

The progress of medicine / by D. Dyce Brown.

Contributors

Brown, D. Dyce.

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THE

PROGRESS OF MEDICINE.


BY

D. DYCE BROWN, M.D.

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THE PROGRESS OF MEDICINE.

AT the late meeting of the British Medical Association at Edinburgh, Dr. WARBURTON BEGBIE, one of the leading physicians in the northern metropolis, was selected to deliver the "Address in Medicine." His Address consisted of a reply to a question put by the late Sir William Hamilton, the distinguished philosopher and metaphysician, "Has the *practice* of medicine made a single step since Hippocrates?" Considering that Hippocrates lived more than 2000 years ago, such a question was as severe a satire upon the profession as could possibly come from a man of Sir William Hamilton's eminence and thoughtfulness.

But at the present day, for a leading physician soberly and seriously to take the trouble to answer the question in the affirmative, in an Introductory Address at the British Medical Association, is a satire almost if not quite as severe as Sir William Hamilton's question. Had progress commensurate with the age, and proportionate to the advance made in other collateral branches been visible in the "practice" of medicine or therapeutics, one would have thought that the question might have been passed by as a joke, or if taken in earnest, as one too absurd to answer. But no! Here is the question replied to in a most elaborate manner by Dr. Begbie, with the result, as every candid reader must admit, of showing, not how

much progress has been made, but how *little*, and consequently, of only demonstrating how much reason there was for Sir W. Hamilton's searching and unpleasant question. We presume it is almost unnecessary to say that homœopathy is utterly ignored by Dr. Begbie—the great step in therapeutics of modern times is passed over without the briefest notice. It is therefore of old-school therapeutics that we write at present. The question was unpleasant, for the very obvious reason that it was so difficult to answer satisfactorily, and at the time it was asked it gave great offence to Sir William's medical colleagues in the University of Edinburgh. The awkward thing about the question was, that it was not of an ill-natured, groundless character ; but Sir William stated that he based his query on statements from high medical authorities, and in another edition in the following year, he added fresh quotations to the same effect. It was this that made the query "the unkindest cut of all," as the profession were condemned from the mouth of their own authorities. It is amusing to observe what unfortunate admissions the *Lancet* (Aug. 14) makes in reviewing Dr. Begbie's Address. This journal would evidently have been much better pleased if Dr. Begbie had not revived the awkward question, and taken the pains to reply to it. The *Lancet* is under the impression that the query was put in 1832, when the original article on the Life and Writings of Cullen was published, and on this supposition it says (p. 251, Aug. 14):—

"It is true that this question was put by the illustrious professor so far back as 1832. But even then there was a certain look of ungraciousness about it. Vaccination had been discovered ; cinchona and the alkaloids had been introduced into practice ; and the marvellous significance of atmospheric impurities, especially in hospitals, had been indicated half-a-century before by Dr. Clarke's discovery of the remarkable effects of fresh air in abating the mortality of new-born children in the Dublin Lying-in Hospital—a discovery which is not sufficiently

appreciated even in this age of hygienic medicine. Laennec had introduced auscultation,—not, however, without candidly pointing out that he had found a passage in Hippocrates which showed that he had in a way used immediate auscultation. If Sir William Hamilton had fully considered the significance of such discoveries as the above in the light of the unrivalled learning which he possessed, he might have framed his question on less ungracious-looking terms. Still”—let us observe this from the *Lancet*—“still there was enough of antiquity about the chief parts of medical practice when Sir William’s question was framed to make it not altogether unreasonable. The further point remains: Allowing that Sir William’s question was not altogether unreasonable in 1832, was there any justification for Dr. Begbie reviewing it in 1875.”

Unfortunately, it turns out that the question was not put in 1832, but in 1852, when the essay was republished along with others, and was repeated with the addition of further quotations from medical authorities in the following year, 1853. It thus seems that in spite of the discoveries named by the *Lancet* as showing what great progress had been made in 2000 years, this leading journal admits that Sir William’s query was “not altogether unreasonable.” Or in other words, it is only the progress made in the last forty years which prevents the question being a reasonable one. What this progress amounts to, we shall see presently from Dr. Begbie.

The *Lancet* then goes on to say that Dr. Begbie “had an easy task, and would have had a still easier one if he had not spent a large portion of his address in magnifying, not unjustly, the wisdom of Hippocrates and the excellence of his practice.” In other words, this magnanimous journal considers that if the excellencies of the practice of Hippocrates had been more slightly dealt with, or kept more in the background, so much the more evident would seem the progress since his time. But Dr. Begbie is too honest for this. He sees that if the progress in therapeutics since the time of Hippocrates is to be rightly and

honestly estimated, he must first show what the practice of Hippocrates really was. This part of the Address is extremely interesting, and makes one marvel at the sagacity, observation, and thought shown by the "Father of Medicine." Considering that he lived more than 2000 years ago, that anatomy was in its very infancy, that physiology and the allied branches were completely undeveloped, it is astonishing to find the amount of practical wisdom shown by Hippocrates in the treatment of disease. In reading this part of Dr. Begbie's Address, it would appear that in many points, up till within ten, or at the outside, fifteen years ago, there was actually a retrogression instead of an advance from Hippocrates. Up till this recent time, there was no disease in which it was considered more necessary to commence the treatment by bleeding followed by blistering, and mercurialization than in pleurisy. (See Sir Thomas Watson's *Principles and Practice of Physic*.) But it now turns out that Hippocrates *in the first place* used fomentations to the affected side,

"And only in the event of these failing to accomplish the object in view, he counsels that recourse should be had to blood-letting, and the use of other powerful remedies, including cathartics. In another part of the same treatise, the following rule is laid down for the employment of blood-letting. 'Bleed in the acute affections, if the disease appear strong, and the patients be in the vigour of life, and if they have strength.' Surely," as Dr. Begbie goes on to remark, "surely this is a most cautious limitation of the circumstances in which the remedy is to be, in the mind of the writer, advantageously employed."

This important caution and limitation of Hippocrates was, till the last few years, sadly neglected,—the routine rule being in *all* cases of acute pleurisy to bleed. And it is only within the last few years that fomentations have taken the place of bleeding and blisters in the old-school. Even the *Lancet* candidly admits the retrogression from Hippocratic practice of recent years. It says, in the article already quoted from:—

"When we consider what has been done since 1832, in the way of improving the practice of medicine, we are struck with two points: first, that the curative agency or tendencies of nature are more clearly recognised; and secondly, that when

medicine attempts to interfere, she does so with a preference for milder and less perturbative means than were in fashion up till the time of Sir William's question. *And in both these respects there is a reversion to Hippocratic ideas.* There is no part of Dr. Begbie's praise of Hippocrates which is more just than that in which he praises the Father of Medicine for his admirable rules for preparing fomentations for the relief of the pain of pleuritis. *Of late years, fomentations and poultices have been deservedly preferred, in inflammations of the chest, as in other inflammations, to blisters and other irritating applications."*

Let us now see what Dr. Begbie has to tell us of the steps of progress made in therapeutics since Hippocrates. He commences by saying :—

“ It might be a sufficient answer to the query of Sir William Hamilton to signalize the discovery in modern days of vaccination, and the introduction of sulphuric ether and chloroform as anæsthetics. These were unknown to Hippocrates, and surely our possession of them indicates at least one step in advance.”

Certainly these two discoveries have been an immense boon to mankind, but in thus arguing that those two discoveries show “ at least one step in advance,” and that the other points he afterwards names are additional evidences of the same, we think that Dr. Begbie takes up Sir William Hamilton unfairly, and his doing so only shows how weak his reply to the question is. Sir William would, we feel sure, not wish his question to be taken thus literally ; and he would have been the last man to deny the immense value of vaccination and of chloroform. What he evidently means is, that therapeutics have made no advance as a *science* or a *system*. Other collateral branches, such as anatomy, chemistry, physiology, have been brought to a wonderfully perfect state, and a similar question would never be put by any sane man with regard to them ; while in therapeutics the only progress which can be shown is a few isolated discoveries, which have arisen simply from accident, or empirically, and are employed for no other reason than that they are found to be of use in this or that complaint, while, as a science or a system, drug-treatment does not exist in the old-school. We are, however, anticipating, and further remarks on this point will come better afterwards. “ But,” Dr. Begbie goes on to say, “ we are able to point to the abandonment of many remedies altogether worthless which

were used in ancient times." This, surely, is about the weakest evidence of progress which could be brought forward. A science or an art must be in a very lamentable state indeed if constant practice and the accumulated experience of 2000 years does not enable one to abandon useless remedies—such remedies as were used only in the infancy of knowledge of anatomy and physiology.

But Dr. Begbie, while abandoning useless remedies, is "able to point to the introduction, as well as much more satisfactory employment, of others." What these are we shall presently see. The first real advance in drug-treatment we find in the hands of the famous Cullen, whom Dr. Begbie quotes as saying:—

"There is nothing I desire so much as that every disease we treat here should be a matter of experience to you; so that you must not be surprised that I use only one remedy when I might employ two or three; for in using a multiplicity of remedies, when a cure does succeed, it is not easy to perceive which is the most effectual. But I wish that you may always have some opportunity of judging with regard to their proper effects."

How far this wise practice has been adopted up to the present day every one knows who has had to swallow the "mixtures" of several drugs together. The prevalence at the present day of this system of giving a "multiplicity of remedies" is the best proof of the backward state of therapeutics, and is the inevitable consequence of the ignorance which exists in the old school of the pure action of individual drugs. Were it not for this ignorance it would be unnecessary to combine three, four, or more drugs in the hope that this "mixture" will hit the mark; but it would be sufficient to give, as the homœopaths do, only one medicine at a time—the one indicated in the given case.

"To Cullen," Dr. Begbie tells us, "we are largely indebted for the introduction into general practice by medical men in this country of such remedies as the acid tartrate of potash, tartar emetic, hyoscyamus, James' powder, or the pulvis antimonalis."

The use of one of these drugs—tartar emetic—as an anti-phlogistic is then specially mentioned by Dr. Begbie. But, unfortunately, this "step in advance" is now no longer reckoned as such. The representative men of the old

school now rarely use it as an antiphlogistic, on account of its injurious and depressing effect when given in doses sufficient to produce "antiphlogistic" action.

We are next told, by way of apology we suppose, that "of specifics we still possess but few," while Dr. Begbie naïvely goes on to say that "the desire to increase their number is not only legitimate, but is likely sooner or later to be gratified." *Quinine* is next referred to in the treatment of intermittent fevers and intermittent neuralgias, but alas! "we are compelled to admit that we are entirely ignorant respecting the method of action of a medicine in whose power we justly place the very highest confidence." "The remarkable effects of quinine in reducing the temperature in pyrexia" is next noticed as a great discovery, but, unfortunately, the doses required to produce this effect are so large that few physicians would think of employing it for this purpose. Then follows a notice of the "still more remarkable influence of cold in the same way in hyperpyrexia." But this was discovered and recommended years ago by Currie and Priessnitz; and so great a "step in advance" was it, that it was allowed to fall into oblivion, and deemed dangerous, till the last two or three years, when the results of hydropathy led to its re-investigation. Iodide of potassium next comes under notice, in syphilis and in thoracic aneurisms, in which latter we are told that

"No reasonable suggestion has hitherto been offered regarding the *modus operandi* of iodide of potassium in aneurisms. The influence it exerts on the progress of aneurisms appears to have been discovered not only empirically, but by the merest hazard, and 'in this point of view,' writes Dr. Walsh, 'the story of all our really valuable medicines is simply repeated.'"

Bromide of potassium in epilepsy next comes in for honourable mention, of the virtues of which Dr. Begbie tells us little was known twenty years ago. After which we are informed that a Dr. Dougall has *apparently* discovered that "leprosy sores and other ailments can be cured by the Gurjon tree." Of diabetes and its treatment we are told that "although its pathology is still to a considerable extent obscure," yet "we may compare the treatment pursued by Aretæus, for example, and that which we now employ, with the result of feeling thoroughly assured that many steps have been taken in the

right direction, and with signal advantage to suffering humanity, since the writings of the distinguished Capadocian physician." This certainly is rather vague, and not much to boast of, the fact being that the drug-treatment of diabetes is like its pathology, "to a considerable extent obscure." Finally, as the last proof adduced by Dr. Begbie of medical progress since Hippocrates comes the use of cod liver oil in scrofulous and tubercular diseases.

And this is all the evidence that is brought forward by one of the leading allopathic physicians in Scotland in reply to Sir William Hamilton's query put 20 years before! Our readers may perhaps be inclined to suspect that we have noticed *only a few* of the examples of progress in therapeutics adduced in Dr. Begbie's Address, but, in order to do justice to the lecturer, we have mentioned every point which he brings forward for his purpose. Were we not justified in saying that the reply is a failure, the weakness of which consists in that, while endeavouring to show how *much* progress has been made in therapeutics, the lecturer really shows how *little* has been done, and exposes the "nakedness of the land?"

The *Lancet* is evidently ill at ease on this score, and says in the article already quoted: "Most of us would have been well pleased if Dr. Begbie had given us more numerous illustrations of the great strides of modern medicine." Very true; but the *Medical Times and Gazette* (Aug. 7) unfortunately states that "all the modern gains in medical science and in therapeutical art are spoken of." None of the branches of medical study collateral with therapeutics are in this condition of backwardness. Our knowledge of anatomy is nearly perfect; physiology has been brought to wonderful perfection, though many points have yet to be discovered; chemistry is also well-nigh perfect; surgery, which is the twin sister of medicine, is so advanced as to be capable of apparently little further improvement; the course, causes, and pathology of most diseases have been well studied and carefully elucidated, leaving comparatively little to be done in that direction; and the diagnosis of disease is now brought to as great perfection as is probably attainable. Most of this is noticed by Dr. Begbie; and a knowledge of all this is essential to a thorough understanding of what we are about in treating a disease, forming a substantial basis on

which to work in discovering a true system of therapeutics, but still all this is *not* therapeutics, in proof of which we find that, in spite of so much progress in the kindred departments, therapeutics remain, as it were, out in the cold, being the only branch of medical study regarding which Sir William Hamilton, or any one else, would dream of putting the query, "Has it made a single step since Hippocrates?"

What is the reason of this state of matters? It is clearly because physicians of the old school are on the wrong road towards the discovery of a *system* of drug-treatment. There is at present among them *no system*; and there surely must be something radically wrong when, after the lapse of 2000 years, such paltry evidence of progress in the shape of a few isolated bits of treatment is all that can be shown.

On examining the evidences of progress adduced by Dr. Begbie, we find that every one of the medicines specified have this in common, that they have been discovered by accident, that no explanation can be given of their action from an allopathic point of view, and that therefore they are purely empirical remedies. Dr. Begbie is honest enough not to disguise this fact. He says: "The use of the remedies we have been briefly reviewing has, in the first instance, been adopted either by mere accident or empirically; nor have we on this account any cause for feeling regret." But it is this "hap-hazard of blind empiricism," as the *British Medical Journal* (Aug. 7) calls it, which prevents all true progress in therapeutics, and is only tolerable when nothing better can be offered. It gives no hint as to any scientific system of drug-treatment, the discovery of which is, after all, the only real "step in advance" worth mentioning. The great desideratum is a law or guiding principle by means of which we can tell to a nicety what medicine ought to be curative in a given case of disease, and by means of which we can predict the therapeutical action of any given drug before it is tried in disease. And until this law or guiding principle is ascertained, old-school treatment will never satisfactorily progress, but will continue to answer to the description of the "hap-hazard of blind empiricism." Such a rule or guiding principle as we allude to is by many sceptics looked upon as Utopian; but by others, on whose minds the light of truth is beginning to dawn, its

discovery is looked forward to in faith. The *British Medical Journal* (Aug 7) is of the latter way of thinking. It says:—

“If we cannot predict what will be the effect upon the human body of any particular drug until we try it, we are getting nearer to an exact knowledge of the effects or changes that we should aim at producing in order to correct any morbid action. If we shall succeed in the course of time in determining ‘the way to do it,’ we shall at the same time succeed in making the practice of medicine a science; we shall be able to fix with confidence upon the drug (its operation being known) that is qualified to produce the results we desire to attain; and we shall know how they are attained. The hap-hazard of a blind empiricism will be supplanted by a rational and scientific treatment.”

Were this happy state of medical science to exist, there would be no need to put such a question as Sir William Hamilton’s, and still less need would there be to reply to it by the enumeration of a few isolated bits of treatment, discovered by accident, and unexplained in action; for then the merits of each individual drug would be thrown into the background when the grand fact was realised, that a *scientific system* of drug-treatment had been discovered.

Dr. Begbie himself seems to participate in this hope for the future, for, towards the conclusion of his lecture, he notices “the establishment of an advanced school of therapeutics, from whose labours signal benefits may not only be anticipated for medicine, but have already been conferred upon it.” He then refers to Dr. Brunton’s experiments with nitrite of amyl, and to Dr. Fraser’s with calabar bean, both of which are in the right direction, by showing the effects of these drugs on the healthy body.

Is there, then, no scientific law or guiding principle, in accordance with which we shall have a scientific reliable *system of therapeutics*, to which the weary eye of the medical sceptic can turn? Yes, there is. And yet this one fact of facts in the history of medicine—this one “step of progress” *par excellence*—is utterly ignored by Dr. Begbie in his Address. In thus ignoring the doctrine of similars and homœopathy, Dr. Begbie has obliged himself to omit all notice of one of the best-known and most sagacious pieces of wisdom ever uttered by his hero Hippocrates. The Father of Medicine says, “Some diseases are cured by likes, and some by opposites.”

From the first clause in this sentence, we perceive that Hippocrates was aware of the value of the principle of homœopathy, though it remained for the illustrious Hahnemann to work out this principle, to show its almost universal range of action, and to found upon it a really scientific system of therapeutics. This grand *fait accompli* and the great genius who worked it out, are, however, beneath the notice of Dr. Begbie. Truly, as Henry Rogers says, there is nothing so easy as to keep out the light, by the simple process of shutting one's eyes. Could Dr. Begbie have seen this great light in the dreary history of medicine, what a triumphant answer would he have had to Sir William Hamilton's query, while the restless longing for the truth on the part of the *British Medical Journal* would have been satisfied. Dr. Begbie would no longer have had to tell us that the action of quinine had never been explained, and that the accidental discovery of this or that drug was a repetition of the same story of all our really valuable medicines. He would no longer have had to caution his hearers, as he does in the conclusion of his address (after noticing the labours of the "advanced school of therapeutics" already mentioned), that they are not to mind the results of recent drug-experiments, if they seem to run counter to well-ascertained therapeutical facts. Further, he would see that the apparent discrepancy is, after all, only one of the numerous illustrations of the homœopathic law of similars. What he refers to, is the action of mercury on the liver. As every one knows, mercury in small quantity has been known for generations to have a specific action on the liver, stimulating it, and promoting an increased flow of bile, &c. An Edinburgh committee, with Dr. Hughes Bennett at its head, some years ago instituted a series of experiments on healthy animals, with the view of ascertaining the truth of this ancient and universal belief. They administered to healthy animals *full* doses of mercury, with the uniform result of finding that the flow of bile, instead of being increased, was actually diminished and stopped. They accordingly announced that the old belief was a delusion, as mercury actually did the opposite of what it was formerly believed to do. Dr. Begbie, along with many other physicians of the old school, were not satisfied with this result, but naturally enough persisted in still believing the results of

their own oft-repeated observations, and the visible effects produced. He accordingly says, in the conclusion of his Address :—

“ Let each one of us be fully persuaded in his own mind. While deeply interested in, and much instructed by, the experiments performed by a committee of this Association, regarding the use of mercury, for example, I remain as thoroughly convinced as ever that the much-abused drug in question exerts a powerful action on the function of the liver, and is to be trusted as a most efficient remedy in controlling not a few of its disorders.”

After this result of experiments on the healthy body, well might he and others of the old school despair of seeing any useful practical results from such experiments. But could he on the other hand open his eyes to the *possibility* of the truth of the homœopathic law of similars, with the endless examples of the double and *reverse* action of medicines in large and small doses respectively, to be found in standard allopathic works, he would see that this apparent discrepancy is only another example of the same principle of double action. He would then see at once how it was that the administration of mercury in full doses, to the healthy animal, produced effects precisely the reverse of those which he and every physician knew from experience were produced by small medicinal doses.

We confess that such an Address as this makes us feel sad. To think that physicians of known and acknowledged talent, who have the same desire as we have to do the best for their patients, should persistently shut their eyes to the existence of that very scientific law or guiding principle in drug-treatment which is put into successful operation by thousands of as highly educated physicians as themselves, and to the discovery of which they themselves look forward with hope, is indeed a thing to make a thoughtful man sad. Would that we could induce our opponents to open their eyes to see the truth. It *must* come to this soon.

“ Magna est veritas, et prevalebit.”

