

**Lecture introductory to a course of clinical medicine, delivered in the Glasgow Royal Infirmary, on the 13th November, 1849 / by J.A. Easton, M.D.**

### **Contributors**

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3

# LECTURE

INTRODUCTORY TO A COURSE OF

## CLINICAL MEDICINE,

DELIVERED IN THE

Glasgow Royal Infirmary,

ON THE 13<sup>TH</sup> NOVEMBER, 1849.

BY J. A. EASTON, M.D.,

SENIOR PHYSICIAN TO THE GLASGOW ROYAL INFIRMARY ; MEMBER OF THE  
FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW ; PRESIDENT  
OF THE GLASGOW MEDICAL SOCIETY ; PROFESSOR OF MATERIA  
MEDICA IN ANDERSON'S UNIVERSITY ; AND MEDICAL OFFICER  
TO THE GLASGOW POLICE ESTABLISHMENT.

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Published at the request of the Students.

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TO  
THE STUDENTS  
ATTENDING  
**The Glasgow Royal Infirmary.**

GENTLEMEN,

IN dedicating to you the following Lecture, published at the written request of most of your number, permit me to assure you, that I feel greatly flattered by the mark of respect which is implied in such a requisition, and gratefully acknowledge the kindness which has furnished such an unequivocal appreciation of my humble attempt to guide you, to the proper mode of pursuing your Clinical studies. This Lecture was not written with the view of being published, and most assuredly would never have appeared in its present form, but for your spontaneous, and I fear unmerited kindness which has suggested the expedient of this publication, as a means of preserving an intercourse, from which both parties have, I trust, derived some profit, and I, at least, unmingled satisfaction—

“ ——— forsan et hæc olim meminisse juvabit.”

Dedications ought certainly not to be prefaces; still in justice to myself, I may be permitted to remark, that, as this Lecture was never intended for the press, but solely for the Lecture Room, I hope the sensitiveness of the fastidiously critical will not be shocked by the colloquial phraseology, in which I have occasionally indulged. Such plainness of speech might have been avoided in the *publication*, but then the *lecture* would have been altered, and your request not complied with. Therefore, excepting one or two merely verbal alterations, the discourse with all its imperfections is published as delivered, and in sending it forth under your auspices, I have great pleasure in subscribing myself,

Your sincerely attached friend,

J. A. EASTON.

GLASGOW, }  
26th November, 1849. }

THE 17th

# The Glasgow & North British Railway

The Glasgow & North British Railway is a railway line in Scotland, connecting Glasgow to Edinburgh. It is one of the main lines of the railway network in Scotland. The line was opened in 1842 and has since been expanded and improved. It is now operated by ScotRail. The line is 44 miles long and has 15 stations. It is a single-track line, with the exception of the Glasgow section, which is double-track. The line is used for both passenger and freight services. It is one of the busiest lines in Scotland. The line is an important part of the railway network in Scotland. It connects two of the largest cities in Scotland. It is a vital link between the west and the east of Scotland. The line is a symbol of the industrial revolution in Scotland. It is a testament to the engineering and innovation of the 19th century. The line is a source of pride for the people of Scotland. It is a part of the country's heritage. The line is a reminder of the progress that has been made in Scotland. It is a symbol of the future of the country. The line is a source of inspiration for the people of Scotland. It is a reminder of the potential of the country. The line is a source of hope for the people of Scotland. It is a reminder of the possibilities of the future.



## LECTURE.

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GENTLEMEN,

IN the progress of events, the time has now come, when it is my duty as the Senior Physician to this Hospital, to commence the session of Clinical Instruction in Medicine and Surgery. On an occasion like the present, when the expectation of the auditors is raised to the highest pitch, and the fortitude of the speaker is often in a state of corresponding depression, it is usual for the lecturer to address himself to the ear rather than to the intellect, to clothe his thoughts in holiday garments, to deck his language with the ornaments of literature, his ideas with the graces of eloquence, and like the cautious mariner on his first approach among an unknown people, to display his gaudiest attractions and most enticing allurements, so that, if he cannot convince the judgment, he may at least dazzle the senses, and captivate the fancy. But, Gentlemen, rhetorical tropes and flourishes, however grateful to the ear, and however appropriate in the Academic Hall, must not be looked for here, for the best of all reasons, that *I* have no such ornaments to show, no such decorations to present; and even though I had, the GENIUS LOCI would forbid me to display them; and therefore, in the most plain and homely fashion, I come to cultivate a friendly understanding with what, I well know, is not an un-



friendly audience. Not ignorant, however, of the difficulties of the task which lies before me, not insensible to the deep responsibility which is attached to the situation I have the honour to hold, I approach the duty of Clinical Instructor with a sincere desire to promote your improvement, and anxious to maintain so far as I am able, the well earned reputation of this Hospital as a school of Practical Medicine. And in asking you to co-operate with the other Clinical Teachers and myself in our efforts to instruct you in Practical Medicine and Surgery, we are fortunately requesting you to do nothing more than to benefit yourselves, and it requires surely neither argument nor intreaty to induce all of you to attend to those studies, on the successful cultivation of which at present, depend to a great extent, your own success in after life, and the well-being of many of your fellow-creatures. Of the *manner* in which the duties of the Teachers will be performed, it becomes not me to speak. The jury who are to try *that* point are now being impannelled—the evidence will shortly be submitted,—and at the end of the session, a verdict faithful, honest, and impartial, will, no doubt, be returned and recorded. This much, however, I may be permitted to say regarding the excellent and able individuals with whom I have the honour to be associated in this place, that, while you must rely chiefly upon your own zeal, industry, and diligence for acquiring a thorough knowledge of the practical part of your profession, no effort will be wanting on their part to enable you to cultivate successfully the ample opportunities\*

\* The advantages of the Glasgow Royal Infirmary as a School of Practical Medicine and Surgery, have been so well set forth by my esteemed colleague Dr. M. S. Buchanan, in a Clinical Lecture, delivered under nearly similar circumstances as the present, that to insist any farther on such a topic is almost superfluous. Yet, I may be permitted to remark, that in that Institution there are 460 beds, that 3000 patients are admitted annually, and that the average number of Surgical operations in a year, is 120. Attached to the



afforded you, in this Hospital of becoming practically acquainted with disease.

Gentlemen, the studies in which you are engaged—though many, complex and varied—have, for their ultimate aim and end, the acquisition of that knowledge which will enable you to mitigate the woes of suffering humanity, and prolong the span of human existence. Hence it is, that our noble profession is emphatically the Healing Art. But medicine is a science as well as an art; and there can be no doubt, that the successful application of it as an art, can only result from the thorough cultivation of it as a science. Yet, while this is willingly conceded, it must never be forgotten, that even as a science, medicine is based on observation, analogy, and inference, and that he

Hospital, there is also a Dispensary, at which are treated annually 6000 outdoor patients. Students have the opportunity of seeing the practice of the Hospital for TWO YEARS, and of hearing the Clinical Lectures on Medicine and Surgery, which are delivered four times weekly, and all this for the sum of £7 7s.—To constitute a good Medical School, whatever else may be required, two things at least are essential, not only to its success, but to its very existence—abundance of subjects for Anatomical purposes, and an extensive Hospital. Now, neither of these essentials can be obtained excepting in localities where the population is not only large, but comprehensive of all grades of society, and where public works are numerous, varied, and extensive. Can the same facilities, then, for studying Medicine be found in places in which the inhabitants are few comparatively in number, and nearly similar in grade and vocation? For example, can Galway with its 33,000 fishermen, kelp-manufacturers, exporters of pigs, flour, meal and bacon, (vide M'Culloch's Geographical Dictionary, article GALWAY,) be expected to furnish the essentials alluded to above, as constituting the foundation of a Medical School, in the same degree or extent, that the flourishing and public-spirited town of Belfast can, with its busy population engaged in the diversified arts which spring from talent, enterprise and industry? Or can Belfast, even with its daily increasing population, be supposed to furnish the essential pre-requisites for the study of Medicine that are afforded in a place like Glasgow—the second city in Great Britain—and in which the population is increasing in the ratio of nearly 10,000 annually,—an increase not equalled, certainly not surpassed, by any other place in the United Kingdom? Further comment appears unnecessary.



who would most successfully diffuse its blessings among his suffering fellow-creatures must observe carefully, watch patiently, discriminate accurately, deduce logically, and prescribe skilfully. In the very infancy of the world, even in primeval times, ere Science yet had found a resting place, Observation alone must have instructed mankind in the art of healing the sick, by means which abstract and unaided reasoning might never, perhaps, have either devised or sanctioned. Indeed, as I have remarked elsewhere,\* “the origin not only of *Medicine*, but of all natural science, may be traced to some fortuitous circumstance, to some phenomenon accidentally observed.” Thus, to use the beautiful language of my accomplished relative, Dr. Macfadyen, author of the *Flora of Jamaica*, “he is to be regarded as the founder of Astronomy, who, amid his flocks on the plains of Chaldea or India, first discovered the erratic nature of the planets, and he is to be regarded as having made the first step in Mineralogy who returned from the mountains, with some beautiful crystal to adorn the rude hut that sheltered him :” and he, I may add, was the first Physician, who, by the banks of the Tigris or the Euphrates, assuaged with some unpretending herb, the violence of the first disease which visited the first son or daughter of affliction. Experience would thereafter send in her invaluable contributions ; each father would suggest the remedy that had benefitted his son, each mother would detail with the pathetic eloquence of sorrow, the treatment which had all but saved her first-born ; facts would thus accumulate upon facts ; and at length would arise some local Hippocrates to arrange the crude misshapen mass, and lay the foundation of that magnificent structure which we are now engaged in examining.

Now, it is to study Medicine as an Art, rather than as a

\* Lecture Introductory to the Study of Medicine, delivered in Anderson's University, on 2d November, 1842 ; p. 6.



Science, that you frequent this Hospital, and while for the knowledge of the doctrines and principles of the *Science* you resort to the Academic Hall, it is to the wards of the Hospital that you repair, to learn, how to observe carefully, to discriminate accurately, deduce logically, and prescribe skilfully. It is chiefly then to assist you in observing, discriminating, and curing disease that I appear in this place as your teacher, or rather as one of yourselves,—a fellow-student,—a little farther on in my education, more advanced perhaps in experience, much more advanced unfortunately in years, but ever requiring to learn, ever desirous to learn, and ever anxious that we should all learn together. Let us then attend a little more in detail to the art of observing and discriminating disease, and of applying the appropriate remedies. “Now,” to quote again from the publication already referred to,\* “let me here remark in the outset, that merely to note down a number of unconnected circumstances without classifying and comparing them, or deducing from them sound inferences, is not what is meant, philosophically speaking, by observation. This coarse, wholesale manner of taking cognizance of facts—by the ton as it were—though it passes current for observation in much of our modern statistics, is not observation at all; it is only *seeing*, and seeing, be it remembered, is not observing. The traveller, passing along the highway, sees some splendid edifice; he is struck with its gorgeous outline, and his vision receives a momentary impression which is effaced, however, by the next object of attraction. This person has *seen* the building undoubtedly, but he has not *observed* it, and of its relative proportions, its minute architectural beauties or defects he is entirely ignorant, and hence his transient impression cannot be made available, on a future occasion, in the planning, or building, of a

\* Op. Cit. p. 8.



similar structure." And thus it too often is in the art of observing disease. A superficial examination is made of the patient; his pulse is counted; at all events a watch is pulled out and surveyed with intense interest; the tongue is looked at—of course—while but too often during the performance of these automatic operations, the dreamy student is absorbed in an attempt to solve some knotty point in the last lecture he heard, or in the more questionable occupation of endeavouring to recal the fugacious reminiscences of the previous night's entertainment. This is literally walking the wards. But for such Somnambulists this discourse cannot be intended, as I would fain believe that not a single member of the genus is to be found in the Glasgow Royal Infirmary.

Gentlemen, in order to observe disease properly there are certain things essentially requisite, with most of which, however, you are presumed to be in some measure acquainted already. On *all* of these requisites I conceive it to be a waste of time to dilate at present, though I shall be extremely sorry if my comparative silence regarding any of them, be considered as exhibiting an indifference to their value in helping us to ascertain the nature, the extent, and the progress of disease. Among these requisites may be enumerated a knowledge of the stethoscope, and the proper way of using that all important instrument—of the pleximeter, whether such be the portable and convenient one furnished by nature, at the end of the upper extremities, or the more decorated and complex instrument furnished by our ingenious instrument-maker, Mr. Hilliard. Neither do I think it necessary, though sufficiently alive I hope to the propriety of the procedure, to do more than impress upon you, in passing, the necessity of your attending not only to the frequency, but also to the force, of the pulse; to the number of the respirations, and to the harmony existing between the circulatory and respir-



atory, functions as indicated by these respective movements. And I think it equally superfluous, in the meantime, to do more than draw your attention in this cursory manner, to the paramount importance, of minutely observing the urine, both as regards quantity and quality, and for the present, shall content myself with reminding you, that it is from the condition of that fluid alone, we ascertain the nature of many diseases, and receive the first hint, so to speak, of the existence of serious structural degeneration. Much less can I stop at present to insist upon the immense benefits derived from the use of the microscope, as an indispensable auxiliary in detecting and discriminating disease. All these are matters which will necessarily force themselves on our notice during the course ; while of some of them, it may be affirmed, that they can only be studied—taught and learned—at the bedside of the patient. Possibly the *first* things which the clinical observer ought to note are the age, temperament, rank in life, occupation, previous habits, and hereditary tendencies of the patient. The limits of a single lecture will not permit me to notice all these circumstances, and therefore, I shall just take one or two of them as expository of the rest. If the patient, for example, have been addicted to intemperate habits, as is the case I am sorry to say with too many of our patients, then you may have to deal with a prostrated nervous system, possibly with a softened brain, a cirrhotic or tuberculated liver, a granular kidney, and almost invariably with a thickened gastric mucous membrane. Not, that I mean to affirm that in such persons, *all* these abnormal deviations, or even any one of them, must of necessity be present, but the very knowledge that they *occasionally* occur, ought to ensure a minute examination as to their presence or absence. Again, a knowledge of the *occupation* of the patient frequently furnishes a clue to the disease under which he labours. Thus, it is well known, that



masons, and knife grinders, partly in consequence of pursuing their calling in the open air, during all vicissitudes of weather, and partly also from the introduction into their lungs of irritating particles from the materials on which they manipulate, are prone to pulmonary diseases ; and to the same diseases likewise are book printers liable, in consequence of the constrained position into which the chest is forced during their laudable exertions to promote the diffusion of knowledge. Again, the melanotic sputa, the rounded thorax, and the dingy complexion, proclaim that the unhappy possessor of them has habitually inhaled a carbonaceous atmosphere, in

Subterranean caverns shunning the light.

Having noted these, and many other circumstances which your time will not permit me even to name, regarding what is called the previous history of the patient, you then proceed to ascertain his present condition. And here, the examination consists of two parts—the subjective and the objective. In pursuing the former we listen to the patient's own statements, or we give a direction to these by putting a few leading questions, and thus obtain a knowledge of his own view of his case, so to speak, and become acquainted with his sensations, normal as well as abnormal, commencing our examination possibly at the head, and, if necessary extending our enquiries downwards, through every part of the body. In pursuing the objective part again of the examination, we rely chiefly on our own external senses, and by a judicious and pains-taking interrogation of nature, through our own eyes, ears, and hands, acquire the *tactus eruditus*, and elicit essential information which is obtainable through that medium alone. These two modes of examination—the subjective and the objective—might be illustrated by many examples. Thus, in what is called gastro-enteric fever, the patient speaks chiefly of the intolerable thirst with which he is afflicted, and earnestly impor-



tunes for water to cool his parched and fiery tongue ; he complains possibly of pain in his head, of stupor, and of confusion of ideas ; he refers very likely to the bowel complaint, as he calls it, with which he is troubled, but he never draws attention to that region, in which the initial disturbance exists, of which the symptoms just alluded to are but the sympathetic manifestations. It is only by a careful manual exploration of the abdomen, by exercising pressure over the epigastrium and right iliac fossa, and seeing the effect of our manipulations as exhibited in the patient's countenance and feelings, that we detect the existence of an extensive and formidable lesion of which the sufferer gives no information spontaneously. As a further illustration of these two modes of examination, let us suppose we are examining a case of Iritis. *Subjectively* we learn from the patient, that he has intense pain in the affected eye, that this pain is deep-seated, that it is immediately over the orbit, and most severe at night, constituting the nocturnal supraorbital pain mentioned by oculists. *Objectively*, we see that the sclerotic is of a pinkish hue, that the vessels converge in straight lines from circumference to centre, and that round the cornea there is a vascular zone. We see, also, that the iris is changed in colour, that its substance is pervaded with specks of lymph, its pupil irregular in shape and insensible to its ordinary stimulus.

But, in addition to attending to all these points—so essential in clinical investigations—there is still another duty I am anxious to enjoin, which duty may be regarded as the principal point brought forward at present, and to the consideration of which I shall devote the remainder of this preliminary address. I mean the recognition of the pervading and comprehensive character of many diseases, and of the fact, that under the influence of diseased action in one organ, several of the others may eventually become implicated, and may act, and react, on each other



in harmonious but destructive regularity. In addition then to the injunctions formerly given, I now urge upon the clinical student, always to take a wide range while investigating disease, to look upon it not as a fragmentary isolation, but as a comprehensive unity, and not hastily to conclude, that, because he has undoubted proof of the existence of disease in some one particular organ, that, *therefore*, he has discovered the *origo mali*, has established the true diagnosis, and that having directed his treatment to the peccant organ in question, he has done all that is required, and need give himself no concern about organs so far removed from it, as in his opinion to be beyond the reach of the morbid influence. This is a common error, and its prevalence may perhaps be traced to the practice of arbitrarily splitting up the system into several sub-systems, and dwelling on each as an isolated part of the organism—a method, which, while it is very convenient, no doubt, for describing the position and offices of each of these systems, has obscured our perception of the nature, bearings, and tendencies of disease, and led us to view it, in the generality of instances, as nothing more than an individual localisation. Now, while it is undoubtedly true, that single organs often suffer, and suffer exclusively in an isolated manner, yet it is equally true, that in many cases, the morbid effects are not confined to the organ primarily affected, but starting from it as from a common centre, extend themselves to organs at a distance, and thus it is, that in the same individual there may be many organs implicated at the same time; nay more, it may happen, as Dr. Stokes has well observed, that in one attack, the heart appears the prominently suffering organ; in another, the liver; and in a third, the lung: and hence, he continues, we can understand, how different medical men, seeing the patient at different times, may greatly vary in their opinions as to the true nature of the disease. But this statement requires



explanation, and the views I am endeavouring to set before you, will perhaps become more apparent by an illustration. All of you, I doubt not, are familiar with cases of what is called fibrous or articular rheumatism ; all have observed the swollen, red, and painful joints, have marked the wandering character of the malady, its intensity in one joint to-day, its subsidence to-morrow, and migration to joints hitherto unaffected. All have noticed the high constitutional fever, albeit the skin is bathed in acid perspiration ; and all have remarked the condition of the urine, now comparatively clear, and anon loaded with lithates. All this may be seen frequently ; and possibly, you may also see the medical attendant concentrating his energies on the reduction of that fever, on the mitigation of these pains. And to that extent he does well ; but if he rest satisfied with merely reducing fever and mitigating pain,—essential parts of the treatment though these be,—if these joints which the eye can see, be the exclusive object of his attention, and if he extend not his survey to an organ which the eye cannot see, but which the ear can hear ; then if inordinate action of the heart take place by and by, if dyspnæa follow with its oppressive agonies, if the whole body become a distended anasarcaous mass, and the victim die, drowned in his own water, then from this chair, as from the judgment seat of outraged pathology, I denounce that man, as little less than a manslayer, who, limiting himself to a superficial survey of his patient's disease, employed no means to arrest the progress of its widely spreading devastation.

But let us look at this illustration a little more in detail, as expository of the great truth I am anxious to inculcate. What has been the cause of these appalling sequences ? What connection is there between the mere rheumatic inflammation of the joints, and the cardiac tumult, the dyspnæa, anasarca, and death ? It is a law in pathology, that where there is identity of tissue, there may



be identity of disease ; and thus it is, that when one part of a tissue becomes the seat of diseased action, other parts of the tissue, however remote from the portion originally affected, may become similarly impressed. Now, without entering minutely into the pathology of what is called fibrous rheumatism, I may mention, that the disease has generally its primary local manifestation (not its origin, mark you, which is in the blood, but more of that again) in the fibro-serous structures which enter into, and surround the joints. Need I remind you that fibro-serous tissue is found in the heart, encompassing it, and entering its interior, or that, in obedience to the pathological law mentioned above, such tissues consequently may feel the power of the same morbid influence which has caused the larger joints to be red, swollen, and painful ? And here let me remark in passing, that it is a great mistake to suppose, that this manifestation of the rheumatic poison *on*, and *in*, the heart, is in consequence of what is absurdly called metastasis of the disease from the joints, and that being a consequence of this metastasis, the disease of the cardiac membranes must of necessity be a secondary lesion even in the order of time. Secondary in this sense, I admit it frequently, nay generally is, but again in many instances it may be, in all it can be, concomitant with the articular disturbance. And why ? Because the evil has a constitutional origin ; it is a blood disease ; it manifests itself at, and in, a particular tissue, and wherever that tissue is found, *there* may the morbid manifestation be found also. But of course in proportion to the importance of the part thus assailed will be the danger to the patient, and the probability of the occurrence of those fearful evils I endeavoured to pourtray. As another of the effects of the same *materies morbi* which has produced the articular lesions, the membranes of the heart, either the endocardium, or the pericardium, or both, become the seat of inflammatory



action, and this I repeat, may take place in these situations, either subsequently to, or simultaneously with, the affection of the joints. Effusion of coagulable lymph follows this disturbance of the cardiac membranes, and happy is it for the patient, if such effusion be rapidly absorbed and no vestige of it remain, but partial, or even complete obliteration of the fibro-serous sac. More frequently however, the lymph is deposited on the valves of the left side of the heart, there to undergo deteriorating changes in the form of vegetations, atheroma, or bone, and thus to become productive of extensive and nearly irreparable evil. A barrier is now set up to the progress of the circulating fluid ; resistance to the blood in motion, either of an obstructive or regurgitant kind is established ; compensatory movements in the heart, lead to hypertrophy, or dilatation, or both ; and as every obstacle to the circulation operates in a retrograde direction, both in regard to the heart itself and to the other parts of the organism, so we find that the lungs in the next place, invariably suffer from the impediment to the circulation. In these organs, accordingly, a stasis or passive congestion takes place ; and then begin those dreadful effects which result from want of adjustment between the quantity of air inspired, and of blood requiring to be vitalised. To counteract the effects arising from the undue proportion of blood in the lungs, the patient uses with fearful energy his apparatus of voluntary breathing, and becomes the subject of distressing orthopnæa. Fluid is effused from the pulmonary capillaries ; the dyspnæa is thereby still more increased ; desperate and incessant is the struggle to arterialise the disproportionate amount of blood, but all unavailing, though incessant, are the

——— conflicts with that mightier power  
Which makes all conflict vain."

Unable to sustain this inordinate exertion the delicate texture



of the lung gives way, its vesicular structure becomes disorganised, and emphysema more or less general, is induced,—a condition which soon retards, and ultimately obstructs, the pulmonary circulation. Respiration then becomes intolerably oppressive, for every breath drawn adds to the distention of the bronchial tubes and vesicles, so that the very air of Heaven, which, in ordinary circumstances is prized as one of Heaven's choicest blessings, ceases to be a source of enjoyment, by being converted into an instrument of distress.

Now a superficial observer called at this stage of the proceedings, and contenting himself with a partial examination of his patient's condition, would very likely pronounce the disease to be chronic bronchitis, or pulmonary emphysema, and treat it accordingly.

But the Lungs are not the only parts of the body that suffer from the resistance to the blood in motion, resulting from that abnormal condition in the fibro-serous tissue of the heart, which has been occasioned by rheumatic inflammation ; and they, in their turn, and in their now altered physical condition, add to existing evils, and become themselves additional impediments to the progress of the blood. Bearing in mind the important fact stated before, that every obstacle to the circulation operates in a retrograde direction, you will easily understand how, from their relative position, the lungs, next to the heart itself, will feel the effects of the valvular lesion, and how, from the occurrence in the former organs of those changes which I endeavoured to describe, the advancing column of blood, now doubly opposed in its onward course, by lungs and heart, is obliged to fall back on some other part of the body, and that thus the Liver, in its turn, may feel the effects of the cardiac lesion, and become enormously distended. Now, to those very smart people—and their name is Legion—who see through a thing at once, those universal



geniuses whose knowledge of what is wrong is supplied by intuition, and who have no need, consequently, to use the stethoscope, to count respirations, test urine, or practise the usual modes of investigating disease, resorted to by the plodding vulgar, to these I say, an enlarged liver is a perfect treasure. What need in this case of boiling the urine, or of rapping at the ribs with a patent hammer! The disease is tangible, nay, to a certain extent, it is visible, and he who doubts that the complaint is "all liver" must be "dull as the fat weed that floats upon Lethe." Accordingly taraxacum, blue pill, the nitro-muriatic acid bath, and iodine frictions are all pressed into the service, and the business of discussing the overgrown liver is prosecuted with exemplary zeal and perseverance. But the huge mass remains unmoved by these marks of attention, it refuses to be shorn of its *unfair* proportions, and, operating as a third impediment to the advance of the blood, causes the vital tide to become still more and more refluent, till at length universal anasarca consummates the dissolution.

Thus, Gentlemen, by describing an imaginary case, I have endeavoured to set before you, the widely spreading influence of morbid action, and to impress upon your minds the occasional comprehensiveness of its character. Dramatic writers, as you are aware, are in the habit of adhering with undeviating strictness in their compositions, to what are called the unities of the drama, and those of you who have read *Nicholas Nickleby*, will recollect, on the occasion of Nicholas setting up as a Dramatist, the advice given him by Mr. Curdle, to stick closely to the unities, and now, in humble imitation of that illustrious patron of the drama, I would earnestly advise you never to forget the unities of disease. I have called the case, I have attempted to sketch, an imaginary one, but similar cases are of every-day occurrence,—many such will likely come under our notice during



the session,—and though I have selected the effects of the rheumatic poison on the system, as an illustration of that important truth and special duty, which it is the business of the present lecture to enforce and inculcate, yet I hope no one will suppose that it is only under the influence of rheumatism, that such extensive and complicated changes occur.

These, then, Gentlemen, are some of the points to be attended to, in pursuing clinical investigations. Many topics have necessarily been omitted, others been but slightly alluded to, but deficiencies and omissions will, I trust, be supplied, as our intercourse becomes more frequent. No exertion, depend upon it, will be wanting on my part, to instruct you in practical medicine to the utmost of my ability. The tear and wear of arduous professional labour, leaves little time certainly, for private study, and he who has been obliged, as I have, to travel rapidly through both hemispheres of medicine, must necessarily have left vast tracts of interesting country unvisited, unexplored. But the portion that I have passed through, I have tried to examine minutely, faithfully, practically. Biassed neither by preconceived opinions, nor attached to particular views, I have desired to look at all things through the lens of induction, have endeavoured to avoid what is transient and illusory, and to fix my vision upon what is real, substantial, and abiding. In the honest spirit, therefore, of one who wishes an “honest fame,” I come to tell you what I have seen, and I call upon you, the expectant practitioners of future years, to watch if I have seen correctly, and, in after times when you recal our mutual labours, I pray you

Speak of me as I am; nothing extenuate,  
Nor set down aught in malice.





