inflammations of this organ, we find it to bear larger doses of Aconitum, Bryonia, Kali, Mercury, Nux vomica. And in its congestions, it receives with avidity larger doses of Cinchona, Chamomilla, Cocculus, Ignatia, Sabadilla, &c., &c.

Impressed with this distinction of the relative value of the vital force in different organs, the Homœopathist will approach the eye with

all the care and caution that is due to its higher combinations and expanded sphere of action.

Some idea of the extreme minuteness of its workmanship may be acquired, from the fact, that Sir David Brewster has ascertained that the fibres of the magnifier of the Codfish are locked together, by a kind of teeth resembling those of rack work. He found the number of teeth in each fibre to be twelve thousand five hundred. As the magnifier contains about five millions of fibres, the number of these minute teeth will amount to sixty-two billions, five hundred millions in each of the eyes of the fish.

It is quite obvious, that if we should address the diseases of the eye with their appropriate drugs, and with as much precision as we apply the sub-oxyde of lead to the hair, that slight over-dosing would permanently change the delicacy of its structure, and vision would be destroyed, by the means we prescribe for its preservation.

While, if we should carry out our principles in adapting our attenuations to the number of combinations that enter into its structure, we should be only approximating toward the infinitesimal subdivisions that were made by the great Architect in the construction of this organ.

And now, my dear sir, in taking leave of you at this time, I beg to assure you, that I entertain none but the kindest feelings toward you. We have both reached the autumn of life, have both had nearly the same amount of practical experience, were both educated in the same school of medicine, and yet we have had abundant reason to differ. Should we on this account impeach each other's motives? God in his wisdom, has seen fit to make no two minds alike, and should we quarrel with each other for this cause?—if we do, we forget, "Who it is that made us thus to differ."

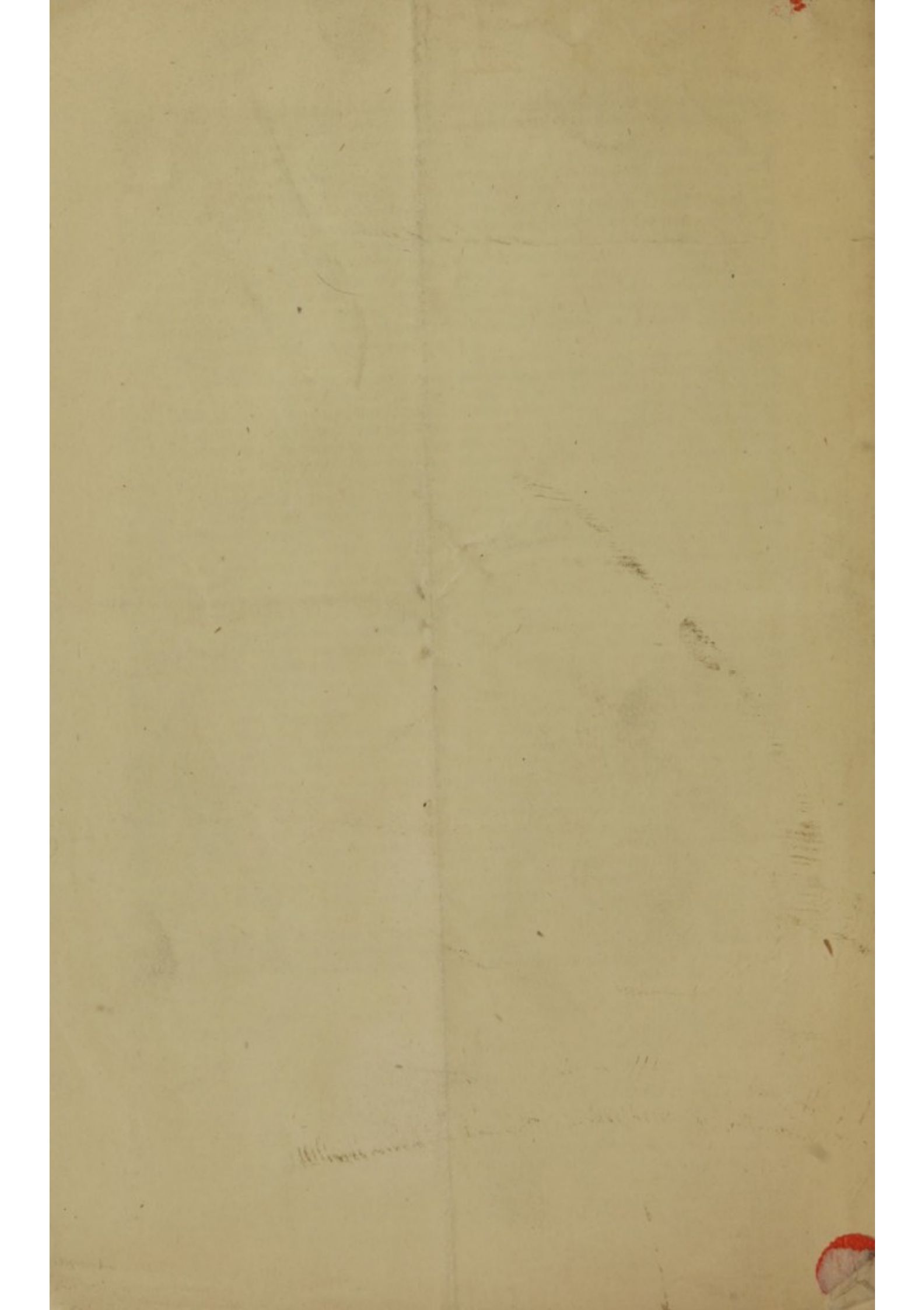
I have given you my reasons for my belief, if they are not such as to satisfy your mind, all that I ask in return, is, that I may feel that you think I enjoy them honestly.

With these assurances and these wishes, I remain,

Your ob't serv't,

F. VANDERBURGH.

New-York, June 3d, 1850.



Wm. Salisbury
New Haven
Conn

Vanderburg

Box 67

[Faint handwritten text, likely bleed-through from the reverse side.]