

Popular medical errors / [James Bower Harrison].

Contributors

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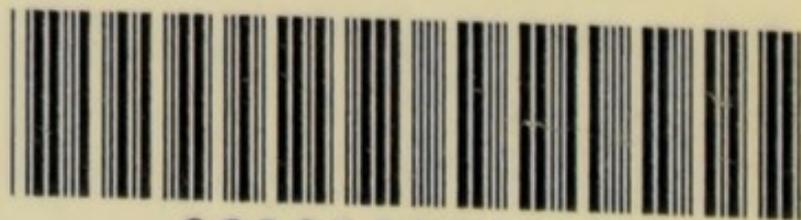


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F. M. Cooper.

Mr Cooper. (my mother)

With the Authors'

kind regards

POPULAR
MEDICAL ERRORS.

BY

JAMES BOWER HARRISON,

M.R.C.S.L., ETC.

“ Un grand malheur pour les médecins, c'est d'être
jugés par les gens qui ne le sont pas.”

Dict. des Sciences Méd.

LONDON :
LONGMAN, BROWN, GREEN, AND LONGMANS.
1851

OPERATION.

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P R E F A C E.

IN 1849 I read a paper at the *Conversazione* of the Manchester Royal Institution on Popular Medical Errors. I subsequently read another paper on the same subject in 1850. Both these papers were afterwards published in "*Chambers's Edinburgh Journal.*" In order to collect them together, as well as to render them more accessible to those who are interested in the subject, I now reprint them in a separate form. I have not thought it desirable to make many alterations or additions; for the reasons which originally induced me to adopt a light style of composition still prevail with me at the present time. It would have been an easy matter to have given the subject a graver or more learned form; but it might possibly have destroyed something of its in-

terest. I hope, therefore, the candour of the reader will excuse those defects which may appear accompanied with some counterbalancing advantages. A book may, as Goldsmith says, be amusing with many defects, or dull without a single absurdity.

Higher Broughton,
Manchester, 1850.

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Price Sixpence.

BY THE SAME AUTHOR.

SOME REMARKS ON THE CONTAMINATION
OF WATER BY THE POISON OF LEAD; AND ITS EFFECTS
ON THE HUMAN BODY.

JOHN CHURCHILL, PRINCES STREET, SOHO.

ALSO,

A FEW OBSERVATIONS ON THE SPIRIT IN
WHICH PHILOSOPHICAL INVESTIGATIONS SHOULD BE
PURSUED.

“The observations on each of these subjects are full of truth, and tersely given. They have often been made before, but never in fewer words or more forcible language. Every author might read them with advantage once a month, and the one who really acted up to them would indeed be deserving of applause.”—*Lancet*, May 23, 1845.

SIMMS AND DINHAM, MANCHESTER.

POPULAR
MEDICAL ERRORS.

WHEN I commenced practice as a surgeon, I found that popular notions on medical subjects exercised a considerable influence on the minds of many well-educated people, and to some extent interfered with their ready concurrence in the views of their medical advisers. In some cases I took pains to explain what are considered the more correct and scientific views; but I was not always successful in combating notions which seemed to have the authority of ages, and the suffrages of all mankind in their favour. Thus I had frequently the mortification of finding my explanations received with incredulity and distrust, and at times even with an open denial, when an experienced nurse or aged matron conceived her wisdom to be called in question. At length the idea suggested

itself of noting down the common ideas entertained on many of the subjects with a view to inquiring how far they may be deserving of credit. It could not well escape me that many doctrines, which had long been regarded as vulgar errors, have again been received into favour, or have been found to contain the germs of valuable discoveries.

There could not indeed be a more striking instance of this than the introduction of the vaccine inoculation. Dr. Baron states that whilst Jenner was a young man, engaged in pursuing his professional education at the house of his master at Sodbury, a young countrywoman applied for advice. The subject of the small-pox was casually mentioned in her presence, when she immediately remarked, "I cannot take that disease, for I have had the cow-pox."* Now it was a popular notion in the district that those who had been the subjects of the cow-pox were not liable to the small-pox. The idea, ridiculous as it might seem to superficial thinkers, engaged the attention of Jenner, and he set himself about inquiring into the truth of the

* See Baron's Life of Jenner, vol. i. p. 122.

matter, and by his persevering and patient inquiries, accomplished the greatest discovery which has perhaps ever benefited mankind.

In one of Jenner's note-books of 1799, he says, "I know no direct allusion to this disease in any ancient writer, yet the following seems not very distantly to bear on it. When the Duchess of Cleveland was taunted by her companions, Moll Davis (Lady Mary Davis) and others, that she might soon have to deplore the loss of that beauty which was then her boast (the small-pox at that time raging in London), she made a reply to this effect, 'That she had no fear about the matter; for she had had a disorder which would prevent her from ever catching the small-pox.'"*

In 1646 Sir Thomas Browne, the author of the "Religio Medici," wrote his work called "Inquiries into Vulgar and Common Errors." In the preface, the author speaks of the difficulties of the undertaking in a style which is both quaint and amusing. "We hope," says he, "it will not be unconsidered that we find no open track or constant manuduction in this la-

* Op. cit. p. 263.

byrinth; but are oftentimes fain to wander in the *America* and untravelled parts of truth. And therefore we are oftentimes constrained to stand alone against the strength of opinion, and to meet the Goliah and giant of authority with contemptible pebbles and feeble arguments, drawn from the scrip and slender stock of ourselves." Some of the errors which this grave writer set himself about exploding with so much appearance of erudition, would only make us smile in these days of science and learning. Thus he controverts the absurd idea that a bear licks her cubs into shape, and endeavours to show how it is to be explained "that a man becomes hoarse or dumb if a wolf have the advantage first to eye him."

It seems, however, that Sir Thomas Browne was himself by no means superior to the prejudices of his own day. "It is singular," says one of his biographers, "that notwithstanding his zeal to detect old errors, he seems not very easy to admit new positions; for he never mentions the motion of the earth but with contempt and ridicule, though the opinion which admits it was then growing popular, and was

surely plausible, even before it was confirmed as an established truth by later observations.”*

Many of the expressions commonly made use of in speaking on medical subjects might be changed with advantage to suit more rational views. Some of them, it is true, are only used metaphorically, and it would not therefore be fair to censure them too rigidly. We hear of the seeds of a disease lurking in the system—of a complaint flying about, and finally settling upon a particular organ; and these phrases, though for the most part used vaguely, have to a certain extent a bias over the thoughts. There can be but little doubt that very many of the vulgar opinions were in reality at one period the established doctrines of the day; for in this, as in many other cases, it has happened that the better-informed part of mankind have forsaken the doctrines they promulgated by the time the people became familiar with them.† It is the same with the fashions of our dress, and the pronunciation and choice of our words, the generality of mankind being of ne-

* Lives of British Physicians, Family Library, p. 72.

† They are the fossil words and phrases which show us the vestiges of decayed opinions.

cessity more slow both to adopt and reject particular usages and customs. To a certain extent, therefore, they furnish a sort of salutary drag on the more volatile part of society. Some of the old notions which have already become sufficiently exploded are still embalmed, as it were, in our language and common forms of expression. We speak of a "tender heart" and a "true-hearted friend," as though this organ were the seat of the mind. Then we read in Scripture of "bowels of compassion;" and the words "melancholy," "choler," and the "spleen," when used for ill-temper, are further examples of words taking their origin in the theories of a former day.

Much ingenuity and learning might be displayed in searching out and collecting into a focus the peculiar notions of former times; but this would be a work of considerable extent, and more curious and entertaining than useful. For my part, I wish to comment upon the opinions which now actually influence the minds of the public, or give a colouring to their views of disease. Simple as many of them may seem, they are the secret springs which determine the views of the people, often

in opposition to the dictates of their professional advisers. On this account, therefore, they must be treated with respect — a respect which they deserve from their influence, if not from their justness.

I have purposely, then, brought forward the opinions which I have found to be the most prevalent and the most influential, without any reference to their plausibility or ingenuity, and in preference to the discussion of others which might have admitted of more scope for entertainment or for professional research. On this account I must be excused for speaking of many things which are simple, and perhaps ludicrous and common-place, and also for passing by many subjects which are rich in matter for curiosity and entertainment, as well as the display of such literary industry as might be devoted to them.

I shall now proceed to the consideration of the several common errors which have presented themselves to my mind, making on each a few very brief remarks, but such as I imagine may be sufficient, without being tedious.

I am quite aware that there are very many

(not to speak of professional readers) to whom all these explanations may be altogether unnecessary, but I am sure I shall have their indulgence if the comments which I make are only acceptable to others. To all, notions which are *common* must, as such, be of *some* interest, whatever may be their absurdity, and the remarks made on them may at least serve to connect them together. In the course of this paper, then, I shall have to introduce many commonplaces; but this, it must be remembered, is inseparable from the subject. I may also state that I have purposely chosen to treat the subject in a plain, and somewhat colloquial style; for it seems to me that common ideas are best explained in a familiar manner, and that popular notions are best embodied in the language in which they are usually delivered.

LUNATICS.

There is a common notion that lunatics are influenced by the moon. The term lunatic was no doubt given to insane people, from the supposed influence of the moon in producing madness. This opinion is in some degree pre-

served by the continued employment of the term *lunatic*, as well as by that fondness for the marvellous which is so common to mankind. Even at the present day, people will shake their heads and allude significantly to the full of the moon — “Poor Mr. So-and-so,” they will say, “is a little off the book just now — a little wrong in the upper story; but then it is the full of the moon next Thursday.” There does not appear to be any real ground for the belief that the moon exercises this baneful influence on the human mind, although it is acknowledged that insane people are usually somewhat more than ordinarily restless at the full of the moon. The celebrated French writer Esquirol attributes this to the effect of the increased light, and states that the break of day occasions a similar agitation. “Light,” he asserts, “frightens some lunatics, pleases others, but agitates all.”*

OF SEASONS.

There is a very common, and very old notion, that what are called *cooling medicines*

* Beck's Medical Jurisprudence, p. 425.

should be taken at particular periods of the year, especially in the spring. Every practitioner will occasionally be consulted on this subject, and very often a great disposition is shown by medical men to fall in with popular views. Many a poor child has been condemned to a pot of brimstone and treacle merely because it was the spring-time. I imagine parents are not always ready to carry out these views in their own cases. Hippocrates advocates such a system in his 47th aphorism, section vi. "If bleeding or purging be requisite," says he, "spring is the most convenient time for either." He repeats the same idea in other places. There was a great deal of importance attached to seasons in the treatment of diseases by the old medical authorities; but we find very little on this subject in our best modern works. For my part I don't see why we should take physic unless we are ill. The public have very curious, and, I should think, very ill-defined ideas of cooling physic, and of medicines for purifying the blood. That the ancients set considerable importance on seasons, will appear from the most casual inspection of their works. Thus *Ætius*, in his directions for the cure of

the gout, laid down a distinct regimen for each month. "In September, the diet should be wholly milk; in October, garlic must be eaten; in November, bathing is prohibited; in December, cabbage; in January, the patient should take a glass of pure wine every morning; in February, he must not eat beet; in March, he must mix sweets both with his eatables and drinkables; in April, he must refrain from horse-radish; and in May, from the fish called polypus; in June he must take cold water in the morning; in July, abstinence must be practised; in August, he must not eat mallows."*

HAIR.

That hair turns gray in a single night.

In a popular but able treatise on diseases of the skin (by Erasmus Wilson †), this subject is alluded to in the following terms:—"Much less can I give credit to the bleaching of the hair in a single night or a single week. The first step in the change may have been made in a single night, and on that night week the whole of the

* Hamilton's History of Medicine, vol. i. p. 174.

† Wilson on Healthy Skin, p. 94.

hairs of the head may have become white at *their roots*; this is perfectly possible, and the only reasonable explanation of the circumstance. Thus we learn that Marie-Antoinette became gray in a short period, as did the unfortunate Mary Queen of Scots." He alludes to the passage in the "Prisoner of Chillon," showing that the error has the weight of poetical authority in its favour—

"My hair is gray, though not with years,
Nor grew it white
In a single night,
As men's have grown from sudden fears."

After proceeding to relate several amusing cases of this reputed bleaching of the hair, he goes on to speak of another common error with respect to the hair*:—"A prevalent belief, strengthened by the opinion of several modern French writers on this subject is, that the hairs grow after death. It is true that they lengthen, but their lengthening results from the contraction of the skin towards their roots, and not from the continuance of a vital process after the death of the individual. But the older writers

* Op. cit. p. 100.

outstrip the moderns in invention; for in the "Philosophical Collections," Wulferus gives the account of a woman buried at Nuremburg, whose grave being opened forty-three years after her death, there was hair found issuing forth plentifully through the clefts of the coffin, insomuch that there was some reason to imagine the coffin had some time been covered all over with hair. Mr. Arnold gives "the relation of a man hanged for theft, who in a little time, while yet he hung upon the gallows, had his body strangely covered over with hairs."

JAUNDICE.

There is a common saying (I will scarcely venture to call it an opinion) that jaundiced people see things yellow.

How common to hear of the jaundiced eye, as another word for prejudice! it being of course implied that the subject sees through a coloured medium. It occasionally does happen that a person having the jaundice sees objects yellow, but this is rather the exception than the rule, and seems to be dependent on some enlarged and tortuous vessel crossing the trans-

parent part of the eye when the vision has been previously impaired by disease. Dr. Watson mentions this subject in his valuable lectures on the Practice of Physic.* “You are aware,” says he, “of the vulgar notion that to a jaundiced eye all things appear yellow. It is an old notion, for we find it expressed by Lucretius — ‘Lurida præterea fiunt quæcunque tumentur Arquati.’ Heberden was disposed to regard this as a mere poetical fiction, but certainly it is sometimes, though very rarely indeed, a fact.” He goes on to say that he has been assured by a medical man of his own acquaintance that objects appeared coloured to him in his own experience of the complaint; also that Dr. Mason Good saw things yellow when he was jaundiced. Dr. Elliotson also relates one or two cases. In 1826 he had a case in St. Thomas’s Hospital, where there was a slight opacity of the transparent part of one eye, through which ran two large vessels, and with this eye the patient saw yellow; but with the other eye he saw things of their natural

* Watson’s Lectures on the Principles and Practice of Medicine, vol. ii. p. 524.

colour. In 1827 he had a patient who saw things yellow with both eyes, but he had inflammation of the eyes. In 1831 he had another case. He further mentions that Dr. Pemberton saw this occurrence twice; but sufficient has been said, and the explanation seems to me satisfactory—namely, that in the cases where objects appear yellow, there must exist some inflammation of the cornea, or some opacity with enlarged vessels.

OF CONSTITUTION.

Fortunately people are in general more disposed to consider their constitutional powers good than otherwise, and this in a degree that would indeed be amusing, if it were not for the gravity of the subject. A patient will say to you, “Really, doctor, I have never known what it is to have a moment’s entire ease these many years: I must have had an excellent constitution originally; and, do you know, it is my firm opinion that I’m sound yet. If I could only get rid of this cough, I should be quite well.” Speeches of this sort are made over and over again by people who have every possible ap-

pearance of having the worst constitutions imaginable, and in fact have had every possible evidence themselves of such imperfection of physical power. Some of the most confirmed forms of scrofula show themselves by a succession of slow diseased actions—inflammation of the eyes, enlargements of the glands in the neck, abscesses, diseased hips, and perhaps finally consumption—and these are the people who must have had originally excellent constitutions! The more they have suffered, and do suffer, the more they praise their constitutions; they imagine that the diseases have come, one after the other, like the ghosts in Macbeth—

“Another — and yet a seventh: I'll see no more — and yet the eighth appears.”

It never enters their minds that a poor constitution is the cause of all these visitations, rather than the bulwark against which they are impotently directed.

OF CONSUMPTION.

That consumption is catching is a popular opinion, which, in this country at least, is not recognised by the profession. I believe such

an opinion, however, to be generally entertained in some parts of the Continent, especially in Spain, Portugal, and Italy. They even burn the clothes of those who have died of the disease, to prevent risk of contagion. It is true that a husband and wife will every now and then die consecutively of this complaint; but this is not more than we should have been led to expect *à priori*; for it not unfrequently must happen that consumptive families will intermarry. I think, indeed, the frequency of these cases of apparent contagion is not greater than what might be supposed likely to occur from mere coincidence in a disease which is so widely diffused. It must be admitted, also, that the anxiety and grief experienced by the survivor in case of the first death will do much to hasten the complaint; and thus the appearance of contagion will be heightened by the rapidity of the succession. Further, there is an idea prevalent that a consumption is cured by an asthma: I conceive this to be altogether erroneous. Asthmatic people are no doubt often considered by the public as consumptive, and it then becomes a matter of surprise that these people continue to live year after year. Sometimes these asth-

matic people *do* die in the end consumptive. Supposing, indeed, that a few asthmatic people are found after death to have had tubercles in the lungs, it is scarcely logical to infer that the consumption would have been more rapidly developed if the asthma had not existed. Because those who have asthma in its most marked form do not necessarily become consumptive, is no proof that the asthma prevents consumption. I think the great bulk of consumptive people would be found free from gout; but are we therefore to try to induce gout in order to prevent consumption? My own idea of this opinion about asthma curing consumption, is not only that it is an error, but that it is one calculated to do much mischief. There is also a notion that an ague cures consumption. This is equally ridiculous. There are, in fact, many cases of consumption in the aguish districts. The ague has indeed been often reputed as a curative agent. An attack of the ague may probably have put a stop to some nervous and other complaints. Dr. Elliotson states, "that ague has been thought so capital a thing, that some writers contend it never should be cured;" and a proverb once prevailed, that

“An ague in spring
Is fit for a king.”

He mentions that Dr. Gregory saw a case of palpitation cured by it, and that Dr. Fordyce had known many cases cured by it.* However, I should myself be very sorry to try it; and I should be very sceptical of its doing real good in any case.

PROUD FLESH.

Patients will frequently come to us to know if there is any proud flesh in their wounds. The fear of proud flesh is very general, and brings many patients to the doctor, whom he would otherwise never see. When a wound is attended with loss of substance, it is gradually filled up by the growth of the surrounding parts—a process which is called granulation, from the grain-like surface it presents. The granulations sometimes rise above the level of the surface; and I suppose the term “proud flesh” was given to this appearance as a figurative term for a luxuriant or forward growth.

* Elliotson's Lectures on the Practice of Physic, p. 274.

There is nothing really bad or malignant, as it is called, in the elevation, but it is rather indicative of a complete and rapid repair. There are, it is true, complaints which are attended with what are named malignant fungous growths; but they are happily very rare, and quite unconnected with the healing of common sores. I shall not dwell, however, upon the latter, as it would carry me on to the description of a disease which is out of my present province, and would only be tedious or unintelligible to non-professional persons. It is perhaps, after all, almost a pity to disabuse the public mind of the idea of proud flesh; for it is friendly to the doctors, and may tend to induce the people to have their sores better looked after.

BROKE A BLOOD-VESSEL.

The phrase "broke a blood-vessel" is very common; and I imagine that it is commonly supposed, in the case of spitting of blood, that a large blood-vessel has given way in the lungs. Blood-vessels *do* sometimes become diseased, and give way; but in the great number of in-

stances in which spitting of blood arises, the blood is exuded from the surface, as it is in bleeding of the nose. On inspection after death of the greater part of the bodies of those who have lost large quantities of blood by spitting, no trace has been discovered of any ruptured vessel, so that the term is not to be considered literal in its application to the ordinary cases of spitting of blood. In apoplexy, however, it is often found that a blood-vessel has actually given way in the brain, and the clot is discovered after death; so that if we spoke of this *latter* complaint as the breaking of a blood-vessel, we should be more likely to be correct.

CORNS.

That a corn has roots. The common idea, I take it to be, is, that a corn grows from its roots as a tree does, and therefore it is necessary to extirpate the roots, before a cure can be accomplished. The advertisements of corn-cutters are often a good deal amusing. I saw one the other day in a Manchester paper, which took a different view from that commonly adopted. The advertiser began by stating that

corns had no roots, but he went on (by inadvertence, I suppose) to add that there were no such things as corns, and concluded by a list of charges for removing them! When a part is a good deal exposed to pressure, the cuticle becomes hardened, just as it will at the ends of the fingers in those who play on the violin; besides this, the papillæ of the subjacent true skin become enlarged, and give the appearance of roots when a section of a corn is made. This is all the mystery. So that, let us cut as deep as we will, if we continue to wear tight boots and shoes, the corns will speedily reappear. The kind of shoes which ladies are in the habit of wearing, which merely cover the toes, and therefore make all the pressure bear on that part, are exceedingly objectionable, especially where the shoes are pointed, and the leather strong.

HYDROPHOBIA.

The notion that hydrophobic patients bite those around them, and thus communicate the disease, is a popular error which I should think scarcely needs contradiction. However, it seems that the idea appeared worthy of contra-

diction many years ago. In the second volume of a work which Desault published ("Sur la Pierre des Reins, et de la Vessie") 1736, he treats of the hydrophobia, and alludes to this notion with the ridicule which it deserves.*

In respect to hydrophobia, there also is, or was, an opinion that patients suffering from the complaint are smothered by the attendants. I should think such an idea could now only exist amongst the unreflecting, not to say ignorant; yet it appears that a practice almost amounting to this was actually recommended and adopted by Van Helmont. "He kept his patients under water until the psalm 'Miserere' (the 51st, containing nineteen verses) was sung; and in one case a poor girl was drowned."†

Drowning is only like another way of smothering, and this was certainly carrying too far the old adage of desperate remedies for desperate diseases. Whilst on the subject of hydrophobia, I may mention that the prevailing idea of its being peculiar, or even more frequent, in the summer season, is called in question by

* Hamilton's Hist. of Med., p. 257. vol. ii.

† Elliotson, p. 726. op. cit.

very high authority. The practice of muzzling dogs during what are called the "dog days" is common, I think, in most of our towns; but if we are to credit some of the writers on the subject, it is not more necessary then than at another time. The subject is too purely medical to be entered fully into on the present occasion. I may just state that M. Trollet*, who has written an interesting essay on *Rabies*, states that January, which is the coldest, and August, which is the hottest, month in the year, are the very months which furnish him fewest examples of the disease.

LOUD VOICE A PROOF OF STRONG LUNGS.

I have not unfrequently heard the loud cry of an infant considered as a subject of congratulation; "for at least," the mother would say, "the dear thing has sound lungs." Mothers are always kind and tender to their children, and one would be sorry to say any thing calculated to destroy the smallest source of their comfort; but it is not merely in reference to

* See Watson, p. 599, vol. i. op. cit.

infantile life that the observation is made. I have more than once heard it said by adults that they felt sure their lungs must be sound, on account of the clearness or loudness of their voices. It is true that disease of the lungs may, and does frequently, impair the vocal powers, but it is by no means to be stated in this general manner that a loud voice is indicative of sound lungs.

SPONTANEOUS COMBUSTION.

We often hear people speak of spontaneous combustion in joke, but the question may sometimes arise, Are there, in reality, any cases of this kind? Are we to credit the accounts which are to be met with in books on the subject? There certainly are some very extraordinary instances on record, some of which I may very briefly mention. The singularity about the cases seems to be, that the unfortunate sufferer is said to be consumed literally to ashes, without the furniture about him appearing to be more than just scorched. It is stated in the Transactions of the Copenhagen Society, "that a woman who had been for three years

accustomed to take spirituous liquors to excess, and who took little nourishment, sat down one evening to sleep in her chair, and was found consumed in the morning, so that no part of her was found except the skull and the extreme joints of her fingers; all the rest of her body was reduced to ashes.”* One case is related of a Madame de Boiseon, who was found by her maid on fire one day after she had left her for a few moments. Water was brought and thrown on her, but it only seemed to make the fire rage more and more. Finally, she was burnt to a skeleton in her chair, which, by the by, was only a little scorched. These cases, I think, will suffice; many more might be adduced, but they all seem to be of the same kind. I think it would require very good evidence to make one credit them.

That combustion of the human body can arise *spontaneously*, as the term implies, does not, I think, find many partisans at the present time; but as in most of the cases recorded there seems reason to believe that the patient was placed in circumstances in which he might catch fire from

* Beck's Medical Jurisprudence, p. 525.

ordinary causes, the question further arises, Can there be a high combustibility of the body? On this point there is not time to enter fully, as so many subjects have to come before us. I may state, however, that many very respectable authorities admit it as possible that the body may be preternaturally combustible, amongst whom I may mention Dr. Alfred Taylor of Guy's Hospital.

MILK.

Milk forms a very nutritious and digestible article of food, and on many occasions medical men have to recommend it as the best adapted for the exigencies of the case in point. There is an opinion, however, very common, which I imagine to be in a great measure erroneous, that milk produces phlegm, and is therefore very much to be avoided in all cases of coughs. I will not undertake to say that milk is always proper for invalids; but I must say that I regard this peculiar phlegm-producing quality of milk to be in a great measure a bugbear, which does not deserve a serious consideration. I can conceive it very possible that persons of a ple-

thoric habit, who drink large quantities of malt liquor, may so gorge the lungs with blood, that an increased secretion of mucus (the so-called phlegm) may arise; but I think that such a result is very little likely to have its origin in a milk diet. Still people will affirm that milk does not agree with them, and I would not undertake to say that such is not the case. I only wish to state that the objection which is commonly made to milk in coughs does not seem to me to deserve credit.

VACCINATION.

It is a common belief that there is a risk of introducing with the vaccine virus the diseases, or even constitutional tendencies, of the infant from whom the virus is taken. On this account mothers are very particular that the matter be got from a good source, and some will even insist upon seeing the child themselves. If it were really the case that the vaccine virus communicated more than the cow-pox, it might be found a valuable means of communicating vigorous constitutional powers to sickly children, and would even be more valuable in this way than

in its application as a preventive of small-pox. I cannot, however, for my part imagine that there is any such effect. At the time when the great Jenner was endeavouring to diffuse his views in respect to the vaccine inoculation, many objections were industriously brought forward, and amongst others, it was stated that the diseases of the cow would be thus introduced into the human subject. This was a very parallel kind of reasoning.

EXPERIMENTS.

People are very ready to suppose that experiments are tried on them by medical men. I have always assured those who express this fear that they give the profession credit for a deal more ingenuity than is possessed by it. I really do not believe the great bulk of medical men, if pressed on the subject, could offer new suggestions in every case, at least such as they dare try. Think how long active and intelligent men have been cudgelling their brains to find out new remedies; and what is there left for us to do? Then, again, if we abandon the legitimate road, we open ourselves to risks

which are more likely to mar than make us. Be assured it is very seldom indeed that medical men make use of untried means on their patients, and that there is very little fear of being made the subject of ingenious philosophical experiments.

DISGUSTING ARTICLES IN MEDICINE.

Many persons, especially amongst the humbler classes, have an idea that articles of a disgusting nature, such as dead men's bones, are used in the composition of medicines. At the present day this is certainly not the case; but it would appear from the older writings that plans of treatment of a very repulsive and disagreeable nature were actually employed. Many of these were happily in the form of outward applications, or used as charms, but have no doubt given origin to the ideas which prevail on this subject. Borlase, in his book of "Notable Things," observes that "a halter wherewith any one has been hanged, if tied about the head, will cure the headache. Moss growing upon a human skull, if dried and pow-

dered, and taken as snuff, is no less efficacious.”* I think, by the by, we might ask, Is it any *more* efficacious, for it certainly is not more pleasant? Turner — the Dr. Samuel Turner who wrote on the diseases of the skin, and who seemed rather fond of strange stories — notices a prevalent charm among old women for the shingles; the blood of a black cat, taken from a cat’s tail, and smeared on the part affected. † “The chips of a gallows put round the neck, and worn round the neck, is said to have also cured ague.” ‡ Spiders, as may readily be supposed, were in great repute as remedies. Burton, the writer of the “Anatomy of Melancholy,” was at first dubious as to the efficacy of the spider as a remedy, though he states that he had seen it used by his mother, “whom he knew to have excellent skill in chirurgery, sore eyes, and aches; till at length,” says he, “rambling amongst authors, as I often do, I found this very medicine in Dioscorides, approved by Matthiolus, and repeated by Aldrovandus: I began then to have a better opinion of it.” §

* Pettigrew on Medical Superstitions, p. 64.

† Pettigrew, op. cit. 79.

‡ Op. cit. 69.

§ Anatomy of Melancholy, p. 245.

For stopping hemorrhages all sorts of disgusting things were used. That very amusing and valuable writer, John Bell, says, "they tied live toads behind the ears, or under the armpits, or to the soles of the feet, or held them in the hand till they grew warm. Some imagined," he continues, "that they operated by causing fear and horror, but all believed their effects to be very singular; and Michael Mercatus says that this effect of toads is a truth, which any person willing to take the trouble may satisfy himself of by a very simple experiment; for if you hang the toad round a cock's neck for a day or so, you may then cut off his head, and the neck will not bleed a single drop."* These particulars are sufficient to show that the old modes of treatment were not the most pleasant that can be conceived. No similar practices are, however, now employed; and the idea that all kinds of disgusting things enter into the composition of medicines is altogether without foundation. We have only, indeed, to consider how much easier and cheaper it is for those engaged in the practice of medicine to

* Bell's Surgery, vol. i. p. 204.

supply themselves with roots and salts than dead men's bones, the blood of black cats, and other horrible conceits.

OPENING THE CHEST.

The phrase "opening the chest" is very common, and exercise is recommended with this view. I have no objection in the world to good exercise, if it be only moderate and regular: but the *opening* of the chest is fortunately not accomplished by back-boards and dumb-bells. However, the phrase, though vague, is perhaps sufficiently understood, and not particularly coupled with any false practical views. Whilst on this subject, I may be allowed to state that the fashionable gymnastic exercises are, in my opinion, by no means the most desirable kind of exercise. They are mostly calculated to do harm, and are used at a time of life when great mischief may result from them. Of this mischief I cannot particularise in this place, farther than to state that many important surgical diseases arise from undue straining, and continue to affect the whole of after-life.

MUCOUS MEMBRANES.

Whilst on the subject of these common expressions, I may just remark that there are some terms used which have really no meaning whatever, and cannot be connected with any definite ideas by those who use them. Sometimes we hear a friend say that he is “dreadfully ill of the *nerves* ;” and another will tell you he is sorry to say that his wife is ill, and the doctors have pronounced it to be the *mucous membranes*. These are of course instances of expressions being used after the manner of Mrs. Malaprop, without any inquiry as to their precise signification.

SEVEN YEARS.

People conceive that there is a change every seven years in the constitution. That a change is continually going on there can be no doubt. We know that an infant grows to be a full-sized man, and consequently there must be a change of particles—a removal of some, and a fresh deposition of others—else we should have a mere superimposition of parts, and the body of

the infant would be contained in that of the adult. But as to the seven years: for my part I never could understand how people satisfied themselves that such changes were completed in exactly seven years. I have often been asked by my patients — “Doctor, do you think I shall ever get rid of this complaint? They say there is a change every seven years: I look forward for this time, for I have already been ill five.” The Roman Lustrum was, I think, a space of five years, the Greek Olympiad a space of four years, but the seven years is the favourite period chosen as the one which regulates the changes of the body in public opinion. Of course a period like this will bring about many changes, and one cannot but look forward to such a period with feelings of interest and anxiety; still there seems no good reason to select this as the prescribed limits for the operations of nature.

AMPUTATION.

Persons are very curious, and it is very natural they should be, respecting surgical operations. I have often been asked what was

the most painful part of an amputation; and before the answer could be well given, the querist has declared his own conviction, that the act of sawing through the bone, or at any rate cutting through the marrow, must be the critical point. Now this does not appear to be by any means the case; and on thinking upon the subject, it seems to me that the idea arises simply from the word marrow being suggestive of great sensibility, and, as it were, the essence of all that is profound. But the marrow is merely the oily matter contained in the bones, and must in itself be devoid of sensation. In one application of the word it is true; it has reference to an important part, as in the expression "spinal marrow;" but this use of the word, though sanctioned by medical men, is altogether incorrect, and arose in error. What is called the spinal marrow is not marrow at all, but a part of the nervous system, which is continuous with the brain.

In speaking of surgical operations, I may mention it as a common idea that surgeons are in the habit of adopting means of deadening pain before they undertake an operation. Before, however, the recent employment of

Æther and Chloroform, nothing was used expressly for this purpose. The tourniquet, which is placed round the limb to compress the artery and prevent loss of blood, was no doubt supposed to be principally used to numb pain.

SCURVY.

If we take the trouble to look into a professed work on diseases of the skin, we find a great many diseases described in a great many hard names, and at first feel quite confounded in our attempts to apply these terms properly to the cases we see. However, the public have made a very easy matter of it. With the great mass of the people, there is one name which they apply in every instance, and in every instance they apply it wrongly. This is *the scurvy*. “What a pity (you will hear it said) that Mr. A—— is so scorbutic!” “And really Miss B—— would be very well-looking, if it was not for that scorbutic eruption.” “What is this eruption?” you ask. “Oh, that is only a little scurvy, which I have had many years.” “Pray, doctor, can you give me anything for the scurvy?”

Now, properly, the scurvy is a disease almost confined to sailors, arising from the want of a supply of fresh vegetables. The symptoms of scurvy are entirely different from those which commonly go under this name in a popular sense. There is a soft, spongy, and bleeding state of the gums, and great debility of the body. There is, in reality, no proper eruption on the skin, but irregular blotches, like those produced by a bruise. This disease is not often seen except amongst sailors, and has no relation to the eruptions which we so often see in people's faces.

SCARLET FEVER.

I have heard people remark, in the slightest cases of scarlet fever, that they supposed the disease to be only scarlatina. It may be well just to observe that this supposed distinction between scarlatina and scarlet fever has no scientific foundation, and is simply a popular misunderstanding. Dr. Watson has alluded to this notion in his valuable lectures on the "Practice of Physic," to which I have already referred. "I need scarcely," says he, "remind

you of a sort of mystification which prevails among the public about this complaint, and which many practitioners, for no good reason that I can see, seem disposed to encourage. Mistaking the Latin and scientific name of the disorder for a mere diminutive, you will hear mammas say, 'Oh, my children have not got the *scarlet fever*, but only the *scarlatina*.' I always disabuse them of this absurd error when the opportunity of doing so occurs. It can produce nothing but confusion, and a disregard of requisite precautions."* There is a distinction, however, in the terms used to distinguish the mild form of the complaint from that in which the throat is implicated, the former being called *scarlatina simplex*, and the latter *scarlatina anginosa* (from the Greek word $\alpha\gamma\chi\omega$, to strangle). The knowledge that there is some distinction will of course do much to keep up the error alluded to. *

BLEEDING. — DARK BLOOD.

It is very common for patients to remark on the colour of the blood removed by the appli-

* Op. cit., vol. ii. p. 754.

cation of leeches. They will say — “It is very well, doctor, that I have been bled, for the blood was very bad—as black as your hat.” The leech-women generally maintain similar views, and the practitioner is perhaps pleased to find a new argument adduced in favour of the steps which he has taken in having his patient bled. Of course there is a real peculiarity in the blood removed from different patients; but the profession are not in the habit, and indeed not capable, of judging in this summary manner by the darkness or lightness of the colour.

The blood removed by leeches has generally the aspect of venous blood; being principally from the minute vessels which form the extreme ramifications of the arteries and veins, and which carry blood of a dark and venous character.

Whilst on the subject of bloodletting, I may mention a fear which exists, that when bleeding has been once performed, it will be requisite to have it repeated periodically. If the necessity for bloodletting have arisen from causes which are likely to be permanent, it is true that it may again be necessary to have recurrence to

the same treatment; but it is too much to say that the mere fact of taking blood imposes on us the necessity of repeating it periodically.

Again, there is an idea that leeches placed near the eyes weaken the sight. It is very certain that profuse bleedings, which drain the system of blood, and produce extreme pallidity, may, and do often, occasion, at least a temporary failure of vision; but this is no reason why we should object to a leech or two, as many do, on the ground that their application will weaken the sight.

LUNGS AFFECTED.

We often hear people ask whether their lungs are affected. Now, by the term *affected*, they imply something very serious; but the expression is of course a vague one, and may be applied with propriety to derangements of a very slight nature. Carelessness in the use of words is a frequent source of error with the public in respect to medical subjects. A man will tell you that he has a disease of his liver, when perhaps it is only a little disordered. The terms disease and disorder have nothing in their etymology to

render them peculiarly applicable to one or other condition; but conventionally there is a great difference, disease being mostly applied to actual structural changes in the organ, and disorder to mere disturbances or functional derangements (that is, derangements in the office or function of the part); but this is never known or attended to by the public, and hence very many mistakes.

The term *affected* of course may mean something or nothing. A person in the last stage of consumption has his lungs affected, but so also has every one who has the most trifling cough. Take the common dictionary meaning of the term, and it will do very well for its application to disease—there is nothing different in its appropriation to medical subjects.

FIRE GOT OUT OF BURNS.

I never properly knew what people wish us to understand when they say that “the fire is not got out of burns.” I really imagine some people suppose the fire to have actually entered the part, and to be inside it. This view of course is so absurd, that I will not insult the

understanding of the reader by stopping to refute it. If the term be applied to the first or painful and inflammatory stage, it is allowable enough; but as I think it *does* exercise a sort of impression on many that the fire is a something to be *got out*, it would be better that this metaphorical mode of speaking were altogether abandoned. It may be well to remark that many of these sayings are happily understood, by those who employ them, for no more than their true value, and therefore only to be considered as figurative expressions; but I am convinced that there are a very great many who believe them literally, and are more guided by them than by anything which can be said by their professional advisers.

LUNGS COMPLETELY GONE.

Nothing is more common than to hear people gravely state that their lungs are gone, or almost gone. This may be, unfortunately, to a great extent true in cases of consumption, where the patient is in the last stage of existence — at least if it be meant to say that the healthy structure of the lung is spoiled by disease —

death soon following this entire demolition of the pulmonary tissue. The public are, however, by no means content to restrict the term to these fata examples: a patient will tell us, with all the confidence in the world, that Dr. So-and-So has assured him that one of his lungs is entirely gone; or will tell us that a friend of his had one of his lungs quite "gone" (they like this word gone), but set out for the Madeiras, and now is as well as he ever was in his life. Such cases are of course quite untrue. I cannot imagine myself that consumption ever goes on to any *great extent* in one lung without affecting the other; and certainly if it arrived at a point of complete disorganisation of one lung, the patient could not survive. One lung may undoubtedly be greatly condensed by pleuritic effusion (altogether, however, unconnected with consumption), and even the side of the chest be contracted, without causing a fatal result; but this is not what is meant by the lung being *gone*, and does not even depend on any disease at all going on in the lung itself.

I think, with respect to this idea of the lung being gone, the profession is itself to blame—

many members of it using terms which foster the mistake, or encourage the idea, with a view to increase their own reputation. I have always myself sought to contradict these popular errors wherever I have heard them.

CINDER TEA.

Those who are much acquainted with the diseases of infancy, and have necessarily mixed much with persons who attend upon children, will have frequently heard of cinder tea. To those who have not done so, the whole subject will appear eminently ridiculous. As I am *now*, however, speaking of errors which actually prevail, and that to a great extent, amongst almost all classes of society, I care not how ridiculous the subject seems. So long as the errors prevail, the importance of considering them is certain. We are all too apt to measure the value of a subject by its gravity or complexity, rather than by its real influence on mankind and its daily-recurring applicability.

Cinder tea, so far as I have heard of it, is prepared by pouring hot water on cinders taken up from the ashes. What medicinal properties

can be imparted to water in this manner I cannot divine, nor indeed how anybody could anticipate good from such a system of proceeding. I remember seeing once in a book of jokes a receipt for making soup from pebbles. You were to put the pebbles into some clean boiling water, and whilst stirring it up, add various savoury articles, and at length a very good pot there would be. But the cinder tea is no such thing: it is to all intents and purposes *cinder tea*. I have heard of a French cook who could make an excellent ragoût of "*de small toot-comb*." The cinder tea would require such a cook to prepare it.

MIDWIFERY.

Great importance is attached by the public to particular days and periods. Now there is, in reality, a curious law of periodicity in the animal world, but the public have not always been happy in hitting upon the real examples, and greatly overdo the point of fact. The ninth day of a confinement is well known to be considered a most important day. The lady may live as she likes on the eighth; but on the ninth,

if she does not keep strictly to her bed, it is ten to one if she get well at all. Some rather more reasonably fancy that the nine first days are to be devoted to quietude; and as this reading has some good effect, it is not so very objectionable. However, in reality the ninth day is of no more importance than the eighth or the tenth, and the particular importance attached to it is only a kind of superstition. In the same way people say that a seven-months' child is more likely to live than an eight-months' child, but they cannot tell you why; and how this idea arose it is difficult to say: a fondness for paradoxes may have had a share in it.*

It would require a treatise to enumerate all the absurd stories which nurses have collected in respect to obstetric medicine.

OF PUTTING THE NECK OUT AND IN.

There are few people who have been sporting characters who have not some story to tell about having seen a man put out his neck. They will tell you that no sooner had their

* Ramsbotham says this error is as old as Hippocrates.

friend dislocated his neck, than some skilful fellow stepped forward, and putting one leg on each of his shoulders, set to work, and presently pulled it in again; after which the poor fellow mounted, and rode away as if nothing had happened. With all due deference to our sporting friends, these stories are altogether fabrications. A real dislocation of the neck would be immediately fatal. I once told a person so; but he cut me short by saying he had seen the thing himself. "The neck was all awry, but a good pull set it to rights." There is no reasoning against such philosophers, and therefore it is better to attack them in print.

OPERATIONS ON THE EYES.

The same kind of people will tell you, they have been present at surgical operations, where the eyes have been cut out, and afterwards replaced, as if nothing had happened. It is not always easy for a professional man to know how to answer such people. It would be a bore to both parties to enter into a serious refutation of the subject. I may again state that many of the things which I relate as

popular notions may seem too absurd for any degree of credulity; but most of what I have said I have heard repeated more than once, and am firmly convinced that it was believed to be true.

We may be disposed to treat these common notions as a parcel of silly stories, not deserving the trouble of a serious consideration; but when we find them in practice continually starting up, we are constrained either to join in them or deny them.

GOUT.

People say that boils are healthy, or that the gout is healthy; but in these speeches, if they have any meaning at all, there is an elliptical idea. We might say that bleeding was salutary, or rhubarb and magnesia salutary; but then we should presume that there was a state of disease to be corrected. Now, allowing a certain amount of disorder to be actually *present*, an attack of the gout *may* be favourable, *not* because it is good in *itself*, but because mischief being actually present, the gout is the means of eliminating the *materies morbi*. In this view of the subject, indeed, many of our diseases

might be called healthy. However, we frequently find people congratulating themselves on the gout; or a friend will tell you, if you show him a painful boil, "That you may thank your stars, inasmuch as it is an indication of full health." In my own view, neither the gout nor the presence of boils is any proof of good health, but rather a proof of the contrary.

The other day I met a gentleman, who showed me a little boy covered with boils. He said "he was very glad they were come out, and that they were much better out than in." In the latter observation I perfectly agreed with him, though, for the poor lad's sake, I could wish that he had never been plagued with them at all.

LANCING THE GUMS.

I do not conceive the operation of lancing the gums in children is serviceable merely in facilitating the passage of the teeth, but in relieving the tension and fulness of the part. Surgeons frequently make incisions in parts which are inflamed, without any other object than that of diminishing undue tension. Some-

times it is necessary, therefore, to lance the gums of children when we do not anticipate the immediate protrusion of the teeth. Mothers, however, who like to reason about these things, will occasionally tell us that "they are not advocates for the lancing of gums." They will tell us that the parts become harder afterwards, and thus the passage of the teeth is impeded instead of being advanced. This idea is probably derived from seeing the cicatrices of wounds and burns, which certainly often present very hard ridges; but the analogy does not seem to hold good, for I have never myself felt any similar ridge in the gums of children. Besides, however hard these cicatrices may feel to the touch, they do not seem to be in reality very capable of resisting the process of ulceration, or what is called interstitial absorption. Sir Astley Cooper, in his "Lectures on Surgery," makes an interesting allusion to Lord Anson's voyage, which has a bearing on this subject. "Lord Anson's book," says he, "is one of the most valuable works which has appeared on nautical subjects; nor is it without its use as illustrative of a principle in surgery. Lord Anson's expedition to the Pacific Ocean was

undertaken with a view of destroying the power of Spain in the New World. As he was obliged to sail sooner than he expected, many of the crew which he took out were invalids, some having *cicatrices*, and others having previously had fractured bones. In his passage round Cape Horn he encountered very severe weather; many ships were obliged to return; some were lost; and the crews of those which succeeded in getting at last to the Isle of Juan Fernandez suffered great hardships. In doubling Cape Horn the crew suffered severely from attacks of the scurvy; and it was remarked by the clergyman, who was an observing man, though he knew nothing of our profession, that the men who had ulcers before were invariably attacked with ulceration in the same parts, and that if their bones had been formerly fractured, they became disunited. . . . There cannot," continues he, "be a better example than this for the purpose of showing the readiness with which newly-formed parts ulcerate, as compared with the original structures of the body."*

* Lectures on the Principles and Practice of Surgery, p. 58. 1830.

DRAWING SALVES AND STRENGTHENING
PLASTERS.

People entertain some curious notions as to the properties of salves. We continually hear them talk of *drawing* salves. It might be possible, no doubt, to trace some of the old doctrines of medical men in these sayings, when what was called the humoral pathology was in vogue. I seldom pass many days without hearing that a particular ointment draws too much, or not sufficiently. The least that can be said of it is, that the phraseology is not good, and altogether indefinite, for the greater part of those who employ it scarcely know precisely what they wish to express. As to strengthening plasters, I must confess my complete want of faith. To communicate strength by a pitch plaster is more easily said than done. I remember there was formerly a great cry for strengthening plasters at the Manchester Infirmary. Many old men and women would beg for them, as if a plaster was the greatest favour that could be conferred; and afterwards, when their plasters were worn out, they would endeavour, in the most ingenious way imagin-

able, to bring round the conversation to the subject of plasters, and end by requesting to have others, "as the virtue," they said, "was gone out of the old ones." It would be well if they could find any relief from their real ailments from such impotent means. As to what are called "warming plasters," more faith may be given to them, for these act more or less like blisters, being indeed composed of pitch plaster and blistering plaster, and to some extent, therefore, useful in cases where external irritants are necessary.

PEOPLE HEAVIER AFTER DEATH.

That a person weighs heavier when dead than when living, is one of the popular errors which one cannot well suppose to prevail amongst the better-informed part of society. The phrase *dead weight* has probably sprung up from this idea. Why a person should be heavier when he is dead is not very apparent, unless the principle of life is to be considered as one of levity, as phlogiston was supposed to be by the philosophers of a former day. The supporters of Stahl's celebrated doctrine of phlogiston

believed that when a body was burnt, a principle, which they called *phlogiston*, escaped from it in the form of light and heat; but unfortunately for this view, it was found, when the products of combustion were carefully collected, that they weighed more than the body did previously. This would have been fatal to their doctrine, had not the idea been broached that phlogiston was a principle of levity, which, being removed, left the body heavier than before.

This was of course quite fallacious, and so would such an idea be with respect to life. One reason that a dead body is thought to be heavier than a living one is probably this, that in carrying a living person we have the centre of gravity adapted by the person carried, to suit the convenience of the carrier, and maintained in a position as far as possible to fall within the base of his body. Again, the elasticity of the structures of the body, especially the cartilages, though not in reality diminishing the weight, gives an appearance of lightness, as we see in the beautiful movements of the stag, and this would seem to corroborate the notion of living creatures being lighter than dead ones. We

have also phrases which would seem to imply that lightness was the concomitant of gentleness. How often we are admonished by the poets to tread lightly on the ashes of the dead!

MOTHER'S MARKS.

Of what are called "mother's marks," I may say a word or two. Everybody has heard of strawberries and cherries being represented on children's heads and backs, and people pretend that these appearances alter according to the season of the year, as the fruit may or may not be ripe. The question as to the origin of these marks appears at one time to have given rise to rather a warm controversy. A Dr. Samuel Turner, in the eighteenth century, published a work on diseases of the skin, in which there was a dissertation on these congenital marks contained in the twelfth chapter, and in which he attributed them to the influence of the mother's imagination. In answer to this part of the work, an anonymous publication appeared denouncing the idea as a vulgar error. However, Dr. Turner discovered the work to be written by a Dr. James Augustus Blondel, and looking upon the reply as a direct attack upon

himself, republished his views in an appendix to another work which he was then bringing out. Dr. Blondel was not, however, to be set down in this manner, and again controverted these opinions. Dr. Turner now began to consider his reputation seriously at stake, and supported his views by references from Skenkius, Hildanus, Horstius, and others, who are fond of dealing in prodigies. Though it is evident that he had the worst of the discussion, the fourth edition of his work, which appeared in 1731, is said still to have contained the twelfth chapter without alteration, and to be supported with a fierce-looking portrait of the author.

PROVERBS.

There are two proverbial sayings which may be just alluded to, particularly as one of them has perhaps a somewhat injurious influence.

We often hear people use the expression — “ Stuff a cold, and starve a fever ;” and many think this plan should be literally adopted, and proceed to act accordingly. I never properly understood the sense of the proverb until one of my professional friends explained to me that

there was an ellipsis in the sentence, and that it should be understood as a brief way of saying, "Stuff a cold, and you will have to starve a fever;" that is, if you do not refrain from generous living during a cold, ten to one you will set up a fever in which you will have to abstain altogether. This is certainly a more sensible reading of it.

The next proverb is, that "Twilight is the blind man's holiday." At first it would seem a ridiculous saying, because if want of light is to excuse us from work, a blind man must have a perpetual holiday. The proverb no doubt relates to the well-known fact, that a man with a cataract can see better in the twilight. This is very easily explained; for in the softened light called twilight, the pupil of the eye expands, and as the diseased lens which intercepts the light is chiefly opaque in the centre, it follows that the rays of light are in some degree admitted when the pupil is fully dilated.

BONES BRITTLE IN WINTER.

Accidents frequently happen in winter-time from the slippery state of the roads; but there

is a general belief that the bones are more brittle in winter than at another time. In frosty weather, it is common to caution domestics "to be careful in cleaning the windows, as the glass is brittle;" and this certainly is the case, and for an obvious reason. The outside of the window is exposed to the cold frosty air, whilst the inside is warmed by the heated air of the room; hence the two sides are expanded in different ratios, and a slight blow is sufficient to break the pane; just as hot water, put suddenly into a cold glass, may crack the vessel; especially if it be so thick that the heat is not readily transmitted through it. Well, then, probably the notion about the brittleness of the human bones in winter is derived from the fact I have mentioned; but the animal heat does not differ in cold weather, except indeed on the surface of the body. Nor would there otherwise be any analogy in the cases. That the bones of *old* people are more brittle than those of the young, is quite true; but this is of course altogether a different question.

OF THE LOCK-JAW.

Many people entertain a very singular idea of the complaint called lock-jaw. It is, I think, often supposed that the disease consists alone in the forcible closure of the jaw, and that the patient, being unable to get sustenance, dies from inanition. Some of these people, who consider themselves a little more ingenious than their neighbours, will suggest to you the extraction of a tooth as a remedy, which, they think, may not have presented itself to others. In reality, the stiffened state of the muscles of the jaw is only a part of a general condition of spasm, the origin of which is ill understood, notwithstanding the great attention which has been devoted to the subject, and the ability which has been directed to it. The body is sometimes bent back like a bow in a most frightful manner, and the hands and feet dreadfully distorted. As the complaint first shows itself about the muscles of the jaw, it may have acquired the name from this circumstance.

Some non-professional people mistake dislocation of the jaw for lock-jaw. When the jaw

is dislocated, it remains widely open, and the patient is unable to shut his mouth. One laughable case is related of a person singing very loudly at a concert, who suddenly became silent, and was found staring with his mouth wide open. At first people thought he was mad, but at length it was discovered that his jaw was dislocated.

RED FLANNEL.

The very name of red flannel brings to me a thousand recollections of old women with mountains of bandages round their heads, or of swelled knees and joints carefully swathed like Egyptian mummies. It is really surprising to see the number of rolls which surround the heads of some of the aged and invalid poor. I have frequently endeavoured to effect their removal or diminution, but I always found I was touching on a sore point; and though I succeeded in some cases, I could evidently see that there would be a struggle to return to the old red flannel as soon as my attendance was discontinued.

But the red flannel is not used merely for

warmth; it is looked upon as a sort of remedy in itself. In the same way as you would apply a blister, or an ointment, or lotion, so you use the red flannel. But though the red flannel is so generally confided in by the poor, in this, as in many other instances, I have in vain sought from any of its supporters to obtain any precise idea of its *modus operandi*. The efficacy of red flannel must then be conceded, I suppose, as an ultimate fact, which is to be granted, and not reasoned upon.

It would be altogether profane to ask whether the virtue depends on the coarseness of its texture, or upon its colour, or some properties imagined to reside in the dye. People do not say, "Shall I use coarse flannel?" or "Shall I keep the part well wrapped up in many folds of flannel?" but "Shall I use *red* flannel?"

MUSSELS.

Mussels, it is well known, sometimes produce nettle-rash, and other unpleasant symptoms; so that it is common to say people are *musseled*. We often hear it stated that this depends upon a certain part of the mussel, and that when

this part is taken out, there is no fear of bad effects arising. I cannot for my own part speak on this point, but I will simply quote what Dr. Paris states. "The mussel," says he, "is a species of bivalve, which is more solid, and equally as indigestible, as any animal of the same tribe. The common people consider them as poisonous, and in eating them, take out a part in which they suppose the poison principally to reside. This is a dark part, which is the heart, and is quite innocuous: the fact, however, is sufficient to prove that this species of bivalve has been known to kill, but not more frequently perhaps than any other indigestible substance."*

GALVANIC RINGS.

A little while back it was very much the custom to wear what were called galvanic rings for the relief of rheumatic and other pains. Even granting that these rings have a galvanic action, I do not myself see how they are to cure such complaints. Perhaps they are intended

* Paris on Diet, p. 163. 1836.

to act like charms. Formerly, rings were very much used to charm away diseases. Pettigrew tells us that Paracelsus had a ring made of a variety of metallic substances, which he called *electrum*. "These rings were to remove cramp, palsy, apoplexy, epilepsy, or any pain. If put on during an epileptic fit, the complaint would be immediately cured." Sometimes rings were formed from the hinges of a coffin. "Andrew Boorde," he continues, "who lived in the reign of Henry VIII., says, 'the kynges of Englande doth halowe every yere crampe rynges, which rynges worn on one's finger doth help them which hath the crampe.'"*

"In the Gentleman's Magazine for 1794, we are told that a silver ring, which is made of five sixpences, collected from five different bachelors, to be conveyed by the hand of a bachelor to a smith that is a bachelor, will cure fits. None of the persons who gave the sixpences are to know for what purpose, or to whom they gave them."† Bachelors were not, however, the only contributors of these charms.

* Op. cit. p. 87.

† Op. cit. p. 62.

“The London Medical and Physical Journal for 1815 notices a charm successfully employed in the cure of epilepsy, after the failure of various medical means. It consisted in a silver ring, contributed by twelve young women, and was constantly worn on one of the patient's fingers.”* It seems, then, that the practice of curing diseases by metallic rings is by no means new. A short time ago I attended a gentleman for a rheumatic complaint, who all the time wore one of these galvanic rings. I do not know whether he attributed his recovery to the ring or to his medicine, or whether he divided the credit.

HEART.

There are some errors which are of an anatomical nature. There is a common misunderstanding as to the position of the heart, though it is common enough to talk of the *heart's being in the right place*. People say the heart is on the left side; but it in reality inclines only a *little* to the left, being almost immediately behind the breast-bone or *sternum*, and is situated higher

* Pettigrew, p. 62.

than I think is generally conceived by non-professional people. The breast-bone is the bone with which the ribs are articulated at the front of the chest, and immediately behind the breast-bone lies the heart surrounded of course by its proper coverings. I have known people imagine the stomach to be immediately at the termination of the windpipe, because the feelings of indigestion are often referred to this point. In respect to the heart, the term ossification, applied to disease of the heart, is generally but imperfectly understood. There are people who think the heart is literally and completely changed into bone. A person would, however, die long before such a change could be brought about. There are, however, some very extraordinary cases related by Corvisart, Burns, Haller, and others, in which large portions of the heart were replaced by ossific deposits. In general, however, when ossification of the heart is spoken of, it is merely meant that the valves of the heart are impeded in their action by ossific deposits, and instead of falling in a manner to close the orifices over which they are situated, remain to a certain extent patulous.

Amongst this class of anatomical errors is

that which we sometimes find people run into, of supposing that they have what they call a *narrow swallow*. Such persons suppose that they cannot take pills, but will swallow much larger bodies with ease. I have several times been called to children who have swallowed marbles and other large bodies, whilst the mothers have asserted that their throats were too narrow to admit the passage of pills. In these cases there seems to be a want of consent between the muscles of deglutition and those of the mouth and palate, and this must proceed from a mental feeling, sometimes difficult to overcome.

INWARD FITS.

Nurses often speak of *inward* fits. When I first heard the phrase I was somewhat puzzled with it. There is something terrible in fits, but still more terrible in supposing that they are going on in the interior without any external manifestation. The truth is, these inward fits (*quasi fights*) are no more inward than any other fits, and scarcely to be dignified by the term fits. I conceive that the expression is ap-

plied to those little nervous twitchings which we occasionally see during sleep. An infant will have its mouth drawn up into a sort of smile, and the eyelids will be scarcely properly closed. The nurses will shake their head, and tell the anxious parent that it is suffering from inward fits. I do not like the term, for I think it is calculated to produce a sort of alarm which is not always justified by the case.

MEANS OF PREVENTING CONTAGION.

I think it is often supposed that medical men are in the habit of carrying about them some drug which has a protective influence against the operation of contagion. If this were the case, it would be proper that it should be made generally known. I remember, when I was very young, having a little bag of camphor stitched in my dress, to prevent fever during the time that it was prevalent. Some people will suppose that smoking is desirable. I have known ladies put lavender in their handkerchiefs if they thought they were going to run any risk. Most of the remedies used are of this

class — namely, such as have a powerful odour. The celebrated Hahnemann, the author of the homœopathic doctrines, thought that belladonna had a protective influence against the scarlet fever. It was, however, to be given internally, of course in a very small dose — three grains dissolved in an ounce of distilled water, of which three drops were to be administered twice daily to a child under twelve months. The homœopaths assert that if it does not prevent the disease, it renders it mild.

The plan of carrying camphor bags reminds one of the old amulets and charms to which we have already given attention. I mentioned the importance of rings. In the Harleian manuscripts (according to Pettigrew, p. 67.), is a letter from Lord Chancellor Hatton to Sir Thomas Smith, written at the time of an alarming epidemic. He writes thus: — “I am likewise bold to recommend my most humble duty to our dear mistress (Queen Elizabeth), by this letter and *ring*, which hath the virtue to expel infectious airs. . . . I trust, Sir, when the virtue is known, it shall not be refused for its value.” Perhaps some one may bring out cholera rings — I dare say people would be

found to buy them. The more ridiculous a remedy is, the better it often takes. However, medical men do not attach importance to these portable remedies, at least to those which operate merely in giving out an odour without exercising any chemical influence on the atmosphere. I am not now alluding to such as the chloride of lime, which is to be kept in the house. The subject of the prevention of contagion is much too vast and important to admit of cursory remark, and I shall content myself, therefore, with denying that medical men are in the habit of carrying about their persons remedies to prevent contagion.

OF BILE.

Just as I stated that the public use the word *scurvy* as a general term for diseases of the skin, so it is common to use the epithet *bilious* for a number of distinct affections. A person is in the habit of putting his stomach out of order, and declaring that he is very bilious; or another shall lay the flattering unction to his soul that some serious structural disease is all attributable to the bile. There is one common

mistake made in respect to vomiting *bile*. Whenever bile is found in the ejected matter, it is at once concluded that it was owing to a redundance of bile that the sickness was created. This is, however, in most cases an error; for the bile is brought into the stomach from the first bowel (the duodenum) by the straining efforts of the patient, which cause a reflux or regurgitation of the bile in opposition to its natural route. Thus nothing is more common than to find bile ejected from the stomach in sea-sickness, even when the sufferer set out on his voyage in the full enjoyment of health.

Whilst engaged in writing out these brief memoranda of medical errors, I stumbled on a book on the subject, written by a Dr. Jones, dated 1797, in which he places in the category of popular errors some which one would scarcely expect to meet with in such a connection. Thus he considers it as one of the errors to be refuted, "that a physician just called to a patient ought, as soon as he comes down stairs, to inform the family of the name of the distemper." Most medical men will agree with him that this is certainly an egregious error.

He also alludes to the absurdity of asking a

physician questions at a dinner-table, which it is impossible for him to answer without a careful inquiry into the case of the querist.

WARTS.

“It is a popular belief,” says Mr. Erasmus Wilson, “that the blood which flows from warts, when wounded, will cause them to grow on whatever parts of the skin the blood touches; and schoolboys, who love experiments, occasionally adopt this method of transplanting them, but *without success*. Indeed there is no truth in the supposition; and if a fresh crop should be produced around a wart that has been teased by a schoolboy, the fact, when it happens, admits of a more philosophical explanation.”* Another idea respecting warts is, that they may be charmed away — an idea, by the by, of considerable antiquity, but one which still prevails, or at least did so not long ago. It was supposed that the wart might be mysteriously transplanted, and then buried. Mr. Pettigrew tells us, that in a letter from Mr.

* On the Healthy Skin, p. 293.

Hann to the Hon. Robert Boyle, allusion is made to the cure of warts — “by taking an elder stick, and cutting as many notches in it as there are warts; then rubbing it upon the warts, and burying it in a dunghill.”* He also says that Grose gives for the removal of these excrescences direction “to steal a piece of beef from a butcher’s shop, and rub your wart with it; then throw it down the necessary-house, or bury it, and as the beef rots, your warts will decay.”† Fortunately we are now in possession of more effectual means of removing warts, so that the *charms* may be said to have lost their charm.

THAT BLISTERS NOT RISING SHOW THE
PATIENT TO BE DYING.

It is very certain that a blister will not rise on a dead man any more than on a hair trunk; but there is a very ridiculous notion, that if a blister does not rise, it is a proof that the patient is likely to die. I need not say that

* Medical Superstitions, p. 77.

† Ibid. p. 80.

many circumstances may prevent the operation of a blister; and if we have no better evidence of approaching dissolution than its failure, we are bound to suspect that the blister has been very inefficiently managed.

THAT DISEASE CHANGES AT PARTICULAR PERIODS.

This is one of those notions which, as we shall have many occasions to remark of others, is partly true and partly false; and perhaps medical men are themselves in some degree divided on the subject. Some complaints undoubtedly observe regular periods; and others, which are less known to do so, may in reality observe a law of periodicity which has yet to be discovered. I do not, therefore, wish to deny the possibility of nature's operating in this manner, and am far from wishing to circumscribe the limits of natural phenomena by my own information; still, it seems to me that some people make assumptions beyond what the present information on the subject will warrant. "My daughter was taken ill at ten this morning; now at ten to-night I ex-

pect a change. What do you think, doctor?" Or another was taken ill on a Friday at six, and the next Friday at six the mother will consider a most critical period. The fact is, every patient has his own reading of the case: one thinks every twelve hours important; another the same hour daily; a third the same day of the week, or perhaps fortnight; so that these people are not even agreed themselves as to the period which is critical.

TIDE.

Somewhat similar to this idea is that of supposing the ebb and flow of the tide to influence disease. I have known people who are in expectation of the death of a friend look forward to the ebb of the tide as a circumstance likely to determine the event. This notion is alluded to by Shakspeare in his description of Falstaff's death. It is highly characteristic even to the medical reader. Dame Quickly says*, "'A made a finer end, and went away, an it had been any Christom child: 'a parted even

* King Henry V., act ii.

just between twelve and one, e'en at turning o' the tide: for after, I saw him fumble with the sheets, and play with flowers, and smile upon his fingers' ends, I knew there was but one way; for his nose was as sharp as a pen, and 'a babbled of green fields." It is at least a fine and poetical idea, that the retreat of the ocean carries back with it the departing spirit to its final resting-place—to the distant shores where the golden clouds of heaven mingle with the glorious deep. With such an idea, the fisherman, as he watches over his dying child, would listen with secret awe to the distant roar of the retiring waters.

THAT A MAN HAS A RIB LESS THAN A WOMAN.

I should scarcely have imagined that this error could be seriously entertained, had I not been once or twice actually questioned on the subject. The absurdity of such an opinion is so easily demonstrated by inspection of the skeleton, that controversy cannot arise. Whatever Adam's condition may have been, our fair partners do not now exist at the expense of our ribs. They steal our hearts, it is true,

but fortunately they do so without damage to our ribs.

THAT CLEVER CHILDREN WILL NOT
LIVE LONG.

Delicate constitutions are not unfrequently associated with precocious minds. With scrofulous and consumptive habits there are often combined states of intellectual brightness which only render more deplorable the untimely death which ensues. This being a subject of general remark, it is not uncommon to regard the early indications of genius with a certain fearful presentiment of a premature fate. Shakespeare says ---

“So wise, so young, they say do ne'er live long.” *

This connection of premature indications of talent and early death is, however, far from being a constant one. A striking instance of the contrary may be mentioned as having occurred in the great Haller. I am almost afraid to relate what is told of his youth, lest I ap-

* Richard III., act iii. scene 1.

pear to be seeking only for the marvellous. I may say generally, however, that while yet at an early age, he displayed the most extraordinary industry and research, as well as the most brilliant talents; yet he reached a very considerable age.

EYE OF LUNATICS.

There is altogether an extravagant notion about the appearance of lunatics. Some people imagine that an insane man can be detected at once by the appearance of the eye, and feel a sort of disappointment in going through asylums to see the inmates looking like other people. I believe there are persons sufficiently romantic to suppose that all insane women are beautiful. Like Sterne's Maria, they expect to see them in white, with long dishevelled hair, and perchance a goat, attached by a silken cord, sitting at their sides. I have seen many hundreds of insane women, but only one who had any pretensions to good looks, and she was indeed a kind of Maria, whose infirmity of mind seemed only more pitiable from the

graces which she possessed. One might almost have been led to exclaim with Cicero, "Male me errare cum illâ, quam aliis recte sapere." Some lunatics have undoubtedly a very curious and characteristic expression — a kind of side glance, with a stealthy pace, and an unmeaning smile continually playing on the countenance; but a great many people with disordered intellects look exactly like their fellow-men, and there is not that particular appearance of the eye which speaks infallibly and at once of the aberration of the mind. It will be conceded, then, at any rate, that the common notion is an extravagant one, and this kind of test altogether fallacious.

WIND OF A BALL.

Old soldiers are proverbially fond of storytelling, and perhaps rival the barbers in this respect. It is natural enough that they should like to recount the deeds they have done; and, as Goldsmith says, "shoulder the crutch, and show how fields are won." You ask that poor fellow with the wooden-leg how it was that he

lost his limb?—you suppose it was a cannon-ball that struck it. “Oh dear no, sir; it was from the *wind* only. The leg was no more touched than your own; the skin all unbroken and unbruised; but the bone crushed and soft. The ball,” he says, “must have passed close by it.” On this subject even professional men have been in some hesitation; but I will quote the words of a very eminent army surgeon, who has only lately been removed from among us.

Mr. Samuel Cooper says*: “A cannon-ball, especially when nearly spent, frequently strikes the surface of the body or a limb obliquely, and is reflected without breaking the skin. A soldier may be killed in this way without any appearance of external violence. His comrades suppose, therefore, that he has been killed by the *wind of a ball!* But the error of this opinion is immediately manifest when it is remembered that cannon-balls often carry away parts of the dress without doing any harm to the person.” Mr. Drutt, the author of a valuable little manual of surgery, accounts for these so-

* Elements of Surgery, p. 175.

called wind-contusions in a similar manner; and quotes the celebrated Baron Larrey in support of his views.

Speaking of the wind of a ball, it is stated, that Oliver Cromwell was in risk of being killed by a cannon-ball passing very close to him. It did not seem, however, to do him any harm. This happened at the battle of Marston Moor, which was fought on the 2nd of July, 1644. "The ball grazed so closely past him that it was imagined for a while that it had killed him, but he immediately recovered his self-possession, and remarked, smilingly, that 'a miss was as good as a mile.'"*

SHOULDER GROWING OUT.

A very common phrase is that "of the shoulder growing out," and no little apprehension is occasioned by it. It is not uncommon to see a projection of the shoulder-blade, and this does indeed appear to non-professional eyes like a direct outward growth of the bone. Such is not, how-

* *Memoirs of the Court of England in the reign of the Stuarts*, by Jesse, vol. iii. p. 36.

ever, the case in reality : the protrusion of the shoulder-blade being the result of a curvature of the spine, which so alters the position of the ribs as to cause the jutting-out of the shoulder-blade. The spine, therefore, and not the shoulder, should be the object of solicitude in such cases. This, I have no doubt, is well known to most educated persons, but still just worthy of mention in connection with the correction of these popular errors ; for occasionally we meet with quacks who recommend iron plates to press back the bone, and which only bear upon some part of the distempered spine, which is not calculated for such injurious machinery.

HEALING MEDICINE.

Many medicines are said to be what is called *healing*. Frequently we are asked whether such and such a medicine be not very healing to the stomach and bowels. Spermaceti was formerly considered as one of this class of medicines, and the spermaceti draught was a favourite remedy in old times with obstetric practitioners.*

* See Ramsbotham, p. 188, "Practice of Obstetric Medicine."

Shakspeare, in Hotspur's description of a fop, makes him say, that

——— “the sovereign'st thing on earth
Is spermaceti for an inward bruise.”

There is less reason, however, to doubt the part of his speech which relates to the “villanous effects of saltpetre, which many a good tall fellow has destroyed.” The old women will be telling us every now and then that a little linseed-tea would be very healing to the lungs. Persons with notions of this kind seem to me to be very easily satisfied with medical reasoning. They never go on to ask how the effect is produced, or upon what foundation the evidence rests. This brings me to speak of popular credulity in the efficacy of drugs.

THAT MEDICINES FIND OUT THE EXACT
PLACE OF THE DISEASE.

Though I am by no means one of those who would underrate the efficacy of medicine, I must confess, that the popular belief is in many instances much too favourable. There is a growing spirit in these days, however, to fall

into the opposite extreme, which in its turn is mischievous. The believers in physic are sometimes not content with a general acquiescence in the virtues of drugs, but suppose that the medicine finds its way at once to the particular seat of the disorder — what the chemists would call a sort of *elective affinity* between the physic and the diseased organ. “ Doctor, I feel it working at the complaint. My arm certainly hurts me a good deal more to-night, but I suppose it is the medicine which is ‘ *finding out the disease!* ’ ” The doctor who supports such a view deserves finding out himself. Medicines have undoubtedly more or less influence on particular organs of the body, or at least different organs have different capabilities of eliminating medicines from the body; but to suppose that a medicine pursues a disease as a cat runs after a mouse is more amusing than true. The patient will often tell you, however, that since he has taken his physic, the disease has evidently quitted its old quarters, and is beating a kind of retreat under cover, perhaps, of some artillery of pain.

A propos of faith in medicine, I may mention some curious letters which are preserved

touching the early life of Charles II. The first letter is written by Queen Henrietta (one of the few written by her in the English tongue) to her son, Charles II., then a boy: —

“ Charles, I am sore that I must begin my first letter with chiding you, because I hear that you will not take physic. I hope it was only for this day, and that to-morrow you will do it; for, if you will not, I must come to you and make you take it, for it is for your health. I have given order to my Lord Newcastle to send me word to-night whether you will or no; therefore I hope you will not give me pains to go. Your affectionate mother,

“ HENRIETTE MARIE, R.

“ To my dear son the Prince.”

The next letter is written by the Prince, in the child's own hand, with lines ruled in pencil above and below, and seems to have reference to the foregoing.*

“ My Lord, I would not have you take too much physic, for it doth always make me worse, and I think it will do the like with you.

* Harl. MSS.

I ride every day, and am ready to follow any other directions from you. Make haste to return to him that loves you.

“CHARLES, P.*

“To my Lord of Newcastle.”

LIGHTENING BEFORE DEATH.

Not unfrequently long periods of delirium or maniacal excitement have shut out from anxious friends the consoling but painful intercourse of the death-chamber. Sometimes a sudden gleam of returning reason will light up the darkness of these aberrations, and admit the last farewell and dying look of affection which dwell for ever in the heart. Who has not felt a something of the supernatural in these timely revisitings of the mind, which allow the “latest words” of one who is never to be recalled? Nurses, who love the mysterious, delight in stories of this kind, and call this return of the mind a “*lightening before death* :” thus likening it to the throes of a dying flame, which for a moment shed a sickly illumination around, but only to make the

* Quoted from Jesse's Memoirs of the Court of England during the reign of the Stuarts.

succeeding darkness more apparent and appalling.

That the mind is thus often temporarily restored, is a fact continually brought before us, and one which is far from being so mysterious as it may at first sight appear. Sir Henry Hallford, in a collection of essays, which were read before the College of Physicians, has alluded to the subject, and gives an explanation which appears to me sufficiently satisfactory. He is speaking of the necessity of cautiously estimating symptoms of apparent improvement in the latter stages of disease; and mentions the following instance:—

“A young gentleman of family, about twenty-five years of age, took cold whilst under the influence of mercury. The disease increased daily, until it was accompanied at last by so much fever and delirium, as made it necessary to use not only the most powerful medicines, but also personal restraint. At length, after three days of incessant exertion, during which he never slept for an instant, he ceased to rave, and was calm and collected. His perception of external objects became correct, and they no longer distressed him, and he

asked pressingly if it were possible that he could live? On being answered tenderly, but not in a way calculated to deceive, that it was probable he might *not*, he dictated most affectionate communications to his friends abroad, recollected some claims upon his purse, 'set his house in order,' and died the following night."* This appearance of a favourable change, Sir Henry Halford ingeniously ascribes to the failure of strength, and the consequent "mitigated influence of the action of the heart upon the brain."

The restoration of intellect immediately before death, or even the quiet and thoughtful exercise of the mind which sometimes precedes dissolution, seem in the excited state in which we usually contemplate them, as almost given for prophetic purposes. Sir Henry Halford brings forward much classical matter to show that the ancients regarded in this light the words of the dying. These I shall pass over; but I may just mention two quotations which he makes from Shakspeare, and which will be perhaps more readily intelligible than many of

* Essays and Orations.

the other learned authorities which he quotes. When Hotspur is mortally wounded he exclaims —

—— “ Oh, I could prophesy,
But that the earthy and cold hand of death
Lies on my tongue ! ”

Again, in Richard II., Old John of Gaunt, in his dying moments, says —

“ Methinks I am a prophet new inspired,
And thus expiring do foretell of him —
His rash fierce blaze of riot cannot last ! ”

SCROFULA.

Though names in reality cannot alter the things which they represent, and, as the great poet says, “ the rose by any other name would smell as sweet,” yet it seems that the public are not of opinion that a disease is equally acceptable under one name as under another. Now, in practice among the higher classes of society, very many cases of scrofulous disease occur; but woe be to the medical man who is so unguarded as to make use of the word *scrofula* ! “ Oh,” they would immediately say, “ you are quite mistaken, sir; there is nothing scrofulous

in our family, I can assure you!’ and this would be accompanied with a feeling of affront which nothing could afterwards remove. Do such persons know what is meant by scrofula, or are they afraid of a name? You may tell them that their friends are of weak, poor constitutions — of constitutions incapable of healthy action; that they are consumptive, the subjects of diseased joints, or enlarged glands, but *never* scrofulous. It must be owned the name is not a very pleasant one, for it is derived from the scientific name of the hog — “*Sus scrofa*” — from some fancied resemblance to the diseases of this animal. Scrofula has some claims, however, to be viewed as a fashionable complaint, for it is called “the king’s evil;” and we all know that the royal touch was considered a potent remedy. Thus in *Macbeth* —

“*Malcolm.* — Comes the king forth, I pray you?

Doctor. Ay, sir: there are a crew of wretched souls
That stay his cure.”

I do not say that medical men should be over-ready to make use of a term which is connected with so many unfortunate cases of disease; but where the case is confirmed and de-

cided, should it be altogether a forbidden term? A perfectly honest medical man is by no means always the best received, and many clever practitioners, who are successful in their profession, are as much so from their tact in discriminating character, and adapting themselves to the fancies and peculiarities of their patients, as to the abilities which they may possess or the information they have gained; but yet we will hope that honesty and truth will be discovered at least by some, the approbation of whom will outweigh a whole theatre of others.

VINEGAR—FAT PEOPLE.

There is a popular notion that vinegar will make people thin; and probably some who are ambitious of being more than ordinarily genteel may actually take it with this view. In the *Gulstonian Lectures*, delivered by Dr. Thomas King Chambers, May 1850, the subject is corpulency, and Dr. Chambers casually alludes to this idea about vinegar. "Vinegar has been employed," says he, "by those who are foolish enough to practise upon themselves; but as it produces thinness only by injuring

the digestive organs, the benefit is not worth the price paid for it; and no medical man would ever advise the use of such a remedy." Somewhat similar is the administration of gin to stop the growth; and I think a like explanation may be given of its action, if in reality it have any.

Dr. Chambers does, however, mention one remedy, which, along with exercise and regimen, he thinks might be serviceable in excessive corpulency, namely, a solution of potass (*liquor potassæ*). He supposes that this would unite with the fat, so as to form a kind of saponaceous compound. Sir Benjamin Brodie has recommended the same medicine for fatty tumours. I must content myself, however, with denying the efficacy of vinegar, and leave the more strictly medical questions for decision in individual cases.

SLOW POISONS.

The subject of slow poisoning is one with respect to which there has been considerable superstition. Beck tells us that in Italy it was formerly believed that poisons were invented for

destroying life at any given period. Of course poisons might be given in small quantities, from time to time, so as to impair health, and eventually cause death; but this is not the idea which is commonly entertained on this point. That some poisons will operate long after the period of their administration or application, is proved by the fact, that the *virus* of hydrophobia is capable of remaining so long in a latent condition. It is said that the period of *incubation*, as it is called, varies from six weeks to eighteen months. We know of no poisons, however, which can determine death at particular and precise periods. The ancients are supposed to have given considerable attention to this subject, but no doubt much fiction is mixed up with these accounts. Professor Beckman tells us that Theophrastus speaks of a poison prepared from aconite which could be moderated in such a manner as to have effect in two or three months, or at the end of a year or two years.

Some of the slow poisons of the ancients were given as hair-powders, and contained preparations of lead, which were thus gradually introduced into the system. These were called, I

think, by the French the *Poudres de Succession*, and for a very obvious reason. A great deal, however, which we read about the slow poisons is exaggerated, or altogether erroneous, especially what relates to their determining death at remote but precise periods. It is probable that many of these stories have originated in the then prevailing doctrines of anathemas and witchcraft.

SHINGLES.

The term shingles is one in common use. It appears to be a corruption of the Latin word *cingula*, which means a girdle. This complaint (the shingles) consists in a vesicular eruption, which breaks out generally about the waist, and, I believe, mostly on the right side. The spots come out in clusters, so as in time to form a kind of half belt; and there is a vulgar error, that if the eruption completes the circle, it is fatal. In Bailey's Dictionary, under the name Shingles, the writer gives the following definition:—"A disease: a spreading inflammation about the waist, which kills the patient if it gets quite round." Fortunately this is not the case;

but the complaint *does* seldom get quite round. It is altogether a curious affection, being preceded by darting pains, which continue for a long time, and are a good deal puzzling until the appearance of the eruption. The patient is perhaps anxious about these pains; but when the eruption shows itself, and you tell him it is the *shingles*, he is quite content; so that, after all, there is in physic, as I have said, a great deal in a name.

SOOTHING SYRUP.

I cannot here avoid alluding to a practice of rubbing children's gums with preparations which profess to allay the irritation of teething. I think the statements made respecting these syrups are peculiarly calculated to mislead, as they are intended to make it appear that the action of the medicine is entirely a local one. For my part I cannot conceive that if such remedies have any effect at all, they operate in any other manner than that of producing a narcotic influence on the brain. Consequently they are to be classed in a category of medicines all of which are decidedly improper for domestic

use. Many parents who are averse to the employment of professed anodyne medicines for infants, still think that there can be no harm in soothing the gums with what they consider merely topical applications. It would be well, however, for such persons to bear in mind that the gums and mouths of children, at a very early age, present active absorbent surfaces, and that medicines rubbed on such parts must either be totally useless or highly prejudicial. I have heard it said by mothers of considerable observation and experience that the use of some of these quack medicines in the nursery is of great utility. I am far from denying that anodynes may be occasionally useful; but they should never be given at the discretion of any but properly educated medical men, and only in those cases in which it seems that they cannot be dispensed with.

MONOMANIA.

The public, and, I rather think, some medical men also, have what appear to me to be erroneous notions respecting monomania. Monomania, as the word implies, is madness on one particular subject; and it is often thought that

if the patient can be set right on that particular subject, a cure will be effected. There is a story, and a very good one too, in the "Diary of a Late Physician," which, if I remember it rightly, turns on this idea. A man is represented as imagining his head to be placed on his shoulders the wrong way. For this insane idea a physician is consulted, who hits upon an expedient which is attended with the happiest results. The physician enters into his patient's conceit, condoles with him on his misfortune, and assures him that nothing but a severe operation can possibly rescue him from his calamity. The operation is no other than that of turning his head back to its right place. A room is accordingly darkened, and, by the aid of an electric shock, he is made to suppose that his head is wrenched round to its former position. His dress, which he had worn to correspond to his own notions, being at the same time set straight. This completely disabuses him of his delusion, and he rises a changed man. The story is called the "Turned Head." It is rather too bad to spoil a good story, and especially as it is the only funny one in a remarkably pathetic book; yet truth must be told.

It must be owned that a lunatic will often manifest his insanity principally, or even solely, upon one topic; but I think it will be found that the subject in question is the one in which he is chiefly interested, and that if we could succeed in diverting his mind from it, the insanity would show itself on the next topic which interested him. It is not, in point of fact, the dwelling on the individual topic or single subject which constitutes the disease, but the habit of the mind to dwell morbidly on whatever interests it the most. If you convince a man who fancies himself a tea-urn that he is altogether under a misapprehension, he will probably tell you on your next visit that he finds you are quite right in what you said: he knows *now* that he is not a tea-urn, but a sugar-basin, and will be obliged to you to keep at a respectful distance, lest you break him into a hundred pieces.

It is true that patients may continue saying the same thing for years; but this is only the pertinacious manifestation of a wrong bias of mind, which bias is capable of showing itself in divers forms. Pinel mentions cases where a dominant idea has lasted twenty or thirty years.

The minds of people who have these peculiar dominant ideas, I think, would be generally found not correct on others, if scrupulously examined; and in this opinion I find I am borne out by the late able Dr. Pritchard. The wrong notion is not, then, as some people imagine, a mere single error, but an indication of a faulty direction of mind, which, as I have said, might manifest itself in various ways, and is probably more or less evident in all. People tell, however, the most remarkable stories about these monomaniacs, and even make them out to be the wisest of all people when the subject of their insanity is not broached.

In Aubrey's "Lives and Letters of Eminent Men," a curious instance is mentioned of this supposed monomania. Speaking of the celebrated James Harrington, the political writer, he says, "His durance in prison was the cause of deliration or madness, which was not outrageous, for he would discourse rationally enough, and he was very facetious company; but he grew to have a fancy that his perspiration turned to flies, and sometimes to bees; and he had a *versatile* timber-house built in Mr. Hart's garden, opposite to St. James's Park, to

try the experiment. He would turn it to the sun, and sit towards it; then he had his fox-tails to chase away and massacre all the flies and bees that were to be found there, and then shut his chasses. Now this experiment was only to be tried in warm weather, and some flies would lie so close in the crannies and the cloth with which the place was hung, that they would not presently show themselves. A quarter of an hour after, perhaps, a fly, or two, or more, might be drawn out of the lurking-places by the warmth, and then he would cry out, ‘Do you not see it is evident that these come from me?’ ’Twas the strangest sort of madness that ever I found in any one. Talk of anything else, his discourse would be very ingenious and pleasant.” The writer goes on to say—“He married his old sweetheart, Mistress Daynell, a comely and discreet lady”—which is certainly a good ending of the story.*

COMPOUND FRACTURE.

Medical men speak of fractures as simple and compound; and a common misunderstanding

* Quoted from the Memorials of London.

arises from this mode of expression, which it may not be amiss to point out. The error to which I allude is this—that a simple fracture is supposed to be a fracture in one place, and a compound fracture a fracture of a bone in two or more places. This is not, however, the meaning of the terms as they are employed in medical writings. Surgeons consider those fractures alone to be compound in which an external wound communicates with the bone—the injury not being simply the fracture of a bone, but a fracture compounded with an external injury. It must be confessed that the term is not a good one, inasmuch as it so naturally leads to misapprehension. The term complicated would be better, which I believe to be used in France.

TONGUE-TIED.

Beneath the tongue is a little fold of membrane, which is significantly called the bridle of the tongue (*frænum linguæ*)—very useful, by the by, if it were really so. In some few instances it would appear to be so short, as to interfere with the free motions of the tongue,

and it has been customary to divide it with a pair of scissors—an operation, however, which requires some care, as there are blood-vessels in the neighbourhood which have to be avoided (the lingual arteries). It is said by Professor Burns, who is an authority on subjects of this nature, that “he has not seen two children in all his practice who really required the operation.” In cases where a child is able to suck, the operation does not appear to be necessary.

A late surgeon of Manchester, who, by the way, was a man of great information and extensive experience, was in the habit of amusing himself with the fears of nurses in this respect. When a child was brought to him with the professed intention of having the bridle of its tongue cut, he would smilingly ask whether it was a female infant. “Oh,” he would say, in case of an affirmative reply, “take your child away; I wont have anything to do with it. A woman who does not talk will be precious indeed!” Notwithstanding the pleasantry of this eminent surgeon, I am sure he would have been as sorry as any of us to have lost the sweet accents of woman’s voice. As the poet says—

“Our first small words are taught us by her lips.”

It seems, then, that though the bridle of the tongue is sometimes too small, the defect is far from being so common as is generally imagined. It may at least be considered as an error of exaggeration, worth being mentioned as such.

LOCK-JAW, FROM INJURIES TO THE THUMB.

It is often said that injuries of the thumb are more likely than all other injuries to produce lock-jaw. The other day a gentleman brought his servant-boy to me who had cut his thumb in slicing a piece of wood. "Do you fear lock-jaw?" said he. "I see no particular reason for apprehending it," I rejoined. "But you know," said he, with something like a tone that implied I ought at least to know, "that wounds of the thumb often produce lock-jaw." I have seen a great many cases of lock-jaw at the hospitals, in which burns and other injuries appeared to be the cause; but I cannot call to mind that injuries of the thumb were in greater proportion than others. Undoubtedly lock-jaw might arise from such an injury, and wounds of the tendons are thought by many surgeons to be more than other accidents likely to produce such a result.

I think, however, there is a good deal of exaggeration in this idea; at any rate with respect to the thumb in particular. When we consider how often the thumb must be wounded from its opposing the fingers in every-day operations, there must be a very large amount of such wounds not followed by lock-jaw. The question will be best determined by hospital statistics; but it may be well, as far as possible, to relieve popular fears as to the frequency of lock-jaw from slight injuries to the thumb.

DROWNING.

There is an idea entertained by some people that drowning depends on the entrance of water into the body, and hence a barbarous practice of hanging up a person by the heels to remove the water. Now drowning depends on the exclusion of air from the lungs, and death does not arise from the admission of water, but simply from the mechanical prevention of the access of air. The upper part of the windpipe, which is called the glottis, is thrown into a spasmodic action by the intrusion of any foreign body, so that very little, if any water, gets into the lungs.

Water is certainly swallowed; but I need not tell you that water is harmless enough in the stomach. The water which is found in the lungs after death has probably passed into the windpipe after death, when the spasmodic closure of the glottis has ceased. It must be very apparent, then, that all attempts to empty water from the body are as foolish as they are useless.

SINEWS AND MUSCLES.

I may just observe that some misunderstanding occasionally arises in respect to the word *sinew*. The sinews, or tendons, are the membranous cords by which the muscles (flesh) are attached to the bones. The greater the strength of the muscles, and the greater will generally be the development of the sinews; so that, figuratively, the sinews are often spoken of as the source of power, though in reality they are only the medium of its communication. We speak of the "sinews of war" when we wish to express the very origin of its potency. Emaciation will, however, show itself variously in different structures, and it sometimes hap-

pens that the muscular structure is very far reduced, whilst the tendons or sinews remain the same as ever. Hence people will show us their arms, and tell us "that there is little flesh, it is true, but look at the sinew!" Hamlet exclaims in one of his passionate speeches—

"Oh, all you host of heaven! oh earth! — What else?
 And shall I couple hell? Oh fie! Hold — hold, my
 heart!
 And you, my sinews, grow not instant old,
 But bear me stiffly up!"

The old anatomists, it is well known, confounded the tendons with the nerves, probably from their white glistening appearance. There are many words still employed by anatomists which originated in this mistake, as the term aponeurosis, which one would suppose, by its etymology, had reference to the nerves, and not the tendons—(απο, and νευρον, a nerve). Many common expressions are also used which would seem to preserve the same error. A sacred poet says—

"Awake, my soul! stretch every nerve,
 And press with vigour on!"

TREATMENT OF WOUNDS.

It was formerly, and is still, the practice with many to put medicinal preparations into recently-incised wounds, to promote their healing, or, as it is sometimes said, to take the soreness out of them. Before the process of restoration was well understood, this was done even by the best-informed in the profession. "In the treatment of wounds," says John Bell,* "surgeons were at one time really very cruel: they absolutely delayed the cure. They never allowed the lips of a wound to fall together; they filled it with dressings and acrid balsams, or distended it with *tents* and leaden tubes." So great was the prejudice in favour of these means, that even those who were better informed were forced to resort to stratagem to conciliate the opinion of the public. It was in this way, according to John Bell, that the practice arose of treating wounds by sympathetic means. The remedy was applied to a bloody towel, or to a stain, or to the

* Bell's Surgery, p. 17.

knife which had inflicted the wound; nor durst the surgeon venture to unite the wound in a simple manner, without pretending that he had brought about the cure by some sympathetic, or, as it was called, "*philosophical*" remedy. We may judge, as Bell says*, of the barbarity of the older surgeons by the "continual protestations of La Motte and other good surgeons, of their never having, for the sake of gain, used any tents or injections *to protract a cure.*" A simple incised wound does not, then, require any other treatment than that of bringing the separated edges into contact, unless, indeed, it be necessary to tie the extremities of bleeding vessels, in order to arrest the hæmorrhage. It is not, however, here implied that no benefit is to be derived from local applications to sores. On the contrary, it may be distinctly stated that the greatest good will arise from the use of medicinal applications to indolent sores or spreading ulcers. The object is merely to deprecate the practice of interfering with recently incised wounds by the application of spirituous preparations, which are sold to benefit the

* Vol. i. p. 18.

quack doctors, and not the patients. The application of the nitrate of silver does indeed bring about results which are perfectly surprising, giving a sort of impulse to sores, or perhaps rather destroying morbid and ulcerative action, and thus converting a spreading into a common sore. I speak, therefore, only of common incised wounds which have no bad tendency, and are simply what are commonly understood as *cuts*.

STRENGTH.

The great dread which some people have in illness is that of being weak. They are sadly afraid of "getting too low." The nurse in her heart thinks the doctor never takes this subject into a fair consideration, and therefore in his absence will be pressing her mistress "just to take a little of something to keep the wind off her stomach." Mothers are anxious to support the strength of their children, and as soon as convalescence commences, calves'-foot jelly seems to be looked to as "nature's great restorer." Strength is not gained however by the mere taking of nourishment into the stomach,

but by the use which is there made of it; and if the stomach is not in a proper state for the digestion of food, it must be very apparent that, instead of gaining strength by eating, we only augment disease. The dread of weakness from want of food is perhaps a particularly English dread. "He takes nothing, doctor; he has not tasted these three days," is the constant language of the sick-room.

Along with this dread of weakness may be mentioned a somewhat curious way people have of referring different ailments to weakness, which have little or no connection with it. I have known positive pain more than once entirely referred to weakness. It is true that neuralgic pains are oftentimes directly benefited by *tonic* treatment; but the cases to which I allude do not fall under this category. Patients say, "I have a pain here, doctor; but I suppose it's only weakness?" This is absolutely the phrase used, and is often both unmeaning in itself and mischievous in its tendency. These local weaknesses are generally anything but weaknesses. The term, however, like cold, is so convenient as a general term, that it will not be readily abandoned.

REMOTE CAUSES.

It is true enough that complaints occasionally date their origin from remote causes, but some people are unnecessarily and unreasonably fanciful in this respect. A person who has attained a mature age falls into a consumption — when his mother will all at once call to mind that when he was a child he fell into a horse-pond, or kept his wet shoes on, owing to the carelessness of a nurse-maid: or again, a person becomes afflicted with a tumor — when it is remembered that he hurt himself some fifteen years ago whilst flying his kite, or playing at marbles. The belief in these distant sources of disease is, in a majority of cases, altogether fanciful. Causes of a much more recent and probable nature are also not unseldom spoken of, when, in point of fact, the true source of mischief is unknown, or unwillingly acknowledged. The constant cry is, “I must have taken some cold;” and to look beyond this is in many instances to incur the displeasure of the sufferer; at least I have known it so, when I thought I was more than usually

ingenious in conjecturing the true cause. Sometimes fanciful people take it into their heads that they have been cured too quickly of some disease which they formerly suffered from, and imagine that a part of the complaint has been, as it were, left behind. It is quite possible that a course of medicine may be given up too soon, but in general there is little fear of being *cured too quickly*.

DISEASE FALLING.

It is common to speak of diseases falling and settling on parts, and it used to be literally supposed that they dropped down just as an apple would fall from a tree. This notion is in a great measure abandoned, but not entirely. People still like to fancy that their complaints are falling lower and lower. The idea seems to chime in well with popular feeling. A patient pleases himself in thinking that his complaint is about to pass out at the ends of his toe-nails. There is one complaint which does indeed seem to give some countenance to this opinion, and that is the gout. The gout is named from a supposed dropping of disease

on to the toe; hence the French *goutte*, a drop (*gutta*, Latin). This is indeed an instance in which the old pathology has in some measure stood the test of modern science. On the other hand, there is a strange dread of diseases mounting to the heart; and it is supposed that a dropsy in this way gets higher and higher until the patient dies. There is in this, as in some other cases which I have had to notice, a certain mixture of truth with much error. Complete errors are easily dealt with, but when facts and error are mingled together, it requires some nicety to distinguish them, and occasionally a correction of the erroneous part is mistaken for a denial of the whole.

DROPSY.

A propos of the dropsy, I may mention that the words dropsy and dropsical are naturally enough associated with feelings of terror, and the use of the terms is sometimes productive of considerable uneasiness, when there is no great occasion for it. Watery collections of a partial nature are often connected with local obstructions, and by no means necessarily fatal.

There is a professional name, *œdema*, used to designate such partial dropsies; but as it is not generally understood, and could not be readily remembered by all, it is not often employed, except in medical writings, or the interchange of professional conversation. Hence a patient finding his legs swell, will ask in alarm whether it is a dropsy? or perchance the medical man may himself have told the patient that his legs were dropsical, when the poor sufferer afterwards sees nothing but enlarged livers and impending suffocation. Some cutaneous affections produce large œdematous swellings, and yet the recovery is afterwards perfect. I have known patients entertain the idea that dropsy may be the result of large draughts of water. I think, in these days of cold-water cures, I need scarcely stop to point out the absurdity of such a notion.

COLD BATHING.

I think some people have what may be called wrong notions with respect to cold bathing; I mean as to the state the body ought to be in when immersed in cold water. I have heard it

stated that it is dangerous to go into cold water whilst the body is warm, but I should conceive it much more dangerous to go in cold. When the body, indeed, is in a profuse perspiration, it is improper to plunge into cold water, because in this state a kind of prostration or exhaustion may be supposed to exist, which is not the best calculated to resist the cold. A dry warmth of the body, however, will best stand a shock of cold, and it may be incidentally observed that bathers should not remain in cold water long enough to experience a permanent chill. The advantage consists in the shock and subsequent reaction which is experienced; but if the body remains too long chilled, the reaction does not ensue. Perhaps this subject is now better understood than it used to be, for the cold water doctors have become fashionable of late years. Many things, however, very good in themselves, may be abused; and it seems to me at least absurd to expect any remedy to be of universal application.

DISEASES OF THE HEART—THAT DISEASES OF
THE HEART ARE MORE COMMON THAN THEY
FORMERLY WERE.

It cannot but happen in the progress of science that increased information will be accompanied by changes of opinion respecting matters which are little, if at all, changeable in themselves. What were formerly regarded as causes, may in the end be found to be only consequences; and expressions which were at first thought sufficiently precise, may be afterwards discovered to be only vague or incorrect. Hence some words will gradually fall into disuse, and others will become familiar which were before only sparingly employed. This observation has at least its applications to the medical profession; for we find many names now used in our catalogues of disease, which made little or no figure in that of our ancestors. I know it to be a general opinion that diseases of the heart are more prevalent than they were many years ago; nor can I accurately say how far this opinion may or may not be well-founded. I may state, however, some reasons which ought

to be taken into consideration, at any rate by non-professional people, when they are led into conjectures on such a subject.

With the advance of medical information there has necessarily been an increased anxiety to fix the precise seat of diseases: thus, where we formerly heard of dropsies and fluxes of blood, which were, after all, only effects, we now hear chiefly of the structural diseases in which they arise.

The ailments, therefore, remain the same; but the names have varied with the advancement of knowledge. Again, the introduction of the stethoscope has enabled medical men to detect and understand disease even in the living subject with an accuracy hitherto unattainable, and they are not now contented with the names which were sufficiently accurate for a vaguer pathology. I have stated, however, that I did not feel prepared to say exactly how far diseases of the heart may have become more prevalent than formerly. It is said, at any rate, that during the French Revolution they were so. The frequency with which a name is employed will not, however, determine the question.

BLOW ON THE TEMPLE.

Some people are fond of lecturing their doctors, and telling them what they consider to be matter of fact. They do it, I suppose, to show how wise they are; but in this matter they are often far from successful. The other day I was asked to see a poor lad who had been struck with a stone on the head. "It is well," said the parent philosophically, "that the stone hit him where it did: if it had been on his temple, doctor, I imagine it would have killed him on the spot?" I said I did not exactly feel certain that this would have been the case; whereupon he seemed to hold my knowledge in profound contempt. "Oh yes," said he; "a blow on a particular part of the temple is immediately fatal!" "Hem!" I added, as politely as I could well say hem! I think I have heard this same idea expressed more than once.

It is quite true that some portions of the skull are thinner than others, and that accidents may be more or less dangerous according to the seat as well as the extent of the injury. I speak only in censure of this idea as I believe

it to exist in the public mind—that the danger is circumscribed to some spot on the temple, which is more than usually delicate or important. To reason with these lay medical philosophers is, as I have stated before, a fruitless task; for they lay down premises to which we cannot subscribe. Let it not, however, be imagined that I am stating that wounds on all parts of the head are equally dangerous; in this, as on other subjects, I must beg that the true limitation of my remarks may be considered. I speak of the errors as they exist, not as they may be explained away by ingenious advocates.

DISORGANIZATION.

Amongst verbal inaccuracies, a very common one is to use the term disorganization for disorder. I have over and over again heard people say, “I think my stomach must be disorganized,” or, “I fear it is a little disorganized.” I have felt strongly tempted to exclaim against such a possibility; but when I have considered it might only be meant to express a little dyspepsia, I have felt somewhat more satisfied.

Medically speaking, disorganization means a breaking up or destruction of the organ, and is always a most serious, and generally fatal kind of mischief; but the "disorganization" of common speech is a very harmless matter, and one which, ten to one, will be relieved altogether before morning.

TOAST-WATER.

The custom of giving toast-water instead of plain water to invalids has always seemed to me a sort of refinement which needs explanation. For my part I think there is a good deal of exaggeration in our fears of drinking water in fevers or other complaints, and if it were not so, I can scarcely see how the toast improves the matter. To give the toast as nourishment in this way would certainly be to embrace the infinitesimal dose system. If the toast be put to give warmth to the water, it does not always answer the purpose, as the drinkers of toast-water seem to take it as frequently cold as warm. I dare say if the mysteries of *cinder tea*, to which I alluded on a former occasion, were fairly unravelled, it would throw some light on

this subject also, as they probably owe their virtues to the same source. If toast-water is taken because it is considered as a pleasant drink, I have of course nothing more to say on the subject; but if I mistake not, there are those who attach some real importance to it as a curative means.

HIERA PICRA.

Occasionally we are in the habit of hearing words used, particularly by the working classes, of which it is difficult to acquire any understanding. Partly from the hasty manner in which they are used, and partly from the corruptions to which they are subject, we cannot even arrive at the orthography or correct pronunciation. Nor are those who use them always able to help us out of the difficulty. For a long time I was in the habit of hearing the poor people in Manchester make use of the words, "Pill Cochia" and "Hiera Picra," without the most remote idea as to the exact medicines they intended to imply. As others may possibly have heard the same words, and felt the same uncertainty, I may subjoin an explanation

which, if it be not new to the medical reader, will I presume be so to others. "Hiera picra" I have sometimes heard pronounced like *eil-a-picra*, as though a corruption of *oil* of picra, at least so it sounded to me before I knew what it was. In Gray's "Supplement to the Pharmacopœias," which is a useful book for many purposes, I find the words "hiera picra" are derived from *ἱερός*, holy, and *πικρός*, bitter; and signify a mixture of Canella bark and aloes, which, I suppose, must have come into considerable notoriety.

As to "pill cochia," or, as it is vulgarly pronounced, "pill-a-cochia," it seems to have been a very ancient remedy. In the earliest pharmacopœias of the London College of Physicians there were two formulæ, one of which is said to have originated with Razi, and the other is ascribed to Galen. Frequent allusion is made to these pills by the early medical writers. They are mentioned by Paulus Ægineta and Alexander Trallianus. The pill cochia contains aloes, scammony, and colocynth; but, doubtless, that which is sold under this name in the shops varies according to the formulæ of the druggists. As to the term

“cochia,” Dr. Hooper derives it from *κοχαιω*, to turn or make round; but I find in a French medical dictionary (Nysten’s) two derivations; one from *κοκκος*, a seed; and another from *κοχος*, *écoulement*, “on donne le nom de pilules cochées à certaines pilules officinales, soit à cause de leur forme, soit à cause de leur propriété purgative.” Whilst I am speaking about these curious names, I may allude to some others which we still occasionally hear of; though I question whether many of the articles they represent are really to be found in the shops. Who has not heard of oil of swallows, and oil bricks? Has it ever entered into any body’s head — not actually a chemist and druggist — to ask how these oils are obtained? I find, on looking over the pharmacopœias, that there are also oil of scorpions, oil of earth-worms, and, to cap all, oil of the infernal regions! The latter oil is taken from the water used in preparing some of the purer oils. It is only used for burning.

DIFFICULT QUESTIONS.

Patients are often inclined to ask questions, which it is altogether impossible to answer,

more especially when they are on terms of great intimacy with their medical advisers. "Doctor, I have a pain under my left shoulder; how do you account for it?" Or, "How is it that I cannot take milk in my tea?" One almost feels inclined to take the liberty which Abernethy is said to have done — I mean to whistle a little, with one's hands in one's pockets, as a sort of relief. Many questions would, in fact, require a treatise to answer them; most of them would, at least, require something like a lecture on physiology or pathology. It is quite ridiculous to expect a satisfactory reply, therefore, to all the curious inquiries which a patient may be led to make. "How is it that Dr. A. never loses a single case of cholera, and yet Mr. B. never saves one?" To expect one to reason on assumed data is a little too bad; and yet we offend people if we tell them that their data may be erroneous. It would be a good plan to ask them, in return, how it is that the men in the moon have sea-green faces, and wear white jackets, turned up with red? Occasionally we meet with people who are rather wishful to talk than listen; and especially anxious to tell us what *they* think on

medical subjects. Such persons are generally neither scientific in their information, nor logical in their manner of reasoning; but they make up for all by a positive and dogmatical manner! Some of these tell us what former medical men have recommended in their cases — requiring us to be directed in our opinions by what has been done or said some five or six years ago. “Mr. So-and-so always told me that I ought never to be bled; or that I should never take such and such medicines!” Even granting the speeches they give are faithful representations of what has been said, it is not fair to expect entire accordance of opinion, or to suppose that the first speaker should be always in the right. Sometimes the patient, and still more the friends, will embarrass the most respectable and scientific practitioners, by their haste to see an effect brought about, forgetful that the most judicious plan may be, to watch the indications of nature. The phrase is, “Well, Doctor, it won’t do to go on in this way — he is very bad, and *something must be done!*” This “*something must be done,*” might, indeed, be interpreted, “If you can’t do good, by all means do harm!” and yet the person

who says it often takes credit to himself for being a person of judgment, who will permit no trifling in the case! One who has more assurance than the rest is generally pitched on for this purpose, and his office is seldom done ineffectually.

BRAIN FEVER.

The expression "brain fever" is not unfrequently made use of by the public. It is true I have seen it in professional works; but neither the profession nor the public have used it entirely in the same sense; nor, indeed, as it is commonly employed, is it very easy to tell what it is intended to express. Dr. Armstrong, in speaking of *delirium tremens*, says: "In the north of England this affection is termed brain fever. Dr. Pearson, of Newcastle-upon-Tyne, first wrote upon it; I then published two papers on the same subject." Dr. Copland, in his valuable and learned "Dictionary of Medicine," prefaces each article with a list of synonymes, and under the head "Delirium with Tremor" gives brain fever as the term which Pearson adopted in his treatise in 1801,

and also as that which Dr. Armstrong used. Brain fever, then, has been employed to express the affection of the brain, which comes on in drunkards after a long period of excess. To such cases, however, it is by no means confined in conversation, nor even in medical writings. Now, the application of words to particular meanings is in a great many cases arbitrary; but, however arbitrary in itself, it is very desirable that it should be definitively fixed, otherwise nothing but confusion arises. When a certain use has long been sanctioned, I think it should be respected, whether or not the terms have any especial point in themselves. Amongst Sir Henry Haller's "Essays," there is a paper on the *καυσος*, or burning fever of Hippocrates, a complaint, he says, "known to us under the name of the Brain Fever, given by Aretæus." He proceeds to describe a state of phrensy, or inflammation of the brain. It would seem, then, that even medical writers have used the terms in different applications. They should, therefore, if used at all, be understood not as representing any particular disorder, but a condition of disease common to many disorders, — namely, a morbid excitement of the brain.

COSMETICS.

There are few ladies who do not give some attention to the improvement of the complexion; and I dare say, if the truth were known, there are few who have not at one or other period of their lives made use of *cosmetics*. Some ladies wash themselves with the early dew of the morning, and others will make use of milk. It is stated that Mary Queen of Scots was in the habit of bathing herself with milk; and so great was the use she made of this article, that her jailor, the Earl of Shrewsbury, made it a matter of complaint. It is pardonable enough that the ladies should themselves value the attractions which they find so highly prized; but we can scarcely pardon the same vanity in the other sex. The eccentric Duke of Queensberry, known as "Old Q. of Piccadilly," was, however, also accustomed to bathe himself in milk. Now the cosmetics which are sold in the shops are mostly hurtful or useless drugs; and the true way of improving the complexion is to improve the health. The freckles for which cosmetics are often em-

ployed, and which appear in persons of light complexion, and generally in those who have red hair, do not seem remediable by lotions, but appear and disappear according to the influence of the weather. I have sometimes noticed advertisements in the newspapers offering to supply infallible means of "beautifying the complexion" on the receipt of a dozen or two of postage stamps, or an equivalent sum of money. I remember being consulted on one occasion by a lady who had tried one of these quack remedies, and who suffered most severely from the experiment. The oil of cashew nut was the remedy recommended. It was directed to be rubbed on the skin, and it was stated, that after a few days the cuticle would peel off and leave the surface as fair and fresh as that of a new-born child. The lady used a very minute quantity, but for many days and nights was in the greatest pain. An erysipelalous inflammation and a profuse watery discharge followed, which it seemed impossible to allay; the contact of water only augmented the acrimony of the discharge. She eventually recovered, and I am sure will not be disposed again to make such experiments. A late phy-

sician of Manchester, who was a great advocate for the cod liver oil, told me in conversation, that when he found all other arguments fail to overcome the repugnance of the ladies to take his favourite remedy, he assured them that it would improve their complexions; and in this way he invariably succeeded.

OBJECTIONS TO MERCURY. ✱

Calomel is a preparation of mercury, which modern chemists have called the protochloride. Its efficacy as a common purgative is well known; but it is also found of great value when given in such doses, or in such combinations, as to act on the system in a more general, and what is called specific, manner. In this latter mode of administration, its eminent utility renders it largely employed, notwithstanding certain unpleasant results with which it is attended. Amongst these results, the effects of mercury in stimulating the salivary glands and in rendering the gums sore or loosening the teeth, have become subjects of general remark and apprehension. It is true mercurials have been used in many cases where they

were unnecessary, or to an extent that was unjustifiable; but, on the other hand, there is occasionally raised an outcry against their use, which is equally senseless. Some parents will object to their children taking a single grain of calomel, or actually forbid the practitioner to make use of mercury at all. Such persons take upon themselves to suppose that they are more considerate than their medical advisers, and do not give their doctors credit for *also* bearing in mind that drugs may be improperly used. Between the followers of Abernethy and his *blue-pill* system and these decided *anti-mercurialists*, it is sometimes a little perplexing to know how to act. I have heard it stated that the English practitioners are more than all others given to the administration of mercury. I do not know how far this may or may not be the case. Whoever has watched the influence of mercury on the inflammation of the iris, cannot afterwards doubt of its efficacy. A complaint which is rapidly advancing to the destruction of vision shall, under the influence of mercury, be at once arrested—the effects of the inflammation shall gradually subside, and the usual transparency shall be

again restored, and this amendment can always be safely relied on. May we not then presume that mercury is also useful where its operation on the inflammatory action is less under the influence of our observation?

APOPLEXY AND EPILEPSY.

Some words are so similar that it would be a matter of surprise if mistakes did not occur between them. I have heard people speak of taking camomile pills when they wished to say calomel pills. In the same manner, epilepsy and apoplexy are frequently confounded, or a new word compounded between them denoting a disease, *not*, as Byron says, "*half epileptical and half hysterical*," but half apoplectical and half epileptical. Now epilepsy is a convulsion which is important indeed in itself, but far less serious than apoplexy. It constitutes that more common species of fit with which we occasionally see people attacked in the street, who fall down and are dreadfully convulsed, but after a time recover, and are much the same as they were before the invasion. On the other hand, apoplexy is a very different

disease. The patient falls down, it is true, but is less frequently convulsed, and remains insensible and immovable, like what is called being *dead-drunk*. On recovery, when recovery takes place, the patient is generally paralytic, and only slowly, if ever, regains the entire use of his faculties. It may seem a pity that words so nearly similar should be used to signify meanings so different, but mistakes do not in reality occur between these more than other words, except with non-professional people, who are not in the habit of using them.

APOPLEXY AND PALSY.

Somehow or other people confuse palsy and apoplexy, though I scarcely know why. It may be because the epithets paralytic and apoplectic are occasionally used to represent the same seizure. It should be understood, however, that the term palsy or paralysis, represents the more permanent loss of motion and sensation, and apoplexy the *fit* which precedes it. This may, at all events, be said as to the relation of the two to each other. In the great majority of instances, a person who re-

covers from a real attack of apoplexy finds himself *palsied* on one side of the body.—I should not have thought it necessary to have drawn a distinction between words which are so commonly used, did I not know that they are often confounded, and had I not often been asked to explain the difference.

QUICKENING.

There is one error which I may, and perhaps ought to, allude to, because it is connected obviously with important practical results. I refer to the meaning of the word *quicken*ing. At a particular period of pregnancy, the motions of the child become perceptible to the mother. At this period, it was formerly thought that the child first received the living principle, and it was consequently said to *quicken*. Before this time, I suppose, it was considered to have no individual existence. The error is still a matter of popular belief, since our law recognised it until very lately. It was only a matter of transportation to cause abortion before the period of quickening, but after that time it was a capital offence. It is proper that it should be generally known, that the infant is

equally alive before the period at which it is said to quicken, and indeed from the earliest period of conception. It is not for man to speculate on the value of life in the early embryotic state: he is bound, by every tie of religion and morality, to respect the commandment which forbids him to take the life of his fellow-creature; for there is One who sees our substance, yet being imperfect, and in whose book our members were written, while yet there were none of them.

AFTER-TREATMENT OF ERUPTIVE DISEASES.

There is an idea prevalent, I think pretty generally, that after some of the eruptive fevers a sort of cleansing is necessary, from a supposition, I suppose, that nature is not herself equal to the elimination of the poison. At the decline of measles and scarlet fever, I have been frequently asked whether I did not think it necessary to administer some purgative medicine? And in some cases, where I have not thought this plan necessary, nor even desirable, I have imagined that some disappointment was experienced. This idea with re-

spect to purgatives is of considerable antiquity. Thus Sydenham says, speaking of the scarlet fever: "When the desquamation is complete, and when the symptoms are departing, I consider it proper to purge the patient with some mild laxative."* He also recommends both bleeding and purging at the decline of small-pox. I am far from wishing to say, that these means are never necessary to relieve the conditions of disease which are occasionally induced by the eruptive fevers; but I wish only to remove the absurd opinion, that they should be adopted as a *matter of course*, irrespective of the state and tendencies of the patient. Scarlet fever is, indeed, sometimes succeeded by a dropsical affection, in which it is necessary to have recourse to purgatives; and this consequence of scarlet fever will therefore cause the impression that the morbid virus has need to be purged from the system. The dropsy is, however, considered to depend on the impeded functions of the skin, and consequent derangement of the kidney, which often follow the injudicious exposure to cold after the complaint. I have heard people say, long

* Sydenham, p. 243. (edit. of Syd. Society.)

after their children have been attacked with measles, that they feared they had not been sufficiently purged, for they noticed some eruptions or trivial ailments which had not existed before. They think the *dregs* of the complaint are still there, and have a sort of mechanical notion that purging would remove them.

DETERMINATION OF BLOOD TO THE HEAD.

This is a subject about which popular notions are not strictly correct. Many of the cases which are thought to depend on this cause, arise in reality from an impeded circulation in the brain. Sometimes they arise from diseases of the heart, and sometimes from states of the lungs, which interfere with the due transmission of the blood; but they are all commonly supposed to depend upon what is called a *rush of blood* to the brain. I do not mean, however, to deny that the brain may not suffer from vascular excitement, and even from overfulness, though this last point has been questioned. In children, especially at the period of teething, the brain is no doubt subject to great arterial action, and this may be properly enough expressed as determination of blood to the brain.

In adults, also, there are many instances which have some analogy to this state. A large proportion of apoplectic cases, however, arise from impeded states of the cerebral circulation, and some from diseased states of the coats of the blood-vessels; so that the wholesale and common mode of generalising, in these instances, is far from correct; and the so-called *rushes* of blood to the brain are often stagnations of blood in the brain. The subject, however, is perhaps one more of professional than popular interest.

DEATH-WATCH.

Amongst the popular superstitions of a former day, was that of the death-watch; and I understand there are still persons who are sufficiently credulous to believe in it. A certain ticking sound was supposed to betoken the approach of death. The sound in question is produced by an insect, and has, of course, no connexion with the events that may succeed it. I believe this insect is not uncommon, but one which is not readily perceived, owing to its resemblance in colour to decayed wood. The insect is a kind of beetle, and causes the peculiar sound by striking the forepart of its

head against timber. There is a happy allusion to this superstition in the exquisite story of Lefevre, — the conception of which story, I cannot avoid remarking, is honourable to humanity itself. — The corporal is relating to my uncle Toby what passed between Lefevre and his son. “‘ If I get better, my dear,’ said he (Lefevre), as he gave his purse to his son to pay the man, ‘ we can hire horses from hence.’ ‘ But, alas! the poor gentleman will never go from hence,’ said the landlady to me; ‘ for I heard the *death-watch* all night long; and when he dies his son will certainly die with him — for he is broken-hearted already!’ ”

I may, perhaps, render this error of the death-watch still more palpable, by comparing it with a somewhat parallel instance of mistaken cause and effect. I do this the more readily, as it gives me an opportunity of introducing some very beautiful lines. There is a superstition amongst the maids in Lower Saxony, that if sprigs of St. John's wort be gathered on midsummer's night, and hung up in their bed-chambers, the fresh or withered appearance of the plant in the morning will show whether they are to become brides in the ensuing year.

The following is translated from the German: —

“The young maid stole through the cottage door,
And blush'd as she sought the plant of power: —
'Thou silver glow-worm, O lend me thy light!
I must gather the mystic St. John's wort to-night;
The wonderful herb whose leaf will decide
If the coming year shall make me a bride.'

And the glow-worm came
With its silvery flame,
And sparkled and shone
Through the night of St. John.

And soon has the young maid her love-knot tied,
With noiseless tread
To her chamber she sped,

Where the spectral moon her white beams shed: —
'Bloom here, bloom here, thou plant of power,
To deck the young maid in her bridal hour!'
But it droop'd its head, that plant of power,
And died the mute death of the voiceless flower;
And a withered wreath on the ground it lay,
More meet for a burial than bridal day.

“And when a year was pass'd away,
All pale on her bier the young maid lay,
And the glow-worm came
With its silvery flame,
And sparkled and shone
Through the night of St. John,
As they closed the cold grave o'er the maid's cold
clay.”*

* Blackwood's Magazine, Jan. 1821; quoted from Drummond's Botany.

THE TOAD — MEDICAL SUPERSTITIONS.

The other day a literary friend seeing a paper or two of mine on popular errors, in the pages of a well-known magazine, was determined, when I next paid him a professional visit, to test my knowledge. "Doctor," said he, "be so good as to give me your opinion as to the meaning of the word jewel in the following passage." He then proceeded to quote from our great bard: —

"Such are the uses of adversity,
Which, like the toad, ugly and venemous,
Wears yet a precious jewel in its head."

I told him that I had always regarded it as signifying the *eye* of the toad; upon which he smiled, and seemed to chuckle as if he had caught me. Then he told me roundly that I was wrong, and that it alluded to an old notion of the curative powers of a stone which was supposed to exist in the *toad's head*. Now I dare say my good friend is right; but he mistook my intention in these papers, which is not to enter into curious antiquarian lore, but touch on the vulgar errors of the present day. I have since glanced at some few notices of the

toad's virtues. In a well-known little manual of natural history, the writer says, speaking of the toad, "Some old writers have believed that its head contained a stone possessing many medical as well as magical virtues; but all these fables have been long exploded; and if it cannot be allowed to be agreeable, it has at least been proved to be innoxious." Whilst on the subject of the toad, I may perhaps be allowed a word or two more, which I have gathered from Mr. Pettigrew's interesting volume on the superstitions of medicine, that I may show my friend that I have not been unmindful of him. In Brand's "Popular Antiquities," vol. ii. p. 598., he says, "My Aunt Freeman had a very high opinion of a baked toad, in a silk bag hung round the neck." "The powder of toad" was frequently employed as a charm against dreams. "Pope Adrian is reported never to have been without it. The ingredients forming his amulet were *dried toad*, arsenic, tormentil, pearl, coral, hyacinth, smarag, and tragacanth. — A propos of *coral*, the plan of using coral necklaces, no doubt, had its origin in these charms. Livinus Lemnius says, "Corall bound to the neck takes off turbulent dreams

and allays the nightly fears of children. It preserveth such as bear it from fascination or bewitching, and in this respect is hanged about children's necks." The Orientals had an idea that the influence of what they called the evil eye was peculiarly baneful to children, and coral was considered extremely efficacious as a charm against it. Paracelsus recommends it to be worn round the necks of children as a protection against sorcery and poisons. Indeed Pettigrew states, "that the bells affixed to the coral toy with which children used formerly to be generally arrayed, have been conjectured to have been attached for the same purpose, as the ringing or rattling of them have been esteemed inimical to witches, sorcerers," &c. (p. 59.)

FEVER.

Popular notions on the subject of fever are a good deal confused; nor can this be wondered at, since even professional opinions have been much canvassed, and professional language has been consequently unsettled and difficult to understand. The term fever (which, as we

all know, is from *ferveo*, to be hot) is sometimes employed to signify a certain assemblage of symptoms, and at others is used in a more restricted sense to denote a particular form of complaint. In the latter application medical writers have coupled it with the epithet *idiopathic*, to signify that the fever is not a mere symptom or sign of inflammatory or other derangement, but a disorder arising from a peculiar and specific cause. However, the epithet *idiopathic* is often omitted, and medical men speak simply of *fever* when they wish to represent the specific disorder. The public are not content with the simple term: they want to know what kind of fever, and it is really not easy to satisfy them. If we were to say *idiopathic* or simple fever, or continued fever, as it is sometimes called, they would be dubious as to whether we were inventing a term. They are accustomed to phrases like scarlet fever and typhus fever, and the simple word fever seems incomplete, and, if connected with its proper epithet, is generally misunderstood. Whilst mentioning fever, I may state that there is a great disposition on the part of the public to believe that the profession possess

some grand specific for fever, some medicine which, independently of its influence in restoring or improving the secretions, shall be a kind of antidote to the complaint, as bark is to the ague, or colchicum to the gout. They request some fever medicine, and ask you whether you are "*treating the complaint for a fever.*" This is the kind of phrase employed,—at least such as I have heard employed; and it always seems to me to savour of an over confidence in physic. In many cases we have to treat symptoms rather than trust to our knowledge of pathological conditions. Our fever medicines are, I believe, useful enough, but by no means so definite in their operation as it is common to suppose.

MISCELLANEOUS.

There are many little points, scarcely dignified enough even for these cursory and popular observations. Amongst these are the brown-paper applications to bruises; the raw meat put on wounds, and the efficacy of cobblers'-wax in *drawing* boils. The itching of a sore is well known to be considered as a sign of amendment; and truly

enough this sensation betokens the wished-for result in many cases. Another notion, which is perhaps made more a matter of pleasantry than of serious consideration, is that *peevishness and ill-temper betoken convalescence*. "I am sure your patient is getting better, doctor," whispers the fair lady of the house; "for he is really very cross." Half-measures are never great favourites; and if half-cures were productive of such effects, they would be the worst of all half-measures. It is true that downright illness generally makes people tractable enough; and minor ailments render them fretful. I have remarked that people who have very serious losses of blood, or other extreme occasions of danger, often become singularly considerate and attentive. I have seen persons on the point of death attentive to all the little courtesies of life and most trifling ceremonies of form. I call to mind a poor soldier who poisoned himself for some love affair, and was brought to the Infirmary in Manchester. There was something at once both affecting and ridiculous in his observance of little matters of etiquette in the midst of his agony. Poor fellow, he did not long survive his rashness!

Perhaps a feeling of complete dependence and helplessness is the occasion of this curious courtesy of behaviour; for who, under such circumstances, would not look with anxious, and even fearful, solicitude to the friendly, albeit powerless hand, which ministers to his dying moments!

CONCLUSION.

In conclusion I may remark that I have endeavoured, as far as possible, to avoid debatable questions, and have confined myself, in the main, to very simple topics. I must say, that I am no great advocate for medical subjects being made matters of popular discussion; for, after all, they are generally imperfectly understood. In point of truth, medical men are not fond of patients who are wishful to reason on their cases; nor does this dislike arise from ignorance and fear of exposure, for I conceive it to be as common to the best informed as the least so. Probably it proceeds from a conviction, which indeed appears to me well founded, that the partial understanding of medical science can only lead to a wrong and unfair estimate

of professional ability. Thus a man of great practical knowledge may appear to much disadvantage, if he be opposed in conversation by an intelligent and quick person, who has only a very superficial knowledge of science, but a ready command of words. To say the truth, many questions may be started in medicine, which the best informed cannot answer; and many replies, which are in reality satisfactory, will only appear so to those who bring to the subject a thorough understanding of its difficulties. In "Ferdinand, Count Fathom," which it will be remembered is one of Smollett's novels, an allusion is made to the disadvantageous aspect in which a professional man may appear, in discussions with non-professional people, in matters relating to his own particular calling. "In all disputes upon physic," says the writer, "which happen between a person who really understands the art, and an illiterate pretender, the arguments of the first will seem obscure and unintelligible to those who are unacquainted with the previous systems on which they are built; while the other's theory derived from common notions and superficial observation, will be more agreeable, because

better adapted to the comprehension of the hearers. Again, the judgment of the multitude is apt to be biassed by that surprise, which is the effect of seeing an artist foiled at his own weapons, by one who engages him only for amusement.”*

It seems to me, however, that the public may feel, as I know individuals do, desirous to have information on subjects which are deemed too simple, and perhaps not thought sufficiently dignified to enter into professional treatises. Nay, I know that there are those who would wish for information on points concerning which it would seem ridiculous to ask questions. In many instances our books are like our commentaries, — most explicit where explanation is the least required.† To say that no medical subjects should be submitted to general consideration, seems to me to savour a little of professional prejudice; for there are branches of medical information which are alone valu-

* Chap. xxxv.

† There is a story told of a man who read an edition of the Pilgrim's Progress with notes, and who thought everything clear but the explanations in the margin of the page.

able when disseminated for the promotion of public good. Of what use would be the establishment of *hygienic* rules, if they are to be known only to learned doctors and graduates of medicine? And how shall we contend with public errors when we have to combat them for the first time in our visits to the sick and the dying? After all, I am not so sanguine as to suppose that I shall write away popular errors; but, possibly, I may have said something to remove prejudice or excite interest. I am prepared still to find the same opinions prevail and hear the same remarks made; but it is some satisfaction to have entered the field as a champion of truth.

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THE END.

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