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THOMAS SYDENHAM

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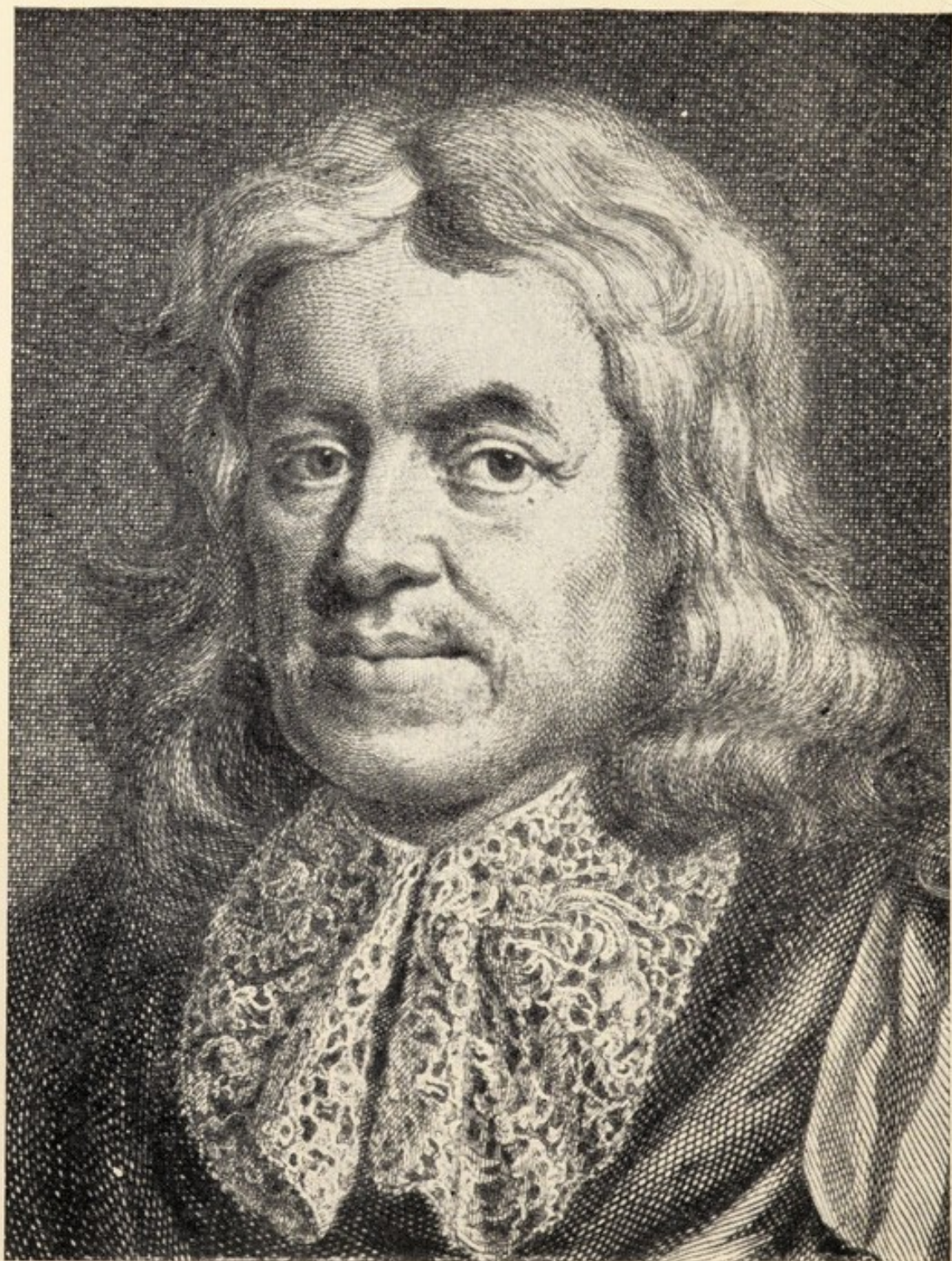
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THOMAS SYDENHAM



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THOMAS SYDENHAM
(1624-1689)

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THOMAS SYDENHAM

CLINICIAN

By
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To
E. F. R.

PREFACE

IN nearly every medical center of the world the tercentenary of Thomas Sydenham's birth has recently been celebrated with impressive ceremonies. The event has naturally aroused keen interest in the personality of the great seventeenth century Englishman who without any official position, without a hospital connection, a mere private practitioner, has left his impress upon medicine for all time.

Sydenham stands as the representative of the clinical or bedside approach to the problems of disease, just as his immortal contemporary and fellow townsman William Harvey stands as the prototype of the experimental investigator. In our own generation laboratory research has advanced medicine more than the observational method of Sydenham, and still greater

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achievements, undreamed of at the present time, may be expected of it. And yet the method of Sydenham, the painstaking bedside study of disease now fallen a little into neglect, gives to the physician something that transcends the results to be obtained by means of the test-tube or the microscope. No physician can become truly great and be the trusted counsellor of the public who limits himself to one method does not make use of all available means for the diagnosis of disease and for the treatment of the sick.

In his day Sydenham had little patience with the laboratory and with research, largely because of preposterous claims and of fanciful and sterile theories erected upon meager data. What his attitude toward experimentation might be today we can only guess, but he surely was not reactionary in temperament and would have welcomed every aid to his understanding of disease. He was wise and sane beyond other men of his time.

In the following pages I give a brief outline of his life and of his achievements in

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order to show what vast information he was able to acquire through the unaided senses, and how keenly he reasoned from his great experience as a busy London doctor. He is entitled to a perpetual place in Medicine's Hall of Fame.

D. R.

Philadelphia,
December, 1925.





THOMAS SYDENHAM CLINICIAN

THOMAS SYDENHAM was not regarded as a great man in his own time. Born in 1624 he had as contemporaries many medical men of greater renown in their day, men who lorded it over him, but whose very names posterity has not remembered. Of his medical contemporaries only William Harvey and John Locke are today held in high esteem. Sydenham was a modest man like all the truly great, and cared little for the plaudits or the scoffing of men. No one would be more amazed than he himself could he know how the scientific world today regards him or with what universal acclaim it has celebrated the tercentenary of his birth.

Why is it that three hundred years after his birth the world does so greatly honor him?

To answer this question it is necessary to understand the time in which he was born and the state of medicine as he found it.

Politically England was in a great ferment. The glorious reign of Elizabeth and the less glorious reign of James I had been followed by that of the incompetent, despotic Charles. The Puritan movement was growing daily, and with it the rebellious spirit in Parliament against an incapable, Constitution-defying government. Eventually civil war broke out between the Parliamentarians and the Royalists. Sydenham's family were native to Dorsetshire, an intensely Puritan county, which Lord Clarendon called the most malignant place in England. No wonder that young Sydenham felt impelled to leave Oxford, where at Magdalen Hall he had matriculated, to take service in the army. Just what he did is unimportant, even were it definitely known. In 1646, when he was twenty-two years old,

a chance remark of one Dr. Thomas Coxe, who was ministering to his brother, William Sydenham, a distinguished soldier, led him to take up the study of medicine at Oxford. He was graduated with the degree of Bachelor of Medicine, and was soon afterwards installed as a Fellow in All Souls College in place of an expelled Royalist.

Some time previous to 1661 he removed to London and settled in Westminster, becoming a Licentiate of the Royal College of Physicians in 1663. Fellowship in that august body never came to *him*, next to Harvey the greatest of seventeenth century physicians.¹

A good deal of controversy has arisen about the causes of Sydenham's failure to receive Fellowship in the College, which later placed his bust in front of its doors. One reason undoubtedly was that not having a

¹ The experience of Sydenham reminds the author of a work by Arsène Houssaye, "The History of the 41st Chair of the Academy." The French Academy consists, as is well known, of but forty members, the Immortals, and Houssaye sketches

doctor's degree he could not legally receive Fellowship. Secondly, Sydenham was indifferent to public honors. Not that he was obtuse to praise or blame. In several places in his writings he strongly denounces his detractors, little willful men who envied his success in practice, and either from jealousy or from lack of insight condemned his views. "Approval of this sort [of his efforts] has little been my lot,"² and continuing (the bitter note is evident): "I have weighed in a nice scrupulous balance whether it be better to serve men or to be praised by them, and I prefer the former."

the history of some of the many men, eminent in literature and art, who deserved but failed to obtain the coveted honor of membership and has represented them as occupants of the forty-first Chair of the Academy. Dr. John Ashhurst refers to this work in his delightful Centennial address before the College of Physicians of Philadelphia, and mentions the names of a number of distinguished Philadelphians who failed of election to the College, among them Physick, Dorsey, Barton and Gibson.

²Works of Thomas Sydenham. London, II, 117.

In his letter to Dr. Thomas Short, prefacing the famous treatise on gout and dropsy, he says:

If this dissertation escape blame both from you and those other few (but tried and honorable men) whom I call my friends, I shall care little for the others. They are hostile to me simply because what I think of diseases and their cures differs from what they think. It could not be otherwise. It is my nature to think where others read; to ask less whether the world agrees with me than whether I agree with the truth, and to hold cheap the rumours and applause of the multitude.

In 1676, when Sydenham was fifty-two years old, he took his degree of Doctor at Cambridge as a member of Pembroke College. His reason for selecting that University rather than his Alma Mater, Oxford, was probably, as suggested by Dr. Latham, that his eldest son had two years previously been admitted a pensioner of Pembroke.

The obscurity in which much of Sydenham's life history is cast extends to a supposed visit to Montpellier. It is believed

he went there while taking a wealthy patient to the Continent. The great teacher at Montpellier at this time was Barbeyrac, called the French Hippocrates, who may have had some influence upon Sydenham. John Locke also studied under Barbeyrac.

When Sydenham came upon the scene, medicine, both as a science and as an art, was showing little progress despite the many centuries that had passed since the time of Hippocrates. It was still under the sway of Aristotle, Galen and the Arabians, although Galen's prestige was rapidly waning as the result of the publication of Vesalius' "*De Fabrica Corporis Humani*." It was the duty of the regius professor of Oxford to read and lecture twice weekly from the text of Hippocrates or Galen.³ That gives an idea of the medical instruction in England in the middle of the seventeenth century.

Harvey's monumental discovery was given to the world in 1628 but was very

³ In Oxford the leading professor of medicine in Sydenham's time was Sir Thomas Clayton.

slow in winning adherents, particularly in England. Sydenham himself does not once refer to Harvey, although their lives overlapped, and they lived in the same city for a number of years. This attitude of Sydenham is at first sight difficult to understand, but certain facts help us to solve the riddle. Sydenham had no patience with theories and saw little in the speculations founded on the new physiology but carried to an excess not contemplated by Harvey.

In addition to the school that concerned itself with physiologic speculation based at first only on mental processes and not on experience, and therefore distasteful to the practical-minded Sydenham, medicine offered the diverting spectacle of a wordy conflict between two schools, the iatrophysical and the iatrochemical. The latter had as its chief exponent Francis de le Boë Sylvius—he of the Sylvian fissure—an able clinician, abler indeed than those who adopted his theories. Sylvius believed that fermentation was the essence of disease and that it produced either an acidity or an

alkalinity of the bodily juices—a simple hypothesis that made treatment simple. All that was necessary was, on the principle of *contraria contrariis*, to bring about a change in reaction. Some echo of this school is discernible in the phrase “uric acid diathesis,” so popular a few years ago, and the school has in a sense been revived under a new dress, that of acidosis and alkalosis.

In three hundred years from now our own cocksure views on these questions will probably seem as fantastic as those of Sylvius and his followers appear to us.

The iatrophysicists, the opposing school, sprang more or less directly from Harvey’s discovery of the circulation of the blood. If it was possible to explain one of the most important functions of the body on a mechanical basis, was it not natural to look for simple physical explanations for all bodily processes?

In many respects this school was superior to the other, and did more for the immediate advancement of medicine. I need only refer

to the pioneer work in metabolism of Sanctorio Santoro (1561-1636).

The mechanistic conception was carried to its highest pinnacle by Giorgio Baglivi⁴ (1668-1707), who by comparing the arteries and veins to hydraulic tubes, the heart to a piston, the glands to sieves, the thorax to a bellows, and the muscles to levers, believed that all functions could be explained on a purely physical or mathematico-physical basis. He forgot entirely that all bodily functions are associated with chemical processes. It should, however, be said to his credit that he did not allow his speculations to govern his practice, and in its exercise gave due heed to the data of experience.

The trouble with those schools was not so much faulty philosophy (in truth, their speculations became the basis of great subsequent advancement), but it was rather their neglect of the fundamental thing in medicine—observation at the bedside. Primarily philosophers and secondarily clinicians, they classified diseases in the seclu-

⁴ Called "The Italian Sydenham."

sion of their studies and not on the basis of sober bedside observation. How far such classification may be carried is perhaps best shown in Sauvage's attempt to arrange diseases after the manner of botanists. As a result he enumerated 2400 different species of disease in his nosology.

William Cullen, the foster father of the Medical School of the University of Pennsylvania, greatly simplified this cumbersome classification but did not really get rid of the idea of a rigid system.

With the science of disease in such dire straits, the treatment of disease could hardly be much better. Molière, in his caustic satire upon the medical profession, did not overshoot the mark. The men who pompously cited Hippocrates and Galen as the *ultima Thule* of medical knowledge were content with quoting and neglected to imitate the Father of Medicine and the great sage of Pergamos—to study disease in the sick.

Paracelsus, the iconoclast, signaled his first public lecture in Basle by burning the

works of the ancients as a mark of his contempt. He was an acute observer and noted in particular the diseases of mine workers, but his descriptions are crude and erratic.

There had been sporadic instances of accurate description of disease from personal observation before the time of Sydenham. Francis Glisson (1597-1677) gave what is even today the best account of rickets, the English disease. Sydenham, however, was indubitably the first real clinician of modern times, the first since Hippocrates to observe and to note the lineaments of disease and to record what he saw with unsurpassed objectivity.

On beginning the study of his works, I was somewhat prejudiced. I had felt that because he had written in Latin, the universal language in his time, his works had had an adventitious circulation and a popularity they would not have enjoyed had they been composed in the vernacular. But I had not read far when I was obliged to change my mind. I now feel that Sydenham deserves all

the posthumous fame that he is getting. Knud Faber⁵ is right when he says that Sydenham first concisely and clearly gave clinical observation its place of honor as a scientific method, and Chauffard,⁶ speaking at the Commemoration meeting of Sydenham's Tercentenary in the Académie de Médecine a few months ago, uttered similar words of praise. Charles Singer calls him the greatest clinical observer since Hippocrates.⁷

Sydenham has been accused of ignorance by some, and of Paracelsian vanity by others, because he does not quote his contemporaries and very rarely the ancients.⁸ Neither of these reproaches is to my mind justified. Like Abraham Lincoln, Thomas Sydenham was an autochthon. His feet were planted firmly on the ground. He observed with incomparable eyes, wrote down what he saw in clearest language, and reasoned

⁵ Faber, K. *Nosography*. New York, 1924.

⁶ Chauffard, A. *Aesculape*, Paris, 1924.

⁷ Singer, C. *Legacy of Greece*.

⁸ Sydenham mentions Hippocrates about a dozen times and Galen only once.

sanely upon the data of experience but did not speculate. He reminds me of that laconic marshal of the great Napoleon, who, when an aristocratic subaltern expatiated on the achievements of his ancestors, curtly replied: "Nous sommes ancêtres nous-mêmes."

As a clinician, meaning thereby a man who understands the course, the prognosis and the treatment of disease, Sydenham had no rival in his day and I doubt whether later ages have produced one. When he describes the gout or the smallpox, his word-pictures are unsurpassable. What could such a man have gained by dragging in Hippocrates or Galen or Rhazes? I am afraid much of the medical writing of our time suffers from being overweighted with citations of this or that obscure German or French or Scandinavian or Japanese writer. It is refreshing to find a medical essay detailing in simple language the experience and well-reasoned conclusions of an independent thinker. That sort of non-slavish thinking is rather an English trait

connected probably with the Englishman's love of liberty, with his independence as a political being.

Heine once said: "The Englishman loves liberty as his wife; the Frenchman as his mistress; the German as his grandmother." A thousand years of that relationship is not without influence upon the modalities of thought.

It is evident from the minute account Sydenham gives of the course of diseases that he either watched at the bedside of his patients with notebook in hand, or recorded what he saw soon after, or that he had a phenomenal memory.

Sydenham drew a sharp distinction between acute and chronic diseases. He sees in disease, particularly in the acute forms, a sort of battle between the forces of Nature resident in the patient's body and the noxious agents. These agents arise within the body in consequence of faulty digestion or faulty mixture of the bodily juices. Diseases are chronic because the reaction of the body against the harmful

agent is slow in developing, or because the agent continues to act over a long period of time. He lays much stress on bodily disposition and age and sex and season and climate, and their influence upon the course of disease. In these various respects Sydenham saw much more deeply than his contemporaries. Sydenham's definition of disease shows a truly remarkable insight. It is as follows: "An effort of Nature, striving with all her might to restore the patient by elimination of the morbid matter."

Sydenham's observations on smallpox are among the best we have. Nothing that a keen mind and the unaided senses could detect escaped him. He shows the difference between discrete and confluent smallpox, emphasizing the grave prognosis that is signified by a profuse eruption on the face. He clearly describes the secondary fever. "The more the pus, the more the fever." The meaning of convulsions in the beginning of smallpox, as also in other exanthemata, was well known to him:

I think that thousands of infants have died because their physician was not aware that

convulsions of the kind in question are nothing but the forerunner of some eruptive disease, so that as long as practitioners carelessly mistake such symptomatic phenomena for essential diseases, they throw obstacles in the way of the eruption.

His treatment of smallpox brought him into bitter conflict with his contemporaries and led to the accusation of Sectarianism. But that did not deter him, the more so as his results were remarkably good. Stated briefly, the method he adopted was the cooling treatment. In the first few days, he permitted his patients to be up out of bed unless the eruption was confluent; he allowed fresh air to enter the sick room and gave to the parched patients cool drinks "against the act of nurses and lookers-on."

It took courage to do this, just as two hundred years later it required courage on the part of Graves of Dublin "to feed fevers."

On malaria and ague his ratiocination was exceedingly keen. He speaks of quartan, tertian and quotidian intermittent, and says

that the quotidian might in reality be double tertian, a point definitely proved correct over two centuries later.

His description of the severe neuralgia which sometimes is the last symptom of a malarial fever, and his determination of the fact that it really belongs to the disease and must be treated in the same way is a remarkable example of close thinking. The neuralgia is sometimes so severe and so different from what has gone before and so remote from the beginning of the disease, that it seems more like a separate morbid condition; but Sydenham perceived its actual relation to the disease.

Sydenham wrote a short article on the plague, but not from personal experience, for he was not in London during the epidemic. Posterity has censured him for his flight from the stricken city. It must be confessed that in those trying times the leaders of the profession did not set an inspiring example. A few only remained, among them Francis Glisson and Thomas Wharton, the discoverer of Wharton's duct.

Poor Thomas Wharton! The king promised him the first vacant appointment of Physician in Ordinary to the King if he would remain in London and attend the Guards. Soon after the plague had ceased, a vacancy in the promised office occurred and Dr. Wharton proceeded to Court to solicit the fulfilling of the engagement. He was told that his Majesty was under the necessity of appointing another person, but to show his appreciation of Dr. Wharton's services, he would order the Heralds to create him an honorable augmentation of his paternal arms. For this empty honor (a canton or, in the dexter quarter) he paid ten pounds. Put not your trust in princes!

Sydenham's motives are unknown to us and we can only guess at them. He makes reference to the incident in the following words: "The danger came to my own doors, and I was persuaded by my friends to add myself to the increasing list of fugitives. I and my family retired a few miles from London. I returned, however, earlier than my neighbors; and, as the

calamitous violence of the disease still continued, I was necessarily called in, for the want of a better practitioner, to the relief of the sufferers."

I might perhaps quote one particular paragraph from the article on plague since it shows how cogently and how profoundly he thought on medical problems. Speaking of sporadic cases of the disease he says:

I have grown suspicious that the mere atmospheric constitution however much λοιμώδης [pestilential] is by no means sufficient, in and of itself, to originate plague. Either the disease itself must continue to survive in some secret quarter or else, either from some fomes or from the introduction from pestilential localities of an infected person, it must have become extended. And even in these cases it cannot become epidemic, except with the conditions of a favorable atmospherical diathesis.⁹

⁹ It is interesting to note that during the Great Plague in London the popular suspicion fell upon dogs and cats as the carriers of infection and these animals were destroyed by the thousands. No attention appears to have been paid to rats (Bell, W. G., *The Great Plague in London in 1665*. Lond.

His description of phthisis or consumption is brief but admirable:

The cough betrays itself. The phthisis comes on between the eighteenth and thirty-fifth

& N. Y., 1924). Yet the classical ages, as Bell reminds us, seem to have had some glimmering of the truth, for the God of Plagues was Apollo Smintheus, Apollo the Rat Destroyer. In Biblical literature, Samuel I, vi, a reference occurs which is very singular in the light of our present knowledge. The Philistines having defeated the Israelites in battle, they carried off the Ark of the Covenant to their city of Ashod, where thereafter pestilence broke out: "And he smote the men of the city, both small and great, and they had emerods (buboes) in their secret parts." The afflicted Philistines consulted their priests and diviners, who advised that the Ark should be returned to Canaan, and not empty. Then said they: "What shall be the trespass offering which we shall return to him?" They answered: "Five golden emerods, and five golden mice, according to the number of the lords of the Philistines: for one plague was on you all, and on your lords. Wherefore ye shall make images of your emerods, and images of your mice that mar the land; and ye shall give glory unto the God of Israel; peradventure he will lighten his hand from off you."

years. The whole body becomes emaciated. There is a troublesome hectic cough, which is increased by taking food, and which is distinguished by the quickness of the pulse and the redness of the cheeks. The matter spit up by the cough is bloody or purulent. When burnt, it smells fetid. When thrown into water, it sinks. Night sweats supervene. At length the cheeks grow livid, the face pale, the nose sharp. The temples sink, the nails curve inwards, the hair falls off, and there is colliquative diarrhea, the forerunner of death.

It is interesting that a man so keen in the use of his eyes should not have thought of percussing, of palpating, or of listening to the chest, and that more than one hundred years were required for medicine to hit upon these essential methods of investigation.

A particularly striking instance of Sydenham's penetrating observation and of his gift of graphic description is his account of St. Vitus' dance, now known universally as Sydenham's chorea:

St. Vitus's dance is a sort of convulsion which attacks boys and girls from the tenth year until

they have done growing. At first it shows itself by a halting, or rather an unsteady movement of one of the legs, which the patient *drags*. Then it is seen in the hand of the same side. The patient cannot keep it a moment in its place, whether he lay it upon his breast or any other part of his body. Do what he may, it will be jerked elsewhere convulsively. If any vessel filled with drink be put into his hand, before it reaches his mouth he will exhibit a thousand gesticulations like a mountebank. He holds the cup out straight as if to move it to his mouth, but has his hand carried elsewhere by sudden jerks. Then, perhaps, he contrives to bring it to his mouth. If so, he will drink the liquid off at a gulp; just as if he were trying to amuse the spectators by his antics.

Sydenham's treatise on gout is unsurpassed, as it well might be, for he had himself suffered from the disease for thirty-four years. The essence of the disease in his opinion is a faulty concoction of the juices of the body, which is about as near as we can come to it at the present day. Only we say proudly, it is a disturbance of metabolism.

Sydenham says gout rarely attacks fools, but modestly adds that "those who choose may except the present writer."

In the treatment of gout he says the man must be made anew:

It is not as in acute disease, when a person in full health is smit with fever, and falls headlong into a dangerous disease. Gout is different. For years together a man has drunk and feasted—has omitted his usual exercise, has grown stout and sluggish, has been over studious or over anxious; in short has gone wrong in some important point of life. Whatever the treatment, medicine, diet, exercise, it must not be taken by the by, but must be steadily and diligently adhered to. The patient should keep the mind quiet and not be too intent upon serious matters.

Can you not imagine the influence such a sane counselor must have had on the great and wealthy that came to him for advice? Too many physicians of our own day are content to write a prescription for gout or any other ailment, and neglect to

give the far more important advice, "to keep the mind quiet."

As to liquors in gout, those are the best which neither sink to the weakness of water nor rise to the density of wine, such as the London small-beer, either with hops or without hops. First as to wine, the old saw is, "If you drink wine, you have the gout, and if you do not drink wine, the gout will have you."

The first is true enough.

The prohibitionists could have no better defender than Sydenham. "Water drinkers," he says, "scarcely know what gout is. Indeed, it is the natural drink of the greater part of mankind—more happy they in their poverty than we in our wealth and abundance." That does not prevent him, however, from praising the virtues of Canary wine.

For the benefit of those who may be affected in the same way he was, he gives the following advice:

On getting out of bed I drink a dish or two of tea, and ride in my coach till noon; when I return home, and refresh myself moderately (for moderation is the one thing to be always

and most strictly observed) with some sort of easily digestible food that I like. Immediately after dinner, I am accustomed every day to drink somewhat more than a quarter of a pint of Canary wine, to promote the concoction of food in the stomach, and to keep away the Gout from the bowels. After dinner I ride in my coach again, and (unless prevented by business) drive two or three miles into the country, to breathe a purer air. [One of his favorite drives was to Acton.]

A draught of small beer serves for my supper, and I repeat this when I am in bed and about to compose myself to sleep. My object in taking this draught is to cool and dilute the hot and acid juices lodged in the kidney; out of which the stone is formed. Both at this time and at dinner, I prefer the hopped, however thin and mild. For even if that made without hops be better fitted by its greater softness and smoothness to remove a stone already formed in the kidneys; still the hopped beer, on account of the slightly styptic quality which the hops impart to it, is less likely to generate sandy or calculous matter, than that without hops, which is of a more slimy and muddy substance. On the days when I take a purge, I dine on poultry but drink my Canary as usual. I am careful to go to bed

early, especially in the winter, nothing better than early hours to accomplish a full and perfect concoction and to preserve that order and even course of life which we owe to nature. Late hours on the other hand, diminish and corrupt the concoctions in old men who suffer from any chronic disease. One precaution I always take to prevent hematuria whenever I drive any distance over the stones (for on the level road I feel no discomfort) is to drink a full draught of small beer upon getting into my coach, and also, if I am out alone, before my return.

Speaking of hysteria, which by most of his contemporaries was regarded as a disease affecting only the female sex, he said:

Such male subjects as lead a sedentary life and grow pale over their books and papers, are similarly afflicted, since however much antiquity may have laid the blame of hysteria upon the uterus, hypochondriasis is as like it as one egg is to another. The frequency of hysteria is no less remarkable than the multiformity of the shapes which it puts on. Few of the maladies of miserable mortality are not imitated by it.

In the treatment of disease it was with Sydenham a cardinal principle to interfere

as little as possible with the *vis medicatrix naturæ*. He adopted as his own the fundamental concept of Hippocrates, νοῦσων φύσει ἰατροί. ("Nature is the healer of diseases.")

In actual practice Sydenham used simple, homely methods by preference and, far in advance of his time, would refrain from giving any medicine when the course of the malady was satisfactory.

His only rule in practice was: "What is useful is good." This explains the recourse he at times had to strange proceedings, such as the application of a kitten or puppy dog to get warmth to a patient, or even of a boy or girl as the case might be.

As an example of this method of treatment, we may quote the "Methodus Medendi morbos per accubitus junioris" ("Putting a child or young person to bed with an invalid"); with the idea apparently that the natural heat of the human body had some specific virtue. Several cases are recorded in Sydenham's own English.

One Mr. Little had a fever about seven weeks, and at the time was so far spent that his doctor

judged him a Dead Man. He was ancient, and having been treated with violent medicaments, was as weak as ever I saw any that recovered. Other treatment having failed, I told his wife that nothing could preserve his life but the putting a boy to bed to him. So she procured a Link Boy to lie very close to him all night. The next morning I found his fever almost off, and his eye and countenance more lively, upon which I pronounced all danger to be over. Yet afterwards, upon the recess of the boy, he began to relapse, but the boy being got again, without any more treatment he perfectly recovered.

The same way he cured Bishop Monk's lady, an aged woman of a very feeble and thin habit of body, so weakened by an ague that her physicians looked upon her as dead. Sydenham told the doctor nothing could save her life but a speedy transplantation of some young spirits upon her. Accordingly a girl of thirteen years was put in close to her breast, upon which she recovered very speedily. Unfortunately the girl fell sick, which was attributed to her lying with the lady; but Sydenham was confident

of the contrary, and the girl in the end got well.

His honesty is refreshing. He had had success in some cases of dropsy with syrup of buckthorn, so once when he was called to see a patient with the dropsy, he prescribed the syrup. "After a time, as the water remained the same, the lady changed my services for those of another physician, who after my dismissal gave her more appropriate remedies, and cured her accordingly."

Sydenham looked upon fever as a wholesome process, as Nature's way of neutralizing the injurious matter causing acute disease. He therefore did not believe it wise under ordinary circumstances to combat fever. This judicious practice was forgotten, and two hundred and fifty years after him men tried with antipyrin and antifebrin to combat fever.

In his prescriptions he did not depart from the polypharmacy of his time. There is a deal of poetry in his treacles and mixtures, but one pities the poor patient who had to swallow such stuff. For example

the Venice treacle, which he used extensively, contained sixty-five ingredients. The famous theriacum was even more complicated, being composed of seventy-two constituents. The preparation of this far-famed remedy required about three months and in Nuremberg, it is interesting to note, the Senate would usually declare a public holiday when it was finished.

Sydenham was fond of emetics and clysters and cathartics, but generally averse to sweat-producing methods.

While not the original introducer of Peruvian bark, he did much to popularize its use; this also applies to laudanum, which he prescribed extensively, always watching the effect of every dose.

Sydenham was a free but not a reckless bleeder, using the procedure as each individual case required. Perhaps he went a little too far in the case of rheumatism, for Dr. R. Brady in a letter to him says: "In the treatment of rheumatism you have prescribed free and frequent bleedings. I would ask whether some method less prodigal of

human blood (and at the same time equally certain) may not be discovered." His views on mineral water also testify to his common sense. This is what he says about them:

I will now venture an opinion that, although in such waters iron in its soluble principles is present, so that what we drink is neither more or less than iron in a liquid form, the waters themselves are merely simple waters, except so far as they are impregnated with the minerals through which they pass. This will be clear if we only throw some horseshoe nails in a few gallons of common water.

Sydenham discusses venereal disease in a letter to Dr. Henry Paman. In this letter I find that it was not considered in Sydenham's time proper to teach the cure of venereal disease. As in most things, he took the contrary view, and says: "I will state what I have observed and tried in the disease in question; and that not with the view of making men's minds more immoral, but for the sake of making their bodies

sounder. This is the business of the physician.”¹⁰

He opposes ascribing the origin of syphilis to the American colonies, because the disease was not rarely found to develop in negroes on slave ships before America was reached. As was the custom in his day and for generations afterwards, he used mercury up to the point of salivation.

More than any other man of his time, Sydenham laid emphasis upon diet and hygienic measures. Those of us who are to-day engaged in the practice of clinical medicine can take a lesson from him in this respect. He may not always have been right, but his attention to details, his precise directions, his conviction of the value of the measures he has tried must have carried great weight.

To show his good common sense, I would quote the case of “a gentleman equally favored by nature and fortune,” who had had a fever. It evidently left him in a state of profound neurasthenia, for he burst

¹⁰Sydenham's Works. Vol. II.

out into a flood of tears at the time of Sydenham's visit.

Sydenham says:

I laid his complaint partly to the disorder of his spirits, partly to the length of the previous fever, partly to the evacuations that had been necessary to his treatment, and partly to the interdiction of animal food by which his physician was guarding against a relapse. I pronounced him free of all fever, and recommended a roasted fowl for dinner, and allowed him a moderate share of wine. This he took, and went on afterwards with animal food in moderation. He never again so suffered.

Once a man in Holy Orders came to me suffering from hypochondriasis as the result of overstudy and overwork. When he consulted me I saw at once that there was no room for medicine. I recommended riding on horseback, at first short rides such as his health would allow.

Had he been a man of less acute judgment, he would never have been induced to try it. He went on and on until he had ridden more than a thousand miles, by which time he had gained perfect health and vigor. . . .

Riding is as good in a decline or in phthisis as in hypochondriasis. It has cured patients whom many medicines would have benefitted as much as many words and no more.

What his opinion might have been of Christian Science and Faith Healing is indicated in the statement that the dogma of the most insolent Stoic will relieve hysterics and hypochondriacs just as much as a toothache is relieved by a resolution forbidding one's jaws to give pain.

While Sydenham had few actual pupils (Sir Hans Sloane and the famous Dover of Dover's powder seem to have been among them), he nevertheless became a great teacher and the founder of a school which persists until our day. His fame spread more rapidly on the Continent than in England. At the University of Leyden the great Boerhaave took up the methods of Sydenham. From Leyden his methods travelled to Vienna, then to Dublin and then to America. In Scotland they never took the same foothold, probably because the

Scottish mind has a more speculative character.

I must tell the story of Sydenham's answer to Dr. Richard Blackmore, although Munk ("Roll of the Royal College of Physicians") questions its truth. When Blackmore asked Sydenham what books he should read to gain a knowledge of medicine, Sydenham's reply was: "Read Don Quixote. It is a very good book. I read it myself still."

Prof. R. A. Millikan recently¹¹ said that science walks forward on two feet, theory and experiment. Medicine also walks forward on two feet, observation and experiment—clinic and laboratory. Like physics, medicine has entered on a new era. Not only is the clinical method of Hippocrates and Sydenham carried to a high degree, but the laboratory, unknown to both men, has become the indispensable handmaiden of the clinical method. Sometimes it seems indeed as if the positions had been reversed, the laboratory assuming to be the more

¹¹ Millikan, R. A. *Scribner's Mag.*, Jan., 1925.

important. That, however, is a false and dangerous situation against which those who call themselves descendants of Thomas Sydenham must protest. The basis of the practice of medicine will always be the study of disease at the bedside by every available method, and since Sydenham is the archetype of those who believe that the most successful way of studying disease is at the bedside, his name will forever endure.

The epitaph on his monument in St. James' Church, Westminster, is magnificent and true:

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