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Contributors

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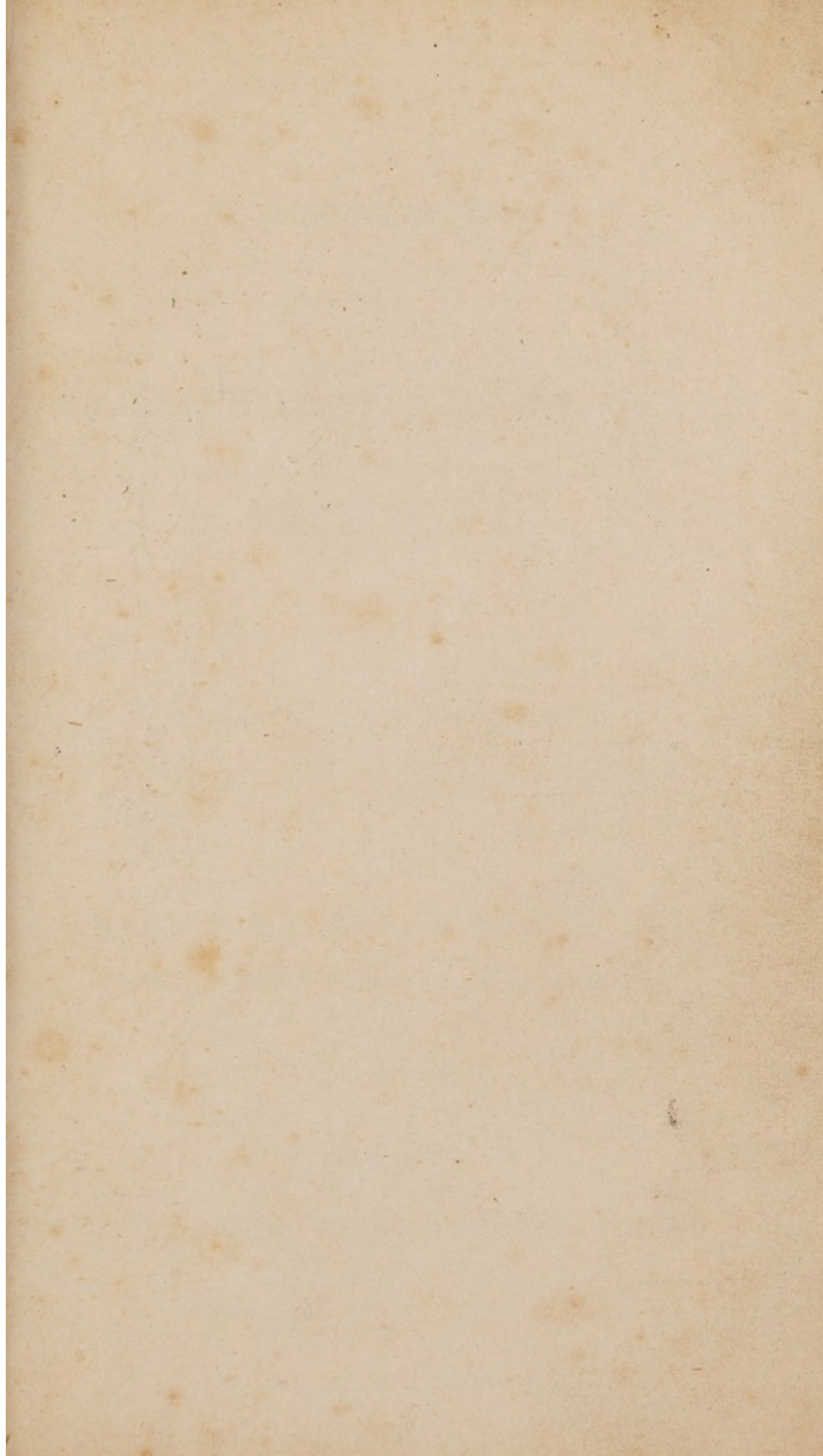
231 **Higgins** (Charles, M.D., M.R.C.S.L., Member of the Royal Society of Medicine of Bordeaux) Observations on Climate, Diet, and Medical Treatment in France and England. London, Burgess & Hill, 1835
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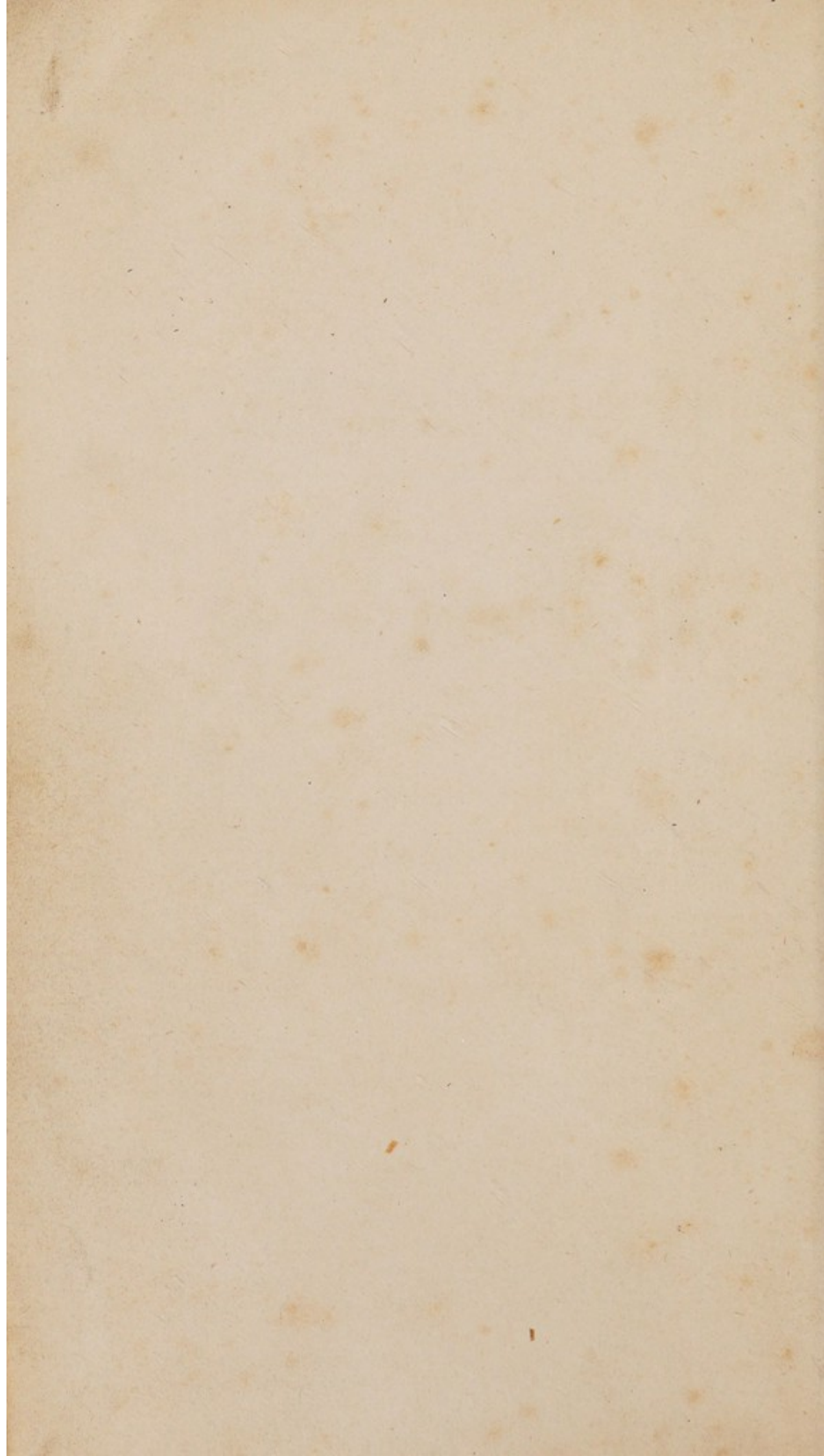
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There is one other book by this writer in the British Museum: "Notes sur l'Emploi des Allérants dans les maladies Aigues et Chroniques," Paris, 1859. His comparison of treatment in France & in England is interesting, & shows the acute mind of the scientific Englishman resident in the South of France, inclining to French practice and institution. He had even acquired some interest in gastronomy.

Maladies Aigues et
Chroniques. Paris. 1859.





OBSERVATIONS
ON
CLIMATE, DIET, AND MEDICAL
TREATMENT,
IN
FRANCE AND ENGLAND.

BY
CHARLES HIGGINS, M.D. M.R.C.S.L.

Member of the Royal Society of Medicine of Bordeaux, &c. &c.

LONDON :
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OBSERVATIONS,

&c. &c.

INTRODUCTION.

THE following pages are the result of an attentive observation of the climate and practice of France, during the past six years that I have been established in the southern part of that kingdom. I had not been long a resident in it, when the simplicity and success of the treatment adopted, as compared with what I had been accustomed to, struck me forcibly ; and I found, that if the French carried their prejudices too far against the English faculty, the English, on the other hand, entertained still more erroneous ideas with regard to the French, notwithstanding the constant communications, both personal and literary, ever since the peace.

In the hope, therefore, of elucidating the subject a little, or at least of giving some more distinct notions respecting the peculiarities in the practice of the two countries, I have ventured to give publicity to these general observations.

2 ENGLISH PARTIALITY FOR DRUGS.

It is almost unnecessary for me to specify the charges which the English make against French practice; they are on every body's lips: nothing but tisanes, sugar and water, slops, &c. &c. To what extent all these fine sarcasms are borne out by facts, we shall see hereafter: in the mean time, it will be more interesting to learn what are the accusations brought against us, and how far they may be founded, or otherwise.

PARTIALITY OF THE ENGLISH FOR DRUGS.

We are accused, not only by the ignorant mass but by the scientific faculty of France, of being too violent in our remedies, of trusting little to the healing and elastic powers of nature (the *vis medicatrix naturæ*), and, in fact, to use two words for which we have not good equivalents, of practising a *médecine héroïque et perturbatrice*. That this assertion has some foundation no unprejudiced person can deny; at least, if not to the degree imagined by our neighbours, yet certainly to a considerable extent. Who is ignorant of the consumption made in England* of purgative medicines? To such

* Whenever the words England and English are met

DIFFERENCE OF MEDICAL TREATMENT. 3

an excess has the use of these drugs been carried, that the habit has, as it were, infiltrated itself into every grade of society ; with but this difference, that in the upper classes, when a member of a family feels a little indisposed from a slight indigestion, or, it may be, from a nervous emotion, the anxious mamma rarely fails to administer at bed-time a five-grained calomel pill, followed in the morning by an ounce of purified Epsom salts, dissolved in a glass of tepid water ; or if the mamma happen to be an Abernethian, it was five grains of blue pill at night, and in the morning a mixture of senna, salts, and two or three other refreshing ingredients ; while among the lower classes there is some aloes added to the calomel, and Glauber salts are substituted for the purified Epsom !

Putting but little confidence in the powers of nature, the English seem to despise her tiny and uncertain efforts, and consequently (to use a familiar phrase) always take time by the forelock, a merit which certainly no one will venture to deny them.

with in these pages, they are intended to refer to the three kingdoms, and to the natives of them, unless when Ireland or Scotland should be nominally specified.

4 DIFFERENCE OF MEDICAL TREATMENT.

CAUSES OF THE DIFFERENCE OF MEDICAL TREATMENT—EFFECTS OF CLIMATE ON CONSUMPTION, &c.

As treatment of the foregoing description, whether applied to slight indispositions, or during the progress of acute and chronic disease, is by no means adapted to our Gallic friends, the question naturally presents itself, “Whence arises the difference? Why is it that the practice of medicine in two countries so near each other, and so advanced in civilization, should vary so considerably? Is the difference of climate sufficient to account for it?” That climate exerts an influence, and a very powerful one, on the constitution and predispositions of individuals, every one must admit; but that the French climate (which I do not consider so superior to the English as some people do) should suffice to explain the variety of medical treatment observed, I am by no means disposed to think. It is curious enough to remark, that these varieties of treatment are comparatively of recent date; for in the last century we find that the Brunonian theory and practice prevailed in both countries, and that no doctor in France ever dreamed of allowing his patients to die on

eau sucrée. In fact, for the last three centuries each country changed and modified its doctrines and practice in much a similar ratio, and in nearly the same manner. It is only since the present century that the great variance is observable. Had the geographical positions of the two countries, and the consequent results, such as difference of temperature, &c., been sufficient to produce an essential distinction in the temperaments and diatheses of the natives, we could not expect to have seen a similar practice followed throughout such a lengthened period, unless indeed it be supposed (which I am very far from doing) that physicians of former days were so blindly attached to theory and routine, that they treated disease according to the dogmata of the great master whose disciples they professed themselves to be, without any reference to the modifications which climate renders necessary. Again, if we look to countries in a more southern latitude than France, and consequently possessing a climate with characters still more removed from that of England, Italy and Spain for example, we observe even at this day a much greater confidence in the efficacy of medicines, and especially a much more extensive administration of

6 DIFFERENCE OF MEDICAL TREATMENT.

internal stimulants, than is practised in France ; but that can be accounted for by the inferior state of civilization in those countries, as compared with the latter.

As much has been said, and as much written, about the damps and fogs, the suicidal and other inconvenient qualities of an English atmosphere, as has been said and written in favour of that of *La Belle France*. Why so much praise has been so lavishly bestowed on the latter I am totally at a loss to discover. I can only hazard a conjecture, which is, that most of the French writers who have touched on the subject, never having seen any country but their own (for they are no travellers), and being urged by a natural stimulus of vanity, describe it as a terrestrial Elysium ; and yet the fault should not be entirely left at their door either, for some English authors have greatly exaggerated the beauties and qualities of certain foreign climates ;—Mrs. Radcliffe's description of Provence, for example. These brilliant sketches, then, of the climate and landscape, falling under the eye of John Bull (who, by universal consent, is one of the most gullible personages in nature), and co-operating with his natural propensity to locomotion, induces a

speedy visit to the hotel of his Excellency the French Ambassador for a document “*de par le Roi*,” by virtue of which he may visit unscathed the *enchanted* scenes he has read so much of. *Him* I do not pity, for he has *health* and money, and these are two “*compagnons de voyage*,” which may render passable scenes that in themselves are far from enchanting. But what shall I say of another and very different effect of these flattering representations of French climate—one that induces fond parents to send out a favourite, perhaps an only child, to have a miracle wrought on lungs full of tubercles, in the second, or it may be in the third stage, and with almost a certainty of having his bones laid far from kindred or home? How often have I seen phthisical patients land in this country in such a state, that I dreaded their sinking before forty-eight hours. Then the distressing scenes of their return—some to die in sight of the shores of their native land, others to survive until reaching that wished-for goal: for when the friends who accompany the poor invalid are informed of the utter hopelessness of a beneficial change from climate, they, as well as the sufferer, naturally turn their eyes towards that home from whence

8 CLIMATE OF THE SOUTH OF FRANCE.

they never should have stirred. In fact, I have hardly ever seen a case of phthisis in an English patient, which could be said with truth to have been benefited by the change to this country ; but many have I seen whose destructive progress has, without doubt, been accelerated by it.

CLIMATE OF THE SOUTH OF FRANCE—THE FOUR SEASONS IN THE SOUTH-WEST.

The foregoing remarks will not create much surprise, if we consider the wide ranges of temperature to which the South of France is subject ; one side, the south-east, including Languedoc and Provence (more especially the latter), with a dry irritating atmosphere, the heat almost intolerable during the summer months, and generally a very sharp winter (during the months of December and January at least) ; the other side, the south-west, including Gascony, Guienne, &c., with an atmosphere as humid and depressing as that of the former is parched, but with a heat in July and August nearly, if not altogether, as intense. They both, however, agree in one point, *viz.* the great variableness of their respective climates ; and what is most

important to invalids, the immense and sudden ranges of temperature.

The winter of the south-west, in consequence of the proximity of the latter to the ocean, and the prevalence of westerly winds, is usually extremely wet: frost there is but little of, and rarely snow; but then the thermometer is often within a few degrees of the freezing point, which, with a north-west wind, renders the atmosphere very disagreeable, and induces a dampness and coldness most trying to invalids.

In the month of February the weather usually becomes mild, accompanied by easterly or south-easterly winds; but this favourable change is not of long duration, seldom lasting beyond two or three weeks. March generally sets in with severity; the winds north and north-easterly at this season are most piercing, and rendered still more hurtful to the constitution by the sun's rays (now becoming powerful), which dart down on you unprotected, foliage being still absent. If a phthisical patient reside in a town, woe be to him, if, after having been exposed to the rays of a March sun, and especially if, in a state of transpiration, he enter one of the narrow streets from which the sun is excluded, and through which a northerly wind is blowing, he encoun-

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ters a transition of temperature such as he never would have met with at home. Indeed few persons, even the most robust, can be properly said to enjoy good health during the March weather in this country: the cutaneous membrane is contracted, or, as is commonly said, the pores are dried up, and consequently its functions are most imperfectly performed;—of this we all know the common results to be, rheumatisms and acute attacks of inflammation, on internal organs already chronically affected, or predisposed to become diseased. Since, then, such consequences are observed with regard to the abdominal organs, &c. that are so circumstanced, look to the combined effect of these biting winds on the cutaneous exhalents, and on their actual contact with the bronchial membrane—ay, even with vomicæ, if the tubercular disease have advanced so far. England has its March winds too, but there you are not roasted and frozen at the same moment as here. In-doors too, there, in March as in every other month, a thing called comfort exists; but here! the less we say of that the better. April is usually a fine month, but rather changeable: it resembles a good deal our English month of July. A very high temperature frequently

occurs in May, at least during a part of it, and from thence to July the barometer is seldom steady. I have often seen in June the thermometer fall 10 degrees of Reaumur ($22\frac{1}{2}$ of Fahrenheit) in less than twenty-four hours.

July and August are almost always accompanied by an excessively high temperature; in fact, nearly an African heat prevails during a greater part of this period of the year, the thermometer in the shade ranging from 23 to 29 or 30 degrees R. (83 to 100 F.) What makes the heat more distressing is, that night brings little relief to our sufferings, a dead calm often continuing throughout it; and consequently, as no friendly zephyr comes to our aid to chase away the heated air, we are frequently so oppressed by the closeness of the atmosphere, as hardly to be able to shut our eyes. This is the season for cerebral fevers, inflammatory affections of the gastro-intestinal mucous membrane, including dysentery, &c.; and in the marshy and malarious districts pernicious intermittent fevers. These last, it may be remarked *en passant*, present much more formidable characters than the agues we see in England. We are seldom there *obliged* to resort to the administration of quinine at the third or fourth attack, or fit of

the disease : of course, the moment we are assured of its intermittent nature, the sooner we combat it the better, by the exhibition of its specific ; but what I mean to say is, that our neglecting (no matter from what cause) to give quinine, in order to check a certain approaching fit, is rarely followed by fatal results ; but here, the symptoms often become so alarming after the first few attacks, that if we omit to administer quinine, and allow another fit of equal violence with the others to supervene, death may, and does ensue.

THE VINTAGE SEASON—CURE DE RAISINS FOR PHTHISIS.

We now enter the autumn (September, October, and part of November), a season by far the most delightful and the most beneficial to invalids of any other portion of the year in the South of France. To those who have passed the summer here, and who, consequently, must have been so relaxed by the excessive heat, its bracing temperature (18 to 22 R.) as compared with that of the preceding months, is peculiarly reviving ; add to which, exercise in the open

air is attainable all the day, provided you be cautious not to expose yourself much to the rays of the sun, as even still the latter occasionally retain great power, while in July and August exercise is generally out of the question between eight o'clock in the morning and eight in the evening, and during these months, from the latter hour till ten, is the period allotted in such latitudes for breathing the fresh, or perhaps I should rather say the external air; for as before remarked, it often happens that a breath of wind is not to be felt. The great advantage in going out at this hour is, that you are no longer incommoded by the rays of the sun—that you need not fear damps or dews, as from the volume of heated air near the earth no dew begins to fall before midnight; next, the exhilaration that the open air seldom fails to induce, the pleasure that the contemplation of a brilliant firmament must afford to those who are of a sentimental disposition, and to those invalids whose tendencies are not of so elevated a nature, and who are content with the objects all but celestial that glide over our earthly planet, the contemplation of those charming *tournures* which are always to be met with on the promenades of Gaul. In the

autumn, too, there is the vintage, with (for those who have the advantage of being invited by great vine proprietors, and who have sufficient strength to enjoy it) all the amusements usually attendant on the gathering in of the luscious grape. It is not the process of converting the latter into *château Lafitte* or *château Margaux*, that is at all either interesting or amusing; it is the entertainment got up for his guests by the hospitable proprietor, the excursions by land and water, the music, dancing, and though last, not least, the feasting. Give me a choice French dinner of a dozen of dishes, but let no patient of mine ever think of venturing beyond two or three at the utmost!

The bruising of the grape in the huge vats is a most disgusting sight, the operation being performed by the bare feet of men! To be sure experience (that unanswerable argument) teaches it to be the best method; presses are found to compress the husks too much, and to extract from them elements, which injure the quality of the wine. The use of grapes, at this season, is perhaps the greatest luxury a poor invalid has; and fortunately there is no objection to its being indulged in, except diarrhoea should be present.

We all have heard of the celebrated Cure de Raisins for phthisis. Whether grapes have ever *cured* it I doubt exceedingly, but that they have relieved symptoms attendant on it I do not doubt at all. Partial irritations and inflammations throughout the system, and especially in the primæ viæ, are of constant occurrence during the march of consumption: in many such cases the use of grapes (avoiding to swallow the husks or skins) proves to be more antiphlogistic than even local blood-letting; indeed the latter should be avoided whenever it is possible, and consistent with the rules of art and consequently the safety of the patient to do without it, as in confirmed phthisis it only hastens the catastrophe.

The fine autumnal weather generally continues, with but slight interruptions at the equinoctial period, during the months above specified; a succession of vintages affording an agreeable variety to the stranger or invalid who may be sojourning in these countries, the red grapes being gathered in and fermented in September and early part of October, while the white are only plucked at the end of the latter month, and in November.

It would be deviating from the truth were I

to present the pleasures experienced by all strangers during this festive period, as equally attractive and unalloyed : it should be stated, that unless the visitor be capable of conversing a little in French, his time, instead of passing away pleasantly, will be likely to fall very heavy on his hands ; for with the exception of a few commercial towns, the English language is but little spoken. Much, however, depends on the efforts a stranger will make to render himself as agreeable as possible, by conforming to the manners and customs that prevail in society, always excepting that of expectorating on the floor in presence of the ladies ! An Englishman will not have occasion to regret his condescending to relax the dorsal muscles, and to throw into action the others that are necessary for effecting what is commonly termed a bow, about ten times as often as he is in the habit of doing. Neither must he appear shocked if a lady tell him “ *qu'elle s'étoit purgée hier,*” or “ *qu'elle se propose de se purger demain ;*” or if, in relating a husband's or a brother's illness, she inform him that the cure was mainly attributable to the use of *lavements*. All such interesting information John Bull should receive with as much amability as his honest features

are capable of expressing ; a wry face on such an occasion would seldom be understood, and when comprehended, laughed at. As the autumn advances, the mornings and evenings generally become cool, so that an invalid's exercise should be taken in the day time at this season. In the month of November, sometimes early, at other times late in it, there are usually ten or fourteen days of delightful weather, commonly called the summer of St. Martin. Nothing can be more reviving than this second summer, particularly when we think of the weather we should probably have in England at the same time ; besides, it advances us so far into winter and approximates the spring.

FRENCH HOUSES AND ACCOMMODATIONS.

We now arrive at December, and the commencement of winter, a period at which the South of France is as disagreeable and uncomfortable to invalids as the autumn has been delightful to them. I have no hesitation in saying, that delicate people who remain here, and who content themselves with the ordinary accommodations of the country, often receive more injury

in December and January than they can have obtained benefit in the preceding season. How can it be otherwise? The houses are built as much as possible with a view to coolness, the stairs made of stone, and in the older houses the floors of tiles. In all modern buildings, however, the latter are discarded, and floors are now invariably made of wood, with the exception of that of the kitchen, but the materials of the stairs remain the same. The doors and windows are so clumsily fitted, that crevices exist all around; so that if you happen to sit near them when closed, the part of your body that may be exposed to the air rushing through the crevice is almost sure to be attacked with rheumatism. This is not an accidental circumstance; the same thing is to be observed in almost every house; neither is it for the purpose of coolness or ventilation, as such a small body of air could be of no use in summer, the doors and windows having then to be kept open entirely, except when the sun is on the house; and in winter, the less air that gets in through chinks of that sort the better (reminiscence to those who were in France during the winter of 1829-30). In fact, the arrangement is to be attributed to the clumsy carelessness of the

artisans who make them. Most other things in French houses are on a par with this beautiful work; there are very few of the chimneys that do not smoke; the fire-places are made much too large, so that the heat of the fire, instead of being thrown forward into the room, is wasted or lost in caverns at the back and sides of the hearth. In front of this we have a fender (a luxury only known in France of late years), at one side a semicircular hook stuck in the wall, on which reposes the tongs, on the opposite side a similar hook, the possessor of the shovel, all which utensils present a most antediluvian physiognomy; in fact, one would judge them to be the product of some infant manufactory in the back settlements of America, rather than that of *la grande nation* *. Another arrangement in French houses should not be overlooked, *viz.* that not unfrequently the door and the fire-place are exactly opposite to each other, so that when you are endeavouring to warm your anterior surface opposite the above-mentioned objects,

* I have seen in the Museo Borbonico at Naples, instruments that had been found in Pompeii and Herculaneum, of a far superior workmanship to many of those made in France at the present day.

your posterior surface runs a very considerable chance of getting frozen, unless you interpose between the crevices and it, a large folding screen. It would be unjust not to say that you will always have the luxury of a carpet at least sufficient to occupy the space on which your chair and table rest. In this country, water-closets are usually at the upper story of the house—a serious inconvenience to most invalids—and such places as they are too!

In the winter season here, the only time at which exercise is attainable is between the hours of twelve and three; earlier or later, the sun's rays do not possess sufficient power, for at this period of the year we court those rays which in summer we should avoid as we value our lives. The winter, as I have before observed, lasts through December and January, and without there being much frost or snow, yet by the aid of rain, and sometimes hail and sleet, and a temperature very near the freezing point, it contrives to be sufficiently unpleasant to the invalid.

If he had so short a winter in England, with a possibility of going out of doors for two hours every day, and with such a sun as here, *that*, with the comfort of home, instead of making his

disease (if curable) assume a retrograde march, would tend to its amelioration, though less sensibly than in the other more genial seasons; but in the south of Europe, unfortunately, invalids generally suffer a good deal from the winter, in consequence of the absence of comfort in-doors. Patients of nervous temperaments, more especially, are sure to find the internal regime of French houses almost intolerable; the uncleanness of the domestics, quite excelling in its way any thing the *English* traveller has before met with, unless perchance he may have visited some parts of Ireland. In the latter country, however, filth is never met with but amongst the lowest class of people, whose poverty is excessive. Poverty, it may be said, is no excuse for uncleanness—neither is it, strictly speaking; but the misery under which a great part of the peasantry of that country vegetates, is often sufficient to create an apathy and despair, in whose train must follow many disgusting satellites—filth amongst the rest. No such palliation, however, can be pleaded by the French for their slovenliness in-doors, as there is not in the world a peasantry better off; they have all a good bed to lie upon, good clothes to cover them, and plenty of bread to eat. Their un-

cleanly habits must therefore be considered as arising chiefly from carelessness, for it would not be fair to hint that it might proceed from an imperfect state of civilization: at the same time it ought to be acknowledged, that of late years they are much improved in this essential point. Strange to say, the French are usually as neat out of doors as they are careless within. No foreigner who might happen to see a lady in her morning costume, with a kerchief tied round her head, in slippers, and without stays, could for a moment imagine that it was the same individual whose elegant appearance attracts his admiration on the evening promenade.

The various discomforts to which I have alluded, tend to render English invalids very nervous and irritable, and without attributing to them more of evil than we should, it must be allowed that they not unfrequently react injuriously on chronic disease.

CLIMATE OF THE SOUTH-EAST—LANGUEDOC
AND PROvence — MONTPELLIER — MAR-
SEILLE, &c.

Having given a general description of the characters of the four seasons in the south-

western division of France, I may state that I consider the south-east (Languedoc and Provence) even still less adapted for invalids. Less rain falls here, I believe, than in any other part of Europe; it is no uncommon occurrence for a drought to continue, without intermission, at Montpellier, Aix, Marseille, &c., during four and five months together, while in winter the air is considerably drier and colder than in the south-west. The *bise* and *mistral* winds exert a most deleterious influence on delicate people in general, but more especially on those whose lungs are implicated. We are aware how sensitive the pulmonary apparatus of phthisical patients is, and how injuriously cold acts upon it; in fact, a mild and balmy aerial fomentation (if I may so say) is by far the most efficacious palliative and check on the march of this desolating disorder. Why Montpellier was ever selected as a favourable abode for consumptive patients I cannot conceive, unless it was the attraction of its celebrated school of medicine, and the supposition, that within its walls patients might have the benefit of the most skilful treatment which France could afford. That this was the case before the first revolution is probable enough, for at that period many of the

country parts of France were rather indifferently supplied with members of the faculty ; but since the fall of the republic, and the impulse given to medical education by Napoleon, matters are totally changed. There is now hardly a village in France where a well-educated and skilful physician of one of the three faculties of Paris, Montpellier, or Strasbourg, is not to be found : men who, as far as regards medical information, and with similar opportunities of observation, are second to none other. As such a motive, then, can no longer be adduced for sending invalids to Montpellier, it especially should hereafter be abandoned. Indeed, no part of Languedoc or Provence can be said to be favourable for consumptive patients ; but there is a class of diseases which receives benefit from this climate, and of which perhaps the best locality is Marseille—I allude to certain cases of humid asthma, and to certain relaxed states of the general system, which are relieved by a residence on the dry limestone soil of this district.

TEMPERAMENTS OF THE TWO PEOPLE.

That a marked difference exists between the temperaments of the English and French people,

various circumstances tend to demonstrate. In the former we observe the muscular, sanguineous, and bilious systems chiefly to predominate, while in the latter, the nervous and sanguineous have the preponderance. Climate may, in some degree, though not entirely, account for this variety in the constitutions of the two people; the inhabiting a latitude not too far north, where the cold in winter is moderate, and where in summer the sun's rays are not oppressive, in fact, a climate such as England, is certainly much more favorable to the development of the muscular and sanguineous constitutions, than is France, in a great part of which the heat of the summer months is excessive. In warm climates, generally speaking, where exercise is out of the question during most part of the day, or at least, if used, tends only to enervate and exhaust, and where even in a state of quiescence we feel the most relaxing effects from the elevated temperature, the development of the muscular system, it is evident, can seldom reach a considerable height. On the contrary, heat tends to render active the sanguineous, cutaneous, mucous, and more especially the nervous systems. Excitability of the latter, seems to me a very general as well as important feature presenting itself in

the course of acute disease in the south of France. It would seem, that pathological states generated under the influence of elevated temperature, manifest this peculiarity to a greater degree than when occurring in lower latitudes. Even in the state of health, high latitudes seem to communicate increased sensibility, activity, and energy to the nervous system. Compare the mercurial inhabitants of southern Europe with the dull, phlegmatic, but resolute natives of the north! Must we not attribute this in a great measure to the influence of climate? In the south, all tends to strike forcibly the senses; the brilliant sky, the luxurious foliage, the habit of being so much in the open air, the constant frequenting of theatrical exhibitions of one kind or another; in a word, every thing unites to keep up a constant, though varied excitement of a portion of the nervous system. In the north, what a contrast! A dull sky, duller fogs, rain, frost, and snow, fill up a great part of the year, and the natives, instead of frequenting the temples of Thalia and Terpsichore, are puzzling their brains over commercial speculations during the day, and at night with the assistance of alcoholic potations, rendering them incapable, *pro tempore*, of even being puzzled; conse-

quently, the external senses and the nerves of sensation get full liberty to remain in a state of stupid repose. Another, and perhaps the most influential cause of the different temperaments of the natives of England and of France, is the distinct origin of their races. Saxon and Celtic blood would seem to communicate very opposite impressions to the veins in which they flow, at least inasmuch as regards temperament. However that may be, it is absolutely necessary, when treating natives of the south of Europe, to pay more particular attention to the state of the nervous system than is requisite in England. Of course strict attention to *it*, is necessary in every disease and in every clime; but what I mean is, that this system is oftener seriously engaged, and *complicates* oftener than it does in our country. Witness the more frequent occurrence on the Continent of nervous fevers, of intermittents, and especially of pernicious intermittents (*fièvres intermittentes pernicieuses*) which, though only occurring, in general, in localities favourable to the generation of miasmata, yet are in my opinion considerably aggravated by the susceptible temperament. Where do we see in this country any thing like the peculiar antipathy of modern Roman ladies to

perfumes, by us considered agreeable, and their sufferance of, or insensibility to, odours which we abhor? At all events, if a peculiarity somewhat similar did exist in Scotland in the days of Winifred Jenkins, I believe it does so no longer.

FOOD—DRINKING—INDIGESTION, &c.

People in England are apt to regard the variety of dishes in the French *cuisine* as extremely unwholesome and injurious. Now I do not look upon them in the same point of view at all; on the contrary, with some exceptions, I consider them extremely agreeable, and by no means unwholesome. Their soups are lighter, nicer, less peppered and consequently more easy of digestion than ours: their meats, although in general rather over-done, are yet in that state managed with much greater facility by the digestive organs, than is meat under-done, and nearly half raw, as we occasionally see it used in England, under the very erroneous impression of its being more readily digested.

Some vegetable stews they have, I certainly should not recommend; such as haricots, a sort

of mushroom called *ceps* dressed in oil, peas and spinage dressed with sugar, &c., as well as some animal ones, such as frogs and snails, which the connoisseurs pretend are delicious, but which I leave to the curious to taste and judge for themselves. An Englishman, however, can never be at a loss at a French table for *something* to dine upon, and seldom fails to get fond of the cookery after he has been accustomed to it for a little. Ay, and will eat of as great a variety of dishes as his Gallic friends, without giving rise to the least indigestion. I am sure I have often myself tasted of a dozen different things at a French dinner without feeling any bad effects from it! Were variety of *ingesta* so unwholesome and injurious as is thought in England, nine-tenths of the French would be dying of indigestion—and how stands the fact? Why the very reverse. In England, indigestion, or biliousness as they call it, is the order of the day, from the highest to the lowest classes. Is it not singular that the English, who are continually boasting of the superiority of their mode of living, of the simplicity, solidity, and wholesomeness of their food, as compared with that of continental nations, should yet be ten times as subject to indigestion

and its consequences as they are? Why is this so? What is the explanation of so apparent an anomaly? It arises from three causes; the enormous quantity of alcoholic wines and punch absorbed by the men, the immense consumption of too strong tea by the women, and the excessive abuse of purgatives and other drugs by both. Here then we have the continental people dining on a great variety of dishes, but we have no *hob-nobbing* or *nid-nodding* with wine, one half of which is brandy—no, but they help themselves to wine and water when their thirst requires it, as much or as little as they please—no pressing solicitations to swallow more wine, whether you like it or not. If superior wine be introduced, you take a little or not as you please. The moment dessert has been eaten, both ladies and gentlemen go off together to the drawing room, where a small cup of delicious coffee is taken immediately, perhaps a glass of liqueur, and soon after the party separates (unless an invitation for the *soirée* had also been given), some for the theatre, some (if in summer) for the promenade, and others to pay visits. Now, during the aforesaid dinner, *all* the wine taken by the gentlemen would not contain more alcohol than what would be contained in the malt

drink *alone* that Englishmen would take during the repast by way of diluting the wine. At a British dinner what a contrast! No wines used, almost, but port, sherry, and Madeira, every drop of which, before being sent from their respective countries, has been mixed with a large quantity of brandy on purpose for the English market. Otherwise, if sent in its pure state, it would be considered as weak stuff, gouty stuff, and the Lord knows what. Then, instead of accompanying the ladies after dessert, their retreat is, on the contrary, the long-wished-for moment of enjoyment for the gentlemen. As if there had not been enough of alcohol in the wines, punch must be got to *warm them*; and by the time that the party can prevail on themselves to rejoin the ladies, almost every man's face is bloated to a considerable degree, his complexion heightened, his eyes glistening, and if his intellect be not too confused to form ideas, and his tongue not too thick to utter them, he may consider himself as fortunate. Now comes a powerful infusion of tea, to augment still more the gastric irritation and cerebral disorder; and lastly, before leaving the house, if there be no supper, he must imbibe some more wine or punch, according as he feels

his stomach *cold* or *warm*! Here is the chief cause of the frequency of indigestion. A Frenchman, Spaniard, or Italian, rises from dinner as cool as an Englishman would, if he had drunk nothing but small beer during it; consequently, the stomach and other assimilating organs are in the *natural* state for performing their functions; and we all know what these organs are capable of digesting, when uninjured and when not over-excited.

The English are constantly occupying themselves with observations on such articles as are readily digested and such as are not; even learned books have been written on diet, to specify the dishes most easy of assimilation; but do we not continually hear in England of some new fashionable dish for delicate stomachs?—dishes the most indigestible that could well be imagined! Do we not, in spite of the beacons afforded by the above books, find persons with overworked stomachs actually endeavouring to swallow fried *bacon* for their breakfasts, because it is the fashionable remedy of the day! Really, what with drugs and *light dietetic applications*, the poor stomach has a sad time of it in his Majesty's United Kingdom! The fact is, that it is a matter of minor importance what food a

healthy man introduces into his stomach, provided he abstain from irritating the mucous membrane of that stomach by the ingestion of alcoholic drinks. If he but use the latter in moderation (as the continental people do), he need seldom recoil at toasted cheese, nor at fried bacon either. English authors on diet have taken a great deal of what seems to me unnecessary trouble, in pointing out to their fellow-subjects such eatables as ought to be avoided, on account of the difficulty with which they are digested; but then, shades of Lucullus, of Kitchener, and of Monsieur Ude! what is to become of the *patés de Périgord* and the *dindes truffés*? Surely those authors will not maintain that truffles are only fit to be crunched by Périgourdine hogs*? And yet, according to them, nothing can be more indigestible than these delicious roots. In the state stomachs usually are in England, these and such like articles of food would no doubt prove rather rebellious; but how are they managed with such facility by continental stomachs? The reason is pretty evident.

* It is these animals that root them out of the earth in the Périgord country.

My countrymen of the better class, however, are at length beginning to perceive the bad effects arising from the habit of drinking, and do not now consume one half the quantity of alcohol that they were accustomed to do some years ago; still there is much room for further improvement, and the rising generation need not expect to enjoy longer lives than their fathers did, together with a better standard of health, more free from stomach, liver, spleen, gouty, and various other complaints, until they diminish to one-half or one-third the allowance of their predecessors.

It is in my mind a sort of stigma on men's intellects, or what Gall would term their organ of *ideality*, to say that conversation can only be elicited or sustained through the artificial excitement produced by alcoholic drinks. Let men, then, or at least gentlemen, abandon this disgusting custom! Let them keep not only within the bounds of sobriety, but within that of perfect *coolness*. Let them rejoin the ladies after dinner much sooner than they now do; and let them not be ashamed (for the absurd idea prevails) to be considered effeminate in remaining too long in ladies' society. By so doing they will save their *health* as well as their

pocket and gullibility, in being made pay four or five times the value of abominable wine, one half of which is brandy or alcohol ; and though last not least, a more intimate acquaintance with female society, will soften and humanize characters of fox-hunting and other castes, whose tendencies may happen to be of rather an uncouth nature. “ *Emollit mores nec sinit esse feros.*”

As for the lower classes, *they* are so brutally wedded to gin and whiskey, that their case seems all but desperate. When the duty on these liquors was high, they usually contrived to obtain them from illicit distillers ; now that it is rather low, the consumption is still greater. Although analogy is against me, I should certainly be disposed to try the experiment of taking off all duty for a time, and giving them a full and unrestrained opportunity of indulging to their heart's content in the above-named nectars—just as husbands have been known to cure their wives of this most *feminine* propensity, by giving them *carte blanche* ; for the latter generally take alarm at this, thinking the Benedict wishes to get rid of them altogether (which is certainly not improbable), and rather than gratify the *monster*, they thirst and live. The

immediate effects of this *repeal*, would no doubt prove rather alarming; the increased consumption of gin and whiskey would produce a corresponding increase in the consumption of men; but sometimes "from evil comes good," and we might at least hope to find disgust supervene.

Even should experience not sanction this plan, should men shut their eyes to the ruin brought on their families and on their own health by excessive indulgence in these liquors, let government retrace its steps, impose a duty so high as to render them almost unattainable by the lower classes, and with the aid of an efficient police obstruct illicit distillation as much as possible.

Abolishing the duty would certainly have one good effect; it would greatly diminish the use of punch amongst the middle classes; for being cheap, it would become instantly unfashionable, and of course no longer esteemed. *That* would be no motive in any other country; but in England it is one of paramount importance. People there, are apt to excuse themselves by saying the climate is so cold that it requires drink; nothing is more erroneous. Why the inhabitants of Southern Europe have in general a *colder*,

though shorter winter than they, and yet do not find that they *require* either wine or brandy, both of which they have so good and cheap. Certainly, in every latitude, men employed in particular occupations, where much exposed to damp and unhealthy effluvia, &c., do absolutely require a moderate portion of diluted spirits, but to such I do not allude. I only speak of men who are daily swallowing it, for the sake of the cursed beverage itself. It may be asked what substitute they have. I answer, they have beer, which is an excellent wholesome drink, provided, like every other fluid containing alcohol, it be used in moderation.

ON THE USE OF TEA AND COFFEE.

The man who ventures to condemn the use of strong tea would appear very bold in the eyes of English ladies, while he who praises it would appear equally so in those of most continental dames. Such is habit. Yet still is it certain, that the drinking of an over-quantity of this fluid is one of the most frequent and powerful causes of indigestion amongst the

females of England, and especially amongst those of the inferior class. The latter, not content with the strength of a simple infusion, are constantly in the habit of making a sort of decoction by boiling it. In the former state it acts powerfully as an excitant of the nervous system, but in the latter it is almost a downright poison, and must inevitably prevent the stomach from performing its functions on the food ingested. Every man acquainted with the hospital or dispensary practice of a city or large town, cannot fail to have remarked the frequency of this cause of indigestion, particularly amongst female servants and poor roomkeepers—one half of them live upon tea and ardent spirits. If they consent to abandon the habit, they are speedily cured; if not, their stomach and nervous complaints persist *ad infinitum*.

Females of the better ranks, although they do not either drink spirits or boil their tea, yet constantly induce a train of dyspeptic and nervous symptoms from using too strong infusions of the favourite leaf. Green tea is more especially injurious. Still I look upon tea, when used moderately strong, as a more wholesome and less heating beverage than coffee: few can take the latter, especially if made as it is in

France, without experiencing a good deal of thirst afterwards. Both liquids act as salutary stimulants to the stomach, and as excellent vehicles for more substantial food; but when taken in excess, or of too great strength, they act injuriously, though unequally so, tea appearing to produce a more extensive and general disorder of the *nervous* system than coffee. Habit, however, does much in reconciling the constitution to the use of either fluid. Difference of climate was not originally the cause why England selected tea and France coffee for habitual use; it was chance and fortuitous circumstances. About two centuries ago, when they were first introduced into Europe, England's trade and interests lay more in the Indian and Chinese seas, while those of France chiefly in the Levant and West Indies; so that it continued to be the interest of one people to use tea and of the other coffee, until it has become an inveterate habit. If the difference of climate were of much consequence in this matter, I should say that it would be better if the habits of these people, in that respect, were reversed: of the two, I should consider light tea as more adapted to French, and coffee to English climate.

USE OF SWEETMEATS.

The English regulate and manage the food of their children much better than the French; the families in France being small, seldom composed of more than two children, it becomes a matter of course that these latter should be spoiled, and, in fact, they are for the most part indulged to excess in every possible way. Parents are for ever cramming their children's stomachs with quantities of sweetmeats and pastry, which are of so cloying a nature as to render an appetite for more wholesome food almost null. The consequence is, that few children are without worms—a disease far more common in France than with us, for the reason assigned. Even adults eat more sweetmeats than they should, and are oftener affected with verminous complaints than people in England.

I am not, however, one of those persons who would wish to prevent the young folk from consuming a moderate portion of these enticing *bonbons*, on the plea that sweets *spoil the teeth*. It is imagined by many that the latter effect really does take place; but it must be evident that such a result is impossible, at least directly.

When from using them in excess digestion becomes impaired, and the secretions of the buccal portion of the gastro-intestinal mucous membrane vitiated in consequence, a deposition of tartar will often take place on the teeth, and thus sugar *may* spoil them, though indirectly. On the other hand, without being exactly an advocate for *eau sucrée*, I am of opinion that the common drinks of English invalids should frequently be rendered more palatable than they are, by the addition of a moderate quantity of sugar. People sometimes entertain too great a prejudice against it; in various irritative and inflammatory affections, of the mucous membranes especially, the sugar dissolved in the diluents is perhaps more soothing and remedial than is usually imagined.

The excessive indulgence shown by French parents towards their children, must, it is evident, act on the moral as well as the physical qualities of the latter. From being indulged in every whim, taken at too young an age and too often to the theatre, they become impatient of restraint and contradiction; so that boys, on reaching the age of fourteen or fifteen, think they should be completely emancipated from the trammels of parental authority! Hence the

number of rakish looking youths one sees in France. Precisely the opposite extreme of conduct is pursued with regard to females, who are watched with a dragon's eye until matrimony liberates them, *viz.* they are seldom allowed to go to the theatre, nor ever out of doors alone; but in-doors they are equally indulged with their brothers. The result of this education cannot be satisfactory. It renders them often incapable of supporting and bearing up against disease with patience and resignation, adds considerably to their naturally nervous and mercurial temperament, and often proves in the course of illness a troublesome complication.

OTHER HABITS OF THE TWO PEOPLE, AS RELATES TO HEALTH.

The English may certainly thank the equable temperature of their climate more than their habits for the health they enjoy. Did they experience such sudden and extensive ranges of temperature as occur on the Continent, the mortality would be very considerable indeed. Their climate, though often gloomy, is from the

absence of extremes of heat or cold, very favourable to the prolongation of life. *This*, together with the regular exercise which both sexes generally take, combine to keep up a standard of health that otherwise one would hardly expect to meet with, as almost all their other habits have a tendency to deteriorate health and shorten life; for example, the abuse of alcoholic drinks, of too strong tea, and of too much medicine, as well as the foolish prejudice entertained by many against the wearing of flannel next the skin, and lastly, neglecting the occasional use of the tepid bath as a mean of preserving health, and of restoring it sometimes when slightly deranged.

USE OF FLANNEL.

The prejudice against wearing flannel is more especially deserving of notice, as I am confident that the absence of that most useful and necessary article of clothing, is the cause of thousands being annually swept to an untimely grave. You hear people say that it is a bad fashion, that it induces delicacy, &c.; to which I answer, that it never made any one delicate yet, and

that although healthy, stout, and plethoric individuals may in general get on very well without it, yet that under many circumstances they would be better with it; and as for delicate people, whether young or old, *they* cannot get on well *without* it.

If there be not in England great extremes of heat and cold, there is great unsteadiness of the barometer, frequent and sudden changes from dry to damp weather, which are atmospherical conditions that demand the habitual wearing of flannel, by at least every prudent person. Those, more especially, who are liable to attacks of catarrh and bronchitis, who have naturally weak bowels, and are subject to diarrhoea and dysenteric symptoms, should not be without it; but it is almost superfluous to particularize, for I know of hardly any affection in which it is not more or less beneficial. People, then, should endeavour to shake off their antiquated prejudices against this most salutary article of clothing, to which one of the strongest objections I ever heard was, that it had a very disagreeable feel for the first few days after being put on! On the Continent, it is regarded as an ægis more powerful in warding off the arrows of mortality than was ever that of Minerva. Even

the lowest classes in Southern Europe consider a flannel waistcoat indispensable. Strangers are often astonished at seeing females of the artisan class walking about in very cold weather without cloaks, but otherwise respectably dressed, and exhibiting no appearance of chilliness—the secret lies in their being enveloped with flannel. One exception must be entered to their prudence, and laid to the account of their vanity, which after all is pardonable in the sex, *viz.* refusing to mask the contour of their limbs with thick worsted stockings. What woman could be expected to hide her pretty ankles, if she had such?

USE OF BATHS.

The tepid bath, which in warm climates is a powerful mean of preserving health, and in disease often absolutely necessary for its restoration, is much more applicable in England than persons usually imagine. Were it in more general use, how many fatal colds, inflammations, and fevers might be averted! But people are afraid of catching cold after it! Why so they are on the Continent; yet that does not prevent

their having recourse to a most valuable remedy, when they labour under affections in which its use is indicated ; and cold *can* be avoided by proper clothing, when the bath is taken at a public establishment, and when it is had at home there can surely be no risk.

A tepid bath, when taken in health, cleanses the skin, removes impurities, and allows the cutaneous vessels to perform their functions with freedom ; consequently, when the skin acts well, it can only add increased energy to the healthy action of all the other functions, especially those of the mucous membranes, with which it has such intimate sympathy. When used in disease, its importance becomes still greater, more particularly in inflammatory affections of the gastric membrane, and in almost all cutaneous maladies.

How precious a remedy is the half-bath in various cerebral irritations ; and were it more generally known and used, how often would it efficaciously replace Calomel, Colocynth, and Company ! During teething, and other irritative affections of children, it is often sufficient in itself to restore the equilibrium of health. Contrary to the general opinion in England, the tepid bath is frequently proved to be on the

Continent a most invaluable remedy in checking symptoms of abortion, particularly with women of very nervous temperaments, on whom bleeding, repose, opiates, and refrigerants do not always succeed. I have known several instances where the uterine pains obstinately persisted, in spite of the above and other means, and were ultimately triumphed over by the tepid bath alone.

The great mistake in England is, that people being so unaccustomed to their use, often take them *too warm*, and thus induce debility and faintness before they are many minutes in. *That*, however, is not at all the way to reap benefit from them: they should be taken merely tepid, yet not cool, and so that you can stop in from twenty minutes to an hour, without experiencing any degree of faintness. It is only in general from such prolonged baths that patients can expect to derive much good. When a blister is applied to cause revulsion, you are seldom in a hurry to remove it. Why then in such haste to quit a bath, which is ordered for the purpose of effecting the same thing, though in a different and much milder way? The fault lies in the invalid usually allowing the temperature of the water to be too elevated.

Again, what an excellent palliative it is in many chronic diseases, especially in those of the abdominal viscera! The salutary influence of medicated warm baths would seem to be better understood in England than that of the simple ones.

In ancient Rome, where we have reason to believe the winters were as cold and colder than they are with us now, the *gourmands* and *gastronomes*, the Luculluses and Heliogabaluses of the day, were in the constant habit of taking a tepid half bath (*viz.* up to the stomach), immediately before the principal meal, in order by that means to sharpen their appetite: yet history does not mention that these scientific gentlemen were subject to colds or catarrhs; on the contrary, it appears that they found themselves so well and so hungry after them, as to be able to digest a cat*.

* These interesting animals are sometimes served up to the unwary traveller at the present day in France. Not long since three friends of mine were making a tour through the southern part of that kingdom, and at a country inn were treated to an excellent specimen, smothered in white sauce; two of the party happened to be aware of the composition of the *plat*, and maliciously allowed the third to partake most heartily of

It should be observed that they never allowed the bath to cover the chest, *that* being found to induce more or less debility, which would have quite counteracted their hygienic intentions.

The high price of warm baths in England may be thought to be a strong preventive and objection to their more general use, but the proprietors of such establishments usually see their own interests clearly enough; and if they considered that by lowering their tariff they would increase the number of customers, there is little doubt but they would do it. I am of opinion, that as long as the present erroneous ideas and unfounded prejudices respecting them prevail, and in fact until more pains shall have been taken to impress their efficacy on the minds of the public, so long will their prices be maintained; for the proprietors reason Thus—"the few who understand and make use of them now, will continue to take them even were the prices higher than they are; and as long as the mass entertain such prejudices as they do, lowering our prices would not augment the number of it. At dessert a significant remark and burst of laughter from the two *farceurs*, let the *cat out of the bag* with a vengeance.

customers, and we should be losers by receiving less from those who would have them at any price." It might be objected to me, that baths are now as cheap as they can be, with a just profit to the proprietors; that, for aught I know, may be the case at present, considering the small number of people who use them; but when their use increases, as increase it must sooner or later, they may and will be given for a shilling. In Paris, very nice baths are had for a franc—in the French provinces sometimes for fifteen and even twelve sous—in Italy equally cheap—and yet fuel is less expensive in England than in these countries, and water, I apprehend, is much on a par; as for house rent, servants' wages, and washing, except in London alone, they are seldom less expensive on the Continent, notwithstanding that the contrary is generally imagined. How then is a knowledge of their efficacy to be conveyed to the community at large? It can only be done by the Profession—it was through it their use has become so universal abroad, and through it only can they become general in England. I would therefore respectfully suggest to practitioners to make more frequent trials of the tepid bath, as well whole as partial, to study more minutely

its effects, and the result will, I have no doubt, be satisfactory.

FOOT BATHS.

I should not omit to allude to a continental domestic remedy which, though apparently trivial, is nevertheless most valuable—I mean the tepid foot-bath, with the addition of some bran or a small quantity of mustard to render it more or less stimulant, according to the determination we wish for. If a French man or woman get a cold in the head (as they say), a sore throat, a catarrh, a head-ache, especially when it arises from sanguineous congestion, &c., they plunge their limbs every night, or perhaps night and morning, into one of these baths, in which they keep them from fifteen to thirty minutes, avoiding, as in the case of the whole baths, to have the water too hot, although still rather warmer than the latter. At the same time they drink a good deal of tepid diluents and demulcents (there being generally more or less irritation of the gastric mucous membrane present, which is evinced by the state of the tongue, the impaired appetite, &c.); they eat little, and the result is

a rapid recovery. When constipation becomes inconvenient they use emollient enemata; and if these fail, a dose of castor oil, or some other mild aperient, is taken *after* the first or acute stage of the cold has gone by.

The domestic treatment for such indispositions is very different in England: in the first place people favour their occurrence by not wearing flannel, and in the next place, instead of using the foot-bath (which is but little understood), they instantly commence with purgative pills or powders, salts, black bottle or oil—generally do little or no good to the cold, and add considerably to the gastric derangement; then they begin with a series of antimonial powders, paregoric elixir, cough mixtures—not forgetting to eat a lot of toast and tea in the mornings, and making a very tolerable dinner, for which they can seldom have much appetite; the consequence is, that if they happen to have caught their cold early in winter, it usually sticks to them until the following spring or summer; and all this time they imagine they are doing every thing for it within the power of medicine!

USE OF DRUGS.

The immoderate use of purgatives and other drugs is a principal cause of the frequency of indigestion, and its subsequent train of maladies in England. Few, indeed, are the diseases in which a purgative is not considered to be one of the most pressing and essential remedies, from a trivial passing indisposition to the most alarming inflammations. How so valuable a class of medicines came to be so abused, and how so sensitive an organ as the intestinal canal came to be regarded as little better than a common *cloaca* for the reception of pills, powders, and potions, would require me to enter into details, which it is not my intention to do. It will suffice to say, that this state of things owes its origin to several causes; 1st, to the exaggerated encomiums lavished on purgative medicines, since the publication of Dr. Hamilton, of Edinburgh's, book on them at the beginning of the present century; 2d, to the bad medical legislation, which allows apothecaries to practise, and to the natural encouragement given to such a mode of treatment by this branch of our profession; 3d, to the little atten-

tion paid to the pathology of the intestinal canal, up to the publication of M. Broussais' works; and, 4thly, to the absurd *mauvaise honte* of the English, in obstinately rejecting, through modesty forsooth! one of the most valuable means known to our art, the use of enemata*. Could the people of England get over their bashfulness, and adopt the use of these remedies (when

* These bring to my recollection an anecdote which at once shows the folly of the prejudice, and the effect of translating literally an English phrase into French. A few years ago a young Englishman, on a tour, was attended by a French physician of my acquaintance for some indisposition: the doctor thought an enema requisite, and accordingly told the patient so. It was however some time before the latter comprehended the doctor's meaning; when he did, he asked him in as good French as he could muster, "Do you see that window there?" The doctor looked round, and answered in the affirmative. "Well," said he, "I would rather go and jump out of that into the street than take your nasty remedy." "Oh! then, Sir," said the doctor gravely, "you had better not take it." This gentleman recovered in spite of his obstinacy; and when going out one day during his convalescence, he wished to say to his landlady that his room required a washing, instead of which he convulsed the good woman with laughter by "Madame, ma chambre a besoin d'un lavement!" Had he known French better, this might have been taken as a cut at the doctor.

necessary only, and not make too constant a habit of them), they would soon discover, to their amazement and delight, that they could manage with the one-tenth part of the anti-bilious pills, the anti-cholera pills, the Gregory's powders, the salts, jalap, &c. &c., that they now take with such avidity. When constipation arises, as it most generally does, from accumulation in the large intestines, enemata will be found to be the most effectual, and indeed the only suitable remedy, removing the cause of indisposition without irritating the more immediate chylopoietic viscera, such as the stomach, duodenum, and by continuous sympathy the liver, &c.; but when it arises from obstruction or torpor of the small intestines, then indeed enemata will prove insufficient, and mild aperients must be had recourse to. Now it is well known that the former cause of constipation is extremely frequent, and equally so, that enemata are seldom used in England, but always purgatives, which are not half so effectual in their action on the large intestines, exclusive of the evil arising from the general irritation and debility induced by them; hence it follows, that drugs are daily taken to cure affections for which they are totally unfitted.

On the Continent we find but little of this quackery: people are not ashamed to use the remedies necessary for them, and consequently they get through life with very little drugging, comparatively. There are, no doubt, persons there, especially such as are affected with tedious chronic or incurable disorders, who will turn a willing ear to charlatans, and occasionally make use of the most violent medicines, such, for example, as Leroy's remedy, which was quite a rage in France some years ago. This is a violent fluid cathartic and emetic, and its use was chiefly confined to the persons above specified; but do we find that the use of its solid equivalent and successor in England (Morrison's pills) is confined to such invalids? Oh! no — *they* are swallowed as much by healthy people as by sick, because being good for all and every disease, they likewise prolong life!!!

USE OF ENEMATA.

The habit of using these as a domestic remedy is universal in France; for every one of them taken there, a pair of antibilious pills

(*they* hunt in couples, while Morrison's do in packs) is taken in England. Now if we but think a moment of the important functions that are continually interfered with, and interrupted, by the frequent ingestion of these latter substances, not to speak of the irritation, direct and sympathetic, induced, and the very slight interruption given to any function by the former remedy, we cannot hesitate to accord the preference to the Gallic plan. The chief precaution necessary in using enemata is not to take them soon after a meal: the best periods are on rising in the morning, mid-time between breakfast and dinner, or at bed-time. If used during the process of digestion, they are sure to interfere with it, and perhaps induce vomiting. Their general composition is simply decoction of mallows, marsh mallows, or linseed by itself, or mixed with a little olive oil, sometimes with a little salt—occasionally nothing more than tepid water by itself, or with the addition of the oil, &c. When the first is found to remain, or to produce but little effect, another is given in half an hour or one hour, and sometimes even a third. They often act with more efficacy when given in small quantities at a time, such as half a pint, than when a whole pint or more be ad-

ministered. No house in France is without a syringe, which has the important advantage of being made so that it can be used by the invalid himself without any assistance, or it can be used by a nurse if the patient be too feeble or indisposed to take it. This is most essential, as the majority of persons entertain a natural aversion to any interference in this particular. When one is enfeebled and overpowered by disease, it is a matter of no consequence, but in slight passing indisposition it would not be tolerated. The French sometimes carry the use of these excellent remedies to an extreme: individuals, especially females, are found to make such an abuse of them as ultimately to require their daily administration. The constant habit of taking them renders the rectum and colon so insensible to the presence of their natural stimuli, that the additional stimulus of an enema becomes in the end absolutely necessary to enable those intestines to perform their functions. Still this abuse, though deserving serious reprehension, does not debilitate and disturb the general health nearly as much as the habitual use of purgatives does in England, because the latter come in contact with and act upon organs of far greater importance.

Their use on the Continent is by no means confined to adults; they are proved to be a most valuable and essential class of remedies for infants and children of all ages. During dentition, diarrhœa, &c., simple emollient enemata, instead of purgative powders and mixtures, are exhibited, and usually found to be the more appropriate means of the two; at least they are made trial of first, and if found insufficient, recourse is then had to medicines by the stomach.

In hemorrhoidal affections of adults, they afford, when cautiously administered, the most unbounded relief. If people would but try them, my assertion would be found correct. I do not mean complicated enemata, I speak of common emollient ones, which, by the way, are often more efficacious than those from the composition of which we might expect greater energy; and whenever irritation is present in the lower part of the intestinal tube, the employment of emollient ones becomes a necessity: exhibit a stimulating one, and you do as much mischief comparatively as when you introduce a purgative into the stomach of a man affected with gastritis.

SOME GENERAL REMARKS ON THE DOCTRINES AND PRACTICE IN EACH COUNTRY.

It is by no means my intention to enter into any profound disquisition on medical doctrines or systems ; I merely purpose to glance at and touch upon, as lightly as possible, the peculiarities in the practice of the two people, the points on which they agree and those on which they differ ; and first it will, I think, be allowed that they differ considerably, perhaps even more than they agree *. In England, at least in practice, humorism would seem more to prevail, in France solidism ; but in fact, since the abandonment of the Brunonian theory, all regular system may be said to have been laid aside in England. The practice now is about three-fourths humoral and Hamiltonian, and one-fourth Broussaian. In France, until within these thirty years, the

* I am sorry to observe, in an influential Review (the Medico-Chirurgical), that the critique on French practice is usually written, if not in an acrimonious, at least in a very tart style. The practice, however, should be tried before being condemned. The learned and witty Editor seems to have a marked antipathy to all things and people continental.

stimulating system of Brown was quite in vogue. Pinel adopted it with some modifications, and his opinions were law for a considerable period in a great part of that country. It is true that the school of Montpellier always piqued itself on following in the traces of Hippocrates, of closely observing nature, which by its expressive signs would often seem to say to *its* minister what the merchants said to *their* minister Colbert, "Laissez nous faire !" and of being guided in their therapeutics chiefly by circumstances and symptoms, using theory only as a general would a suspected ally. This divergency of opinions and practice prevailed in France about thirty years ago, when there issued from the French army a man of powerful mind, of indomitable energy and perseverance, who I have no hesitation in saying has contributed, in a greater degree than most of his predecessors, to improve our therapeutics. This man is Broussais, who within the last few years has been deservedly raised to a Professor's chair in the Faculty of Medicine of Paris.

He, like most other inventors of systems, when promulgating and sustaining his theoretical opinions, has fallen into great exaggerations, sometimes of course unintentional, but

often in my mind wilful. He knew that by modestly proposing modifications, his suggestions would probably be little, if at all attended to, while by vigorously attacking all other systems, and affecting almost infallibility for his own, he could by that means, and that alone, produce an impression on the mass, compel attention, and at least partial adoption. M. Broussais is too shrewd a man to have ever expected more from practitioners than a separation of the grain from the chaff of his works *; but the misfortune is, that the promulgation of the doctrine excited such polemical disputes, and so much acrimony on both sides, that this circumstance alone has been a great obstacle to its extension: then the prejudices naturally opposing such a radical change as that proposed, the dread of even making a trial of it; and though last, perhaps not least, the fact of the author being still in life (for I believe it often unfortunately happens,

* I am led to understand that in his private practice he does not hesitate to give stimulants as much at least as his *confrères* of the modern school; for there are still to be found talented disciples of the old regime, whose sympathies are all in favour of the humoral and Pinel system, by which they stoutly maintain fewer of their patients die than by the modern plan. Who is to decide?

in this world of ours, that the intervention of death becomes necessary to do a man justice), still, however *unjust* it may appear, I sincerely hope that it will be very long before *that justice* is awarded to the learned Professor.

Notwithstanding this, M. Broussais ought to be, and I dare say is, satisfied with the more silent, though not less real homage which is paid to his doctrines, especially in France. Ask any elderly practitioner in that country what first induced him to treat the gastric mucous membrane with such tenderness as he now does (for there are very few who treat it otherwise), and if he be candid, his answer must be, Broussais' works. Indeed, as far as concerns that fame which I may term practical, M. B. might perhaps be looked upon as having attained its acmè; for it is highly improbable that the *doctrine physiologique* will ever be more acted upon than it is at the present moment in France; not that it is carried to excess there, except by some young men fresh from the wards of the *Val de Grace*, whose enthusiasm gets the better of their sober judgment; but it is acted upon, in general, to the extent of which it is deserving, both by seniors of M. B., by contemporaries of equal standing, and by his

juniors—in a word, it is adopted by the *Eclectics*, who now constitute nine-tenths of the French school, and it may even be said to form the chief basis on which their practice rests. If it be objected on the part of those Nestors of the profession who have partially adopted it, that medical constitutions vary and change in every series of years, each change demanding different treatment, I answer that I believe they do vary, but that there is no proof of the change being so great, and requiring a modification so extensive, as for example that between the Brunonian and Pinel methods, and M. Broussais'; therefore, as the latter method is almost universally adopted from its intrinsic practical merits alone, and as it forms such an antithesis to the others, the "wisdom of our ancestors," on that point at least, might be called in question.

One often hears people say of late years, "Dear me! how common diseases of the heart have latterly become; formerly we never heard of them at all." Neither did they, because the doctors knew little or nothing about such diseases, nor perhaps should they for years to come, were it not for the genius and research of Corvisart and Laënnec. Before the world became acquainted with the labours of these

eminent men, what were the ideas entertained about diseases of the heart, and various other pathological states of the thoracic viscera? Why, "water on the chest," answered for all; yet there can be little doubt, but that such diseases have flourished, and abundantly too, at all periods and ages of the world. It may be that affections of the heart especially, are now rather more prevalent than formerly, in consequence of the extension of their predisposing and exciting causes, such as more numerous disappointments in commercial speculations, the latter having arrived at a greater height than they ever did before, and moral griefs arising from gaming and other vices.

In the same way, who can for a moment doubt that irritation and inflammation of the gastric membrane have not always been most prevalent? Ay, ever, since men abandoned water and took to wine, and instead of simple boiled and roasted meats, adopted savoury fricassees and *tête de veau en tortue*! Yet how few authors alluded to them before the time of M. Broussais, and how few aberrations of health, whether they go by the name of medical, surgical, or obstetrical, that are not more or less influenced by anterior, simulta-

neous, or consecutive affections of that membrane! If we but reflect on the exposed situation of this important organ (for I think it may be elevated to that rank), on the successive and motley guests it receives, on the alternate introduction of emollients and stimulants, solids and fluids, digestibles and indigestibles, on the constant hurry and bustle in which it is kept, it would be more than human did it not frequently lose its patience, and did not its temper become ruffled and *irritated*.

This membrane then, which is the cradle of nutrition, should never be overstrained. Were we to pay proper attention, in health, to avoid every thing having a tendency to cause a deviation from its normal state, we should be troubled with very few indispositions indeed, except those little obstetric accidents to which all daughters of Eve are liable, and those surgical ones to which they as well as the sons of Adam are subject. But although I assert this fact, which I consider undeniable, still it must be admitted that the hope of such an improvement is somewhat Utopian. Man's journey through life is hourly beset with temptations, but with none so constant, so persevering, and perhaps so irresistible, as those which lie in wait for his

stomach. One is continually induced by persuasion, both on the Continent and in England, to eat of things which he knows will disagree with him, and in the latter country he is constantly, through the prevalence of a barbarous custom, made to drink more than he ought, whether he likes it or not. Drinking is in general the *summum bonum* of an Englishman's happiness: the theatre, music, &c. &c., are but secondary considerations, and must bide their time.

GASTRO-ENTERITE, &c.

In England the pathology of the gastric membrane is but imperfectly known, and there are few diseases, indeed, in which it is not handled very roughly. If a man complain of heat in the stomach, with perhaps some pain extending towards the right hypochondrium, of acid eructations, constipation, &c., instead of looking upon this, what it really is, as irritation, and treated accordingly with diluents and enemata, in nine cases out of ten it will be termed bilious! and treated with purgatives of one sort or another; and afterwards, in order to remove the debility, induced chiefly by the

aforesaid drugs, potions called tonic are given, containing a quantity of aromatic tinctures sufficient to burn a little hole in the stomach. No doubt, as most of the English are so habituated to the use of coarse alcoholic wines and punch, they require in sickness medicines rather stronger than the French do, just as drunkards, who get *delirium tremens*, require some whiskey or gin to keep up in a minor degree the accustomed stimulus; but the doses of medicines are usually in England double and treble what the habits and constitutions of the natives require. The causes of this we shall see presently. There are few irritations of the cerebral or thoracic viscera, or indeed, I may say, of any structure of the body, where this membrane is not either simultaneously or consecutively affected, and not unfrequently its subsequent irritation rises to a height which throws the original disease in the shade, and demands that we should transfer our active treatment from the latter to it. The French watch it closely, but the English negligently: the therapeutic efforts of the former chiefly tend to cure by means of remedies acting directly on the circulation (general and local bleeding), and of revulsives on the surface (general and partial baths,

blisters, &c.), and by usually allowing the vigorous powers of nature to do the rest, as far as regards the mucous membrane. This is in accordance with reason. If you apply a stimulant (suppose turpentine) to a part of the skin which is inflamed, it will increase the irritation, or if you even apply it to a healthy skin it will redden it. What then must the effects of strong purgatives, &c., be on a membrane whose structure is so delicate as compared with that of the skin, and whose sympathies are so numerous and important! The efforts of the English on the other hand, are not so precise; they seldom respect much the gastric membrane, unless it should evince its distress by very palpable, unequivocal signs, such as one could hardly have mistaken even before the appearance of M. Broussais' works; they employ general blood-letting as often as necessary, but not so with local: in fact, an application of a few leeches generally produces as great a fuss in an English family, as if a leg were about to be taken off: baths are very little employed—not one-tenth part as much as they ought; blisters are much used, but perhaps not often enough at a distance from the part affected: purgatives and other drugs are generally a *sine quâ non*—

even if the membrane be judged rather too irritated to allow of their administration at first, doctor and patient seem both on the fidgets until the moment arrives when *some medicine* can be taken, although the patient would in the majority of cases get well with simple enemata alone, or at all events would only require at the commencement of convalescence, *after all irritation had disappeared*, a mild aperient.

The gastric mucous membrane, then, is the pivot upon which the French practice of medicine turns, and *ought* to be that on which the English turns too—but this is far from being so. Let us take for another example, a case of ordinary fever, and see the way it is treated in each country: in this disease the doctor has little to do but simply to act the part of an unobtrusive guide, unless serious complications supervene, when it is no longer the affection to which I allude. In France it is treated by maintaining in the apartment a moderate degree of temperature, so that there shall neither be much warmth nor cold, by administering a good deal of light mucilaginous drinks, sometimes lemonade, if indications of a bilious tendency be present; by the frequent exhibitions of simple emollient enemata to prevent accumulation in

the large intestines and consequent constipation; and more especially by letting the stomach alone, as well by the omission of food as of drugs. In such an affection, the French generally consider, that although there may be no sensitiveness to pressure on any part of the abdomen, that yet there is a certain subacute state of irritation present in some part of the mucous membrane of the stomach or small intestines, which chiefly accounts for the persistance of the febrile movement; and under this impression, when no other cavity or organ manifests any distress, they direct their simple but judicious measures in such a manner as to allow nature to shake off the temporary obstruction to her functions. The course they pursue becomes of course very different; if pain on pressure, hardness of pulse, or irritative appearance of tongue, &c., be present,—general and local bleeding, and, according to circumstances, the hip bath, are put in requisition. In such a case, what is done in England? Before a doctor is called, the family, whose heads are always full of bile and biliousness, seeing the tongue *white*, instantly attribute the indisposition to the presence of bile, which should not be attributed to bile at all, but to irritation; and in consequence of this diagnosis,

augment the disease by making the patient take a dose of calomel or blue pill, followed by infusion of senna, salts, or Seidlitz powders. The doctor comes, and rarely views matters in accordance with the doctrines of the French school: he does, to be sure, order abstinence, and leeches if there be local congestion; but enemata he orders seldom or never, although he entertains a morbid dread of constipation; and if the latter should happen to persist beyond a day, he introduces purgatives on an organ, the irritation of which is most generally the cause of the whole disorder; by this means the fever is prolonged, perhaps the local affection so increased as to demand the application of leeches, and finally, the convalescence rendered doubly tedious. No doubt the French medical works have produced some effect in diminishing the use of purgative medicines in England, but not the one-tenth part of what it is desirable they should: a few medical men have curtailed them to the scientific standard, but the great mass still persist with nearly as much vigour as ever, and the Britons gallantly swallow them with unabated resolution.

As however habits (medical systems amongst others) are apt to be carried to excess in every

country, we find the French sometimes applying leeches and administering diluents in cases where no phlogosis of the mucous membrane is present, but where there is merely torpor of the small intestines from impaired secretions of bile and of the mucous follicles, and where all that is requisite for the cure would be a couple of aperient pills followed by a fluid purgative.

COMPARATIVE MORTALITY IN THE TWO COUNTRIES.

It might be asked, if the quantity of drugs consumed by the English be so injurious, how it happens that the mortality in England is less in proportion than in most continental countries, as we may see from the following extract of a memoir read to the *Académie des Sciences* in 1833, by M. Moreau de Jonnés. “ It appears that the difference in the mortality of different countries is much greater than the difference in the number of births. The maximum of the former exceeding the minimum nearly threefold (22, 59), whereas the maximum of reproduction is not higher than double the minimum. The mortality in the Roman states, in the old Vene-

tian territories, in Greece and Turkey, amounts to 1 in 30; in the Low Countries, in France, and in Prussia, 1 in 39; in Switzerland, Austria, Spain, and Portugal, 1 in 40; in Russia and Poland, 1 in 44; in Germany, Denmark, and Sweden, 1 in 45; in Norway, 1 in 48; in Ireland, 1 in 53; in England, 1 in 58; and in Scotland, 1 in 59. The two leading causes which influence the population of a country, are its climate and the degree of its civilization. A cold climate is certainly more favourable to life than a warm one; and if we examine the rate of mortality, in countries within the Torrid Zone, it is much higher than in one of lower temperature; thus in Batavia, it amounts to 1 in 26; in Trinidad, 1 in 27; in Martinique, 1 in 28; at Bombay, 1 in 20; and at Havannah 1 in 33. Heberden rated the mortality in the Island of Madeira at 1 in 50."

If we find by the foregoing, that the advantage is so much on the side of England, we also observe the causes assigned for it. There can be little doubt that climate is the chief one: in most countries, situated in latitudes higher than 46, the summers are intensely hot, and the winters though short, often very cold; but above all, such countries are liable to frequent,

sudden, and extensive vicissitudes of temperature, which prove far more trying and fatal to the human body, than a steady prolongation of extreme cold or heat, unaccompanied by such vicissitudes, *cæteris paribus*. Now there are but few countries, except the island of Madeira, where the temperature is so equal the year round as in England: there are no doubt plenty of fogs, plenty of showers, and plenty of gloom; yet, with all these the temperature varies little, except when it does so *gradually* at the approach of summer and of winter, but it is hardly ever found to vary 20 and 24 degrees of Fahrenheit in the space of twelve or fifteen hours, as I have not unfrequently seen it do in the South of France. In England too, the people are well fed and generally well clothed, which are two powerful safeguards against the repeated recurrence of damp. In Ireland, it appears, the mortality exceeds that of England, but this can be accounted for by the inferior food and clothing which the inhabitants use. I am fully convinced that the natives of the Three Kingdoms may thank their climate (I was going to say their stars) more than their habits, for the health they do enjoy. Were they in a latitude some seven or eight degrees higher than they

are, and ingested the same quantities of alcoholic wines, rum, brandy, gin, whiskey, punch, and drugs, the mortality amongst them would be frightful. Could they but be persuaded to curtail their consumption of the above interesting articles, I have little doubt that England would exhibit a lesser rate of mortality than any country in the world, as well on account of the absence of extremes of temperature, as on account of its numerous comforts and cleanliness, all which tend to prolong life. As matters are, it is the latter which prove the antidote, by merely acting as a negative good, while it would be so easy to make them act as a positive blessing!

LIVER AFFECTIONS.

Irritations of the mucous membrane of the stomach and duodenum, are constantly mistaken in England for affections of the liver, and instead of being treated by abstinence, diluents, and enemata, mercury is thrown in, under the impression that it is a specific for hepatic disorders. Whether this mineral be a specific or not, may be called in question; still there is no

doubt that it is a powerful remedy in certain states of disease, when appropriately administered ; but in England, the abuse made of it is astonishing. There is hardly a malady in which its exhibition in small or large doses is not considered advisable. In syphilis, its necessity is almost universally acknowledged, but that is not the case with respect to many affections for which it is given in England : for example, in what is usually termed there biliousness, the French find they can cure such indisposition more effectually, and with no bad results, by abstinence, diluents, enemata, and if necessary, a dose of castor oil or manna. If a superabundance of bile be *really* present, that alters the case ; yet if this mineral can be done without, its omission would be much preferable, for it is well known that there are many constitutions for which it is a poison, and many idiosyncrasies on which the minutest doses act injuriously. Now I have seen in France, over and over again, indispositions perfectly cured without a grain of mercury, that in England would have been set down as a touch of the liver, of biliousness, &c. (very vague words), and treated with calomel or blue pill. Again, how necessary it is in scrofulous habits to avoid

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its administration, unless occasionally in minute doses as an alterative.

AFFECTIONS OF THE THORACIC VISCERA.

In these, the difference of practice between the two countries is not now very great. The improved pathology of such diseases—for which we are entirely indebted to the French, more especially to M. Laënnec (of whom I have had the honour and advantage of being a pupil)—has nearly equalized the treatment. I may remark, however, that our neighbours make more frequent application of counter-irritation to the arms, in chest diseases, than is the habit in England. They often find, that a blister or issue to the arm induces more effectual relief than when applied directly to the thorax: still that does not make them omit the latter; but in England the direct revulsion is almost exclusively used. In France, too, they rarely prescribe so much opium, squills, &c., in cough mixtures as the English do: they prefer mucilaginous remedies, with but a very small addition of opiates and other soothing expectorants.

HEAD AFFECTIONS.

In such maladies, the treatment does not differ very considerably. Here, again, the French seem to prefer revulsion, applied at a distance from the part affected. Often, instead of applying leeches to the temples, or behind the ears, they put them to the foot or the anus; to the latter always, if the patient be subject to hemorrhoids: and instead of blistering any part of the head, frequently place it on the inner side of the leg, or insert an issue below the knee, if the cerebral disease be of a more chronic nature. Sinapised foot-baths are a constant and highly-beneficial auxiliary in the treatment of almost every affection of the head. The hip-bath, too, is greatly esteemed by the French in such disorders. In England it is very little used; yet I have seen the most soothing and calming effects to follow its administration.

COUNTER IRRITANTS AND REVULSIVES.

With respect to these, I am inclined to think the French are sometimes too exclusive in their habit of applying them at a distance from the

part affected, while the English are occasionally the reverse. Experience is our best guide on this point; and if the distant application should fail, we must try the proximate one. There is an odd custom in France, which, if the faculty do not advise, they frequently tolerate—this is the insertion of issues in the arms of young persons, especially of the female sex. For slight indispositions, mothers of families are often most anxious to have these disagreeable remedies applied; and English people would be quite astonished, did they know the abuse which is made of them: I say abuse, because proper exercise, regimen, &c., would often be efficacious substitutes; and, as regards the former, the French are certainly most negligent. A Frenchwoman seldom thinks of taking exercise for the sake of her health: when she does go out of doors, it is either to pay visits, to make purchases, or to show off some new robe or chapeau.

I do not think that the faculty takes sufficient pains to inculcate the necessity of moderate and regular exercise for such young persons; and I consider that they give way too much to popular prejudice, in suffering this abuse of revulsives.

LEECHES

They use in a similar way for cerebral congestions, &c.; but I imagine less appropriately than the counter-irritants, always excepting those cases where hemorrhoids may have pre-existed. I have seen leeches applied to the lower extremities in instances where there is little doubt that they would have afforded more immediate and effectual relief had they been fastened behind the ears. Still I do not mean to insinuate that the French neglect or disapprove of the direct application of leeches to the region engaged: what I mean is, that the distant method being so common that it may be said to be in some sort domestic amongst families, has, as it were, grown upon the profession without its being exactly aware of the extent to which it has done so—in the same way that the proximate mode has established itself in England, to the exclusion almost of the other.

The use, however, of these animals is far better understood on the Continent than with us; and there is hardly a servant that is ignorant of the manner of applying them. In san-

guineous cerebral congestions, in inflammatory affections of the intestinal mucous membrane, dysentery, &c., the French usually, and with reason, order them to the anus. Where the irritation is situated high up in the small intestines or stomach, a direct application over the part is preferred: but in amenorrhœa, when it arises from plethora, they are applied often with astonishing success to the inside of the thighs, or to the labia: indeed these, combined with a frequent use of the sinapised foot-bath, form the chief treatment of amenorrhœa on the Continent; and it is much more rational and successful than the continual ingestion of pills and potions called emmenagogues. In England the price of leeches is generally kept at a pretty high standard; but let their therapeutic value be once thoroughly known and appreciated, then people can and will have them cheap enough — at two-pence or three-pence a-piece. Like the tepid baths, their use must increase, and that before many years; it is as inevitable as the march of intellect.

ENDERMIC TREATMENT.

This is a mode of treatment much more generally pursued in France than England. I do not so much allude to the introduction of medicines under an abraded cuticle, as to the simpler methods of treating disease by restoring or rendering more active the natural functions of the skin, which is to be effected through the influence of various baths; the simple tepid one, as a general revulsive and indirectly a sedative; the mucilaginous one, possessing qualities still more soothing; the aromatic one, where we want to stimulate the cutaneous functions in certain lymphatic and scrofulous habits: finally, the various medicated ones.

The reason of baths being so much used in France, comparatively with England, arises from their accordance with the sentiments and doctrines entertained of disease in the former country: in the latter, these sentiments being of a more vague character, this therapeutic mean is only used by fits and starts, and without system. Hence it happens, that the English public are totally ignorant of their utility, and for the most part have even a dread of them. Not so with respect to the cold bath, of which

they are very fond, and which they often use when they ought not. The French, in the other extreme, sometimes have a ridiculous dread of cold sea baths, or at least of wetting their heads when in them. You will often see men paddling about in the sea for half an hour with a kerchief tied round the head to prevent their hair from being wetted; and women in, for the same or a longer time, wearing bonnets and sometimes parasols, if the rays of the sun be powerful!

In affections of the gastric membrane, the frequent use of the tepid bath—more especially of the hip or half bath—is found to be an invaluable remedy; and sometimes, with a proper regimen, quite sufficient to effect a cure, without the calomel and opium, rhubarb and magnesia, oxide of bismuth, &c. &c., that are a matter of course in England: in a word, French practitioners, during the treatment of almost every disease, never allow their attention to be withdrawn from the state of that membrane: they justly esteem it to be that of all others which is most exposed to morbid casualties, and therefore the most frequently affected: they are aware how extensively it sympathizes with every other organ, and treat it accordingly with suitable consideration. Indeed, several of

M. Broussais' pupils seem inclined to carry this attention to excess; and with their ideas so exclusively preoccupied, overlook the real disease, which may have its seat in a very different organ, and thus waste an irreparable period in attacking an imaginary enemy; but this reproach can only be addressed to some of M. B.'s newest and most enthusiastic disciples.

AFFECTIONS COMMONLY TERMED SURGICAL.

It is a popular opinion in England, that French surgery is far superior to English, and the reverse with respect to what is called medicine. Now I think that the French advantage lies almost entirely in the latter. There is but little difference in their practice of surgery from that of the English: they perhaps do not dress the stumps after amputations so lightly or so well as the latter. Still we are indebted to them for many improvements; to Baron Larrey chiefly for what we know on military surgery; to Messrs. Dupuytren (whose recent death we have to deplore), Roux, and Lisfranc, &c., for the improved surgical treatment of uterine diseases, for the operation of staphyloraphy, and

many other improvements ; to Civiale, Leroy, &c., for the important operation of lithotomy ; but, on the other hand, we should not forget how much the scientific world is indebted to the Coopers, Bells, Brodies, and various others. Now if the surgical scale be pretty evenly balanced, I fear it is by no means the case with respect to the medical one. What works on medical pathology have we to be compared with those of Corvisart, Laënnec, Andral, Broussais, and a host of others ? What works have we on the treatment of disease comparable to those of the French school ? None ; or at least if some excellent ones have latterly appeared, they are, with a few exceptions, little more than copies from the French.

In reading over long, elaborate, and apparently original articles from some young doctors, in the English medical journals, it can at once be seen, that they are almost all copied from the works of our neighbours. This assertion may seem too candid, but it is not the less true ; and I have no idea of mincing the truth, for the sake of what is erroneously called patriotism. I should consider it more patriotic to give justice where justice is due, to open the eyes of that portion of the medical public that

may require to be opened to these original articles, and so indirectly induce the aforesaid doctors to turn their talents to the production of something really original. These unacknowledged articles are the more provoking, as one constantly hears abuse of French practice from English medical men, most of whom have no opportunity of knowing any thing of it, and some of whom think that a sojourn of a few weeks or months in Paris is sufficient to enable them to condemn it; but the great majority of those who go for a short period cannot speak the language, and can understand it but very imperfectly.

French treatment is condemned in England without being tried. A man accustomed, from the moment his medical studies commenced, to see quantities of drugs administered, and afterwards to give them himself,—to see leeches, enemata, baths, and diluents, little attended to, — cannot imagine, in reading extracts from foreign journals, how the latter remedies are applicable in diseases for which he had always been in the habit of looking on purgatives or emetics as indispensable; still less could he be persuaded that they are preferable to his method: yet the day is perhaps not very far

distant, when he must open his eyes to this truth.

I may be told, that English climate, habits, and constitutions, differ so considerably from those of the French, that they are sufficient to account for and to require the modification. But I can by no means assent to this. I do not see why English climate should require a so much greater consumption of drugs: it differs but little from that of the north of France and of Belgium; and in those countries we do not find that medicine is thought more necessary than in the south. The case is different with regard to constitutions and habits. An Englishman's frame is more robust, and his fibre rougher, than those of a Frenchman: he seems to have retained more of his Saxon than his Norman origin. Being habituated to coarser food, to such quantities of strong malt liquors, punch, and alcoholic wines, his temperament partakes more of the bilious character than that of his Gallic neighbour; and he therefore does, no doubt, require a little more medicine than the latter, but certainly not one-fourth of what he is accustomed to take: this is the point, this is the rock we split on; imagining that because our constitutions are so opposite, and our latitude some

two or three degrees different, we ought to make ten degrees difference in the quantity of medicine we administer. But this matter, as I said before, must be arranged; and if I live some fifteen or twenty years, I expect to see the practice of medicine in England then, very nearly the same as it is in France now, unless the modesty and bashfulness should hold out as obstinately as ever against the use of enemata.

MEDICAL EDUCATION—INSTITUTIONS—FEES
—REFORM, &c.

I shall begin this chapter by announcing what my conclusion will be, *viz.* that until the British legislature interfere to effect a complete and total separation of the practice of medicine and surgery from the compounding and dispensing of drugs, it is utterly impossible that pathology can be of much avail to us, or that medical treatment can progress—it must, on the contrary, retrograde, if the present mischievous system be allowed to continue.

Let us first look to the state of medical education in France, which, although susceptible of

some improvements, is yet, perhaps, on the whole, the best mode adopted in any country. There are three medical faculties—one at Paris, another at Montpellier, and the third at Strasbourg; all have the power of conferring degrees; a four years' study at either place, including a specified attendance on hospitals, and lectures, &c. give you the right of presenting yourself at any one of them for examination; and if you pass the different ordeals on medicine, surgery, midwifery, chemistry, &c., you are then granted a degree of doctor in medicine or in surgery, at the option of the recipient. Apothecaries are received, after the necessary probation, by the schools of pharmacy, of which there are three likewise; but it would be contrary to law for them to attempt practising medicine; indeed, they never think of doing so, finding, in general, sufficient occupation in carefully compounding the prescriptions which may be sent to them, in preparing various chemical compounds for their shops, and in making experiments in chemistry for the advancement of science—there, every one has allotted to him, and knows, the limits of his duties—no rivalries, except the always excusable one of endeavouring to benefit science—no jealousies between the faculties, and above

all, no intriguing or jealous bickerings between the doctor and apothecary ; the duties of each being distinct, and they aware of that, neither interferes with the other, except in that amicable way which every one fond of his profession would always like to see. What a contrast with the medical institutions in England ! There, a dozen different colleges of physicians, surgeons, and apothecaries, each with interests hostile to the others—one man says, “ Poh ! he belongs to such a college—he is nothing ! ”—then he that is nothing, says of the former, “ What a pity it is he should belong to such a college ! if he was in mine, there might be something made out of him.” A doctor says “ Oh ! he is only a surgeon ! ”—the latter says, “ Bah ! he is nothing more than a doctor ! ” So that what with their squabbles and jealousies, the apothecary steps into the arena, and takes the bread out of both their mouths. Is not the latter now the universal man, under the self-dubbed title of general practitioner ? It is he who does all the business in England, with the exception of what is done by pure physicians and surgeons in a few of the large towns. Look to the consequence of this fine system ! It is, that no nation in the world is made to consume one-fourth part

of the quantity of drugs that the English take with avidity. Nor is this confined to any particular class—the highest as well as the lowest are persuaded that they cannot recover their health without this absurd and injurious consumption of medicines. Yet how do all other people manage with a much smaller allowance? It is idle to say that the climate requires it. Certainly the gastric membrane will bear with impunity more stimulant treatment, than it will in a southern latitude, under a burning sun, where it generally becomes very susceptible; but if, on the other hand, English climate and habits *do* require medicine in rather larger quantity than natives of the Continent do, how does it happen that English invalids arriving in France, and who have changed their habits as little as possible, and I may say often have changed nothing but a few degrees of latitude (*cælum non animum mutant qui trans mare currunt*), invariably find their health improved by diminishing the quantities of antibilious pills, &c. that they were continually taking, up to the period of their landing on the Continent? During six years that I have practised in the south of France, this has been exemplified to me a more than sufficient number of times, to enable me to speak with confidence

and accuracy on the point. There are but few invalids who come out, that have not been ordered, when leaving home, a box of some such pills, with strict injunctions to take a couple of them whenever their bowels might require to be moved. Now the principal disease of many of these persons has been the taking of too much medicine in England, and when I succeed in persuading them to give up the practice gradually, they have often, to their great amazement, rapidly recovered their usual health. When constipation is obstinate, there is always a great deal of trouble in persuading them that it would be more advisable to preserve those excellent antibilious pills they brought out, until their return home, and to try occasionally the effects of emollient enemata—a proposition which is at first almost invariably received not only with astonishment, but with horror! However, there are few instances where they were necessary, in which I have not succeeded in causing their adoption; and, the ice once broken, I have hardly ever known a case in which the patient did not afterwards fairly acknowledge the great relief he had experienced, and the obligations he was under for the truce he got from his pills, &c.

But if any man were still to say, "Climate *must* produce a great difference, &c., that less medicine is requisite in a warm than in a cold country," I ask him, if that be the case, why do not the English medical men in the East and West Indies diminish their doses accordingly? And what is the fact? Why, instead of lessening I am rather inclined to think they augment them, to the great astonishment of the French and Spanish doctors who may happen to be their neighbours, especially in the latter countries or islands. The author of, I think, Newton Forster, gives a clever sketch of a consultation between an English and a French doctor at Martinique. Then, what is the cause of all this dosing in England? I answer, that undoubtedly the chief cause is the permitting medical men at the same time to practice, and to dispense their medicines; for it is useless to say, that no respectable man would give more medicine than he ought. That, I maintain, is all nonsense: a man is paid a certain small sum for his visit, very often nothing; and if that man cannot make up a bill by sending in drugs, what he would receive for his visits would not be a sufficient remuneration for his services; so that his interest is invariably opposed to his duty, and such be-

ing the case, I assert, that so long as human nature remains what it is, more drugs will be sent in than are necessary—happy for the patient if they be of an innoxious description!

To produce, then, a change so much wanted, and so much to be desired, from this state of things, what are the means most likely to bring it about? First and foremost, the interference of the legislature. Some interested persons would no doubt throw every obstacle in the way of such reforms as are necessary; but I would fain hope, that if government once took the thing in hand, with a determination to cleanse out the Augean stable, which it certainly is, all these interested intrigues would fall powerless in the present advanced period of the nineteenth century. And the public too! will it always be blind with respect to what concerns the Esculapian art? It may, no doubt, be for some time to come, but the period must and will arrive, when its eyes will be opened. The French public has turned its attention to it, and why should not the English? Even during the horrors of the first Revolution, the former reorganized their medical institutions, and the happy result is, that the poor of France have much greater

facilities of being cured of their maladies than the same class in England. Hospitals open to all, no tickets from governors necessary, no begging of them in; and the better classes are cured for one-third or one-fourth the expense, and with not one-tenth the consumption of medicine; all which is effected simply in this way, that instead of giving a pound fee (which is unreasonable, except for a consultation, or when the party is wealthy), they give from ten francs down to three, according to their ability, and according to the length of attendance (which is reasonable); and as they never permit the apothecary to prescribe, the latter has only to be paid for such medicines as the doctor may have ordered; and every man acquainted with the present improved state of pathology and medical science generally, well knows how moderate a quantity of drugs is requisite in the treatment of disease.

The apothecaries, notwithstanding, usually contrive to realize a modest independence, and not unfrequently make themselves known to fame by chemical and pharmaceutical experiment. The doctors, on the other hand, rarely make fortunes, but on entering the profession,

they do not expect much ; they are aware, that, with the fees I have mentioned, they can seldom leave a large legacy behind them.

What then could be proposed to the British legislature to effect ? They should pass a law to separate completely the two professions of medicine and pharmacy : no man should be allowed to practice medicine or surgery, and at the same time dispense drugs, unless said practitioner resided in a country place or small town, where there was no apothecary.

A general faculty of medicine should be established at London, as there is at Paris, which would amalgamate into one body the Colleges of Physicians and Surgeons, and which should have the power of conferring a degree that would entitle the possessor to practise either medicine or surgery at his option, or both : in order not to take away any existing rights, the various other colleges of physicians and surgeons that happen to be in the same town, should be likewise amalgated, and might either be considered as branches of the London faculty, or (if that should hurt susceptibilities), let them bear the names of their respective towns, but let the curriculum and examinations be pre-

cisely the same, and the privileges all through the British dominions precisely the same.

It would, I presume, be almost superfluous at the present day to insist on the folly of making a distinction between medicine and surgery; a man cannot be a physician without knowing surgery, and *vice versâ*. Every candidate should, therefore, be examined in both branches, and should not be allowed to pass unless he evinced a sufficient knowledge of both. By this plan, it need not be dreaded that we should have a lack of good operators, from the temptations that would be held out for pure medical practice likewise, so preventing the attention from being sufficiently applied to manual dexterity. There is no danger of that: one man's inclination will draw him more to surgery, another's to medicine, and those who wish for *special* men will never be at a loss. With a similar system, the French contrived to have Dupuytren, Delpech, Roux; and why should not the English have surgeons equally celebrated under such a plan as that proposed? Let a degree be given, which will equalize the ranks, prevent jealousy and rivalry, and men will always be found as *special* as any one need desire.

I have before said, that the practising apothecaries, surgeon-apothecaries, general practitioners, or whatever name you choose to call them, are the most thriving branch of the profession in England; yet how does this happen, when such numbers of regularly-educated physicians and surgeons are to be met with at every corner? It is all done with a view of *economy*. The guinea fee being still the nominal, though not the real standard of remuneration for the latter, deters the great majority of people from employing them; even those who know they will generally be contented with less, yet who, from a certain sense of pride, would not like to offer less than the *nominal* fee. All these, then, fall into the hands of the practising apothecary, who, it must be confessed, invariably treats them in a style of old Irish hospitality, gives them his best, and *plenty* of it. The only mode of remedying this state of things would be, that along with a law being passed to prevent practitioners from dispensing, and apothecaries from practising, the nominal fee should be reduced to about one-third, from one guinea say to seven shillings for ordinary visits, and to remain at a guinea for consultations, which I presume would generally be regarded as a fair re-

muneration, for I have little doubt that wealthy families would often pay more generously in case the attendant should have more trouble or fatigue than usual.

The French adopt another plan, by means of which they are always sure to obtain proper advice and scientific treatment, one which it is evident the English must adopt likewise before very long—I mean the custom of entering into an annual arrangement with the attendant. There are but few families in France, especially where there are children, that do not employ a doctor in that way, and they pay him according to circumstances and their means, from 200 to 1000 francs a year, *viz.* 8*l.* to 40*l.*; for this the doctor is at the service of the family night and day, with the exception of the midwifery business, which is paid for apart. Now how much better would it not be for every family in England, with incomes of 2 or 300*l.* up to 1000*l.* a year, to make an arrangement with their doctor in a similar way? It would be a great economy to five-sixths of them—it would be the indirect means of prolonging most of their lives, by the lesser quantities of drugs they would have to take, and by the more scientific treatment they would undergo. The

doctor could not object to it, for being much more generally employed than he now is, though at a lower rate, he would make a better income than he does at present. But these, or similar arrangements, must be made sooner or later; and since they are inevitable, the sooner they are made the better. I am sure the more intelligent portion of the public ought to be glad to make such an agreement, for most of them know to their cost what medicine bills can amount to. Were this drugging at all necessary, I should certainly be the last man in the world to find fault with it; but when I am morally sure that in England there is perhaps not less than three-fourths of the medicine consumed actually unnecessary, and likewise it may fairly be supposed injurious (for unless the surplus be simply coloured water, or what amounts to the same thing, *homœopathic globules*, it must be injurious, if not indicated by the state of disease present), I do not think that such a system can be too severely censured. The only wonder is, and to me it has always been a source of astonishment, how a nation so essentially commercial, so shrewd and clever as the English, could have allowed this custom to grow on it to the

extent it has done, to the manifest injury of its health and *purse*. Why, it is not many months since I was informed by the physician of a gallant nobleman, that the year previous to the one in which he commenced attending his noble patient, the bill for drugs alone had been *three hundred pounds*, while in the first twelve months of his attendance it amounted to the sum of thirty shillings sterling, and the patient's health was considerably improved!!!

Every one must acknowledge that medicine is, in general, as necessary for the body in disease as food is for the healthy body; but every one does not know that the former should be taken with great caution, and should only be ordered by one not interested in the sale of it.

SCHOOLS OF PHARMACY.

There should be one of these attached to each faculty of medicine, with absolute powers over all apothecaries; they should confer degrees in pharmacy, and superintend all laboratories for the preparation of drugs.

HOSPITALS.

It would be greatly for the advantage of science were these establishments under the control of the public authorities (provided the *concours* existed), as most of the continental ones are; but I fear that would be a far more difficult matter to carry into execution than the remodelling of the other institutions for medical education.

In England, when a vacancy occurs in the situation of physician or surgeon to an hospital, you have immediately a mesh of intrigues spread out to make interest with the various governors, male and *female*! for their votes; addresses are inserted in the papers, the candidates wait on the governors, the fair sex is wooed, and if it be in force when the poll day comes, the handsomest man stands the *fairest* chance. Compare this with the French *concours*! in it the candidates have three different public trials to go through, of one hour each day—oral, written, and if for a surgeoncy, operating ones: there, all the world may go in to listen—the candidates are judged by their peers—the subjects of dissertation are drawn by lot, and it is

next to impossible that any unjust partiality or foul play should take place: the man who is most worthy conquers, and the choice is applauded by his brethren. There is only one objection can be advanced to the *concours*, which is, that many practitioners, and especially elderly ones of modest retiring habits, but of considerable talent, might be deterred from entering the lists, through a dread of being apparently overcome by inferiors, both in experience and acquirements, yet who might evince greater self-possession, and a greater facility in communicating their ideas. But there are few plans in this world that have not some drawback, or to which some objection might not be started; and all we can do is, to select those which may present the fewest number. That the *concours* ranks among the latter, can admit of little doubt.

For the sake, then, of science especially, it would be much better that all establishments for the relief of the sick poor were under the control of the public authorities. If this were possible in England—and if, at the same time, the legislature proclaimed the necessity of the *concours*, their hospitals would then send forth men equal to those furnished by the French. I am

proud to say that some of the English hospitals produce men second to none for talent and research; but I maintain there is not the same proportion as in France, which can only arise from the absence of the *concours*. In the latter country the medical men are elected for a period of four years, at the expiration of which period they go out, and make way for other clever men, to share in their turn the advantages, the honours, and emoluments arising from an appointment always so desirable. I have spoken of emoluments derivable from the French hospitals, but I should rather have said indirect ones, by the practice they lead to; for I do not consider that the medical functionaries in France are paid one quarter sufficiently for all the labour and trouble they have. The position is certainly highly honourable; but then, if a man have proved himself, in a *concours*, to be superior to the majority of his brethren, why should reward be so penuriously dealt out to him? more especially, as in France, all monies paid towards the support of such institutions are public funds, and not private, as is generally the case in England. At all events, no reforms that the British legislature may

make in these matters, will be of the slightest use; unless they attack, at once, the root of the evil, in separating totally and finally the *practice* of medicine and surgery from the *compounding* and *dispensing* of drugs. In effecting this, no retrospective law ought, or can be made; no existing interests should be touched. Even those persons who have commenced their studies before the passing of the new law (*provided such be passed*) ought to be excepted from its influence: but I cannot too often repeat, that until some such regulations as those alluded to, be established in the medical institutions of the country, the profession cannot expect to cope scientifically with the continental faculty.

CONCLUSION.

From the foregoing desultory observations I shall conclude with, 1st, That as regards climate, I fully agree with Dr. J. Johnson, who says in his clever, though somewhat bigotted tour of three months' change of air, &c., that English in-

valids might frequently derive much more benefit from excursions through their native country than by removing to southern Europe, on account chiefly of those excessive ranges of temperature before alluded to, and of the general absence of comfort abroad. But, at the same time, I am sure there is a pretty numerous class of invalids, the nervous, hypochondriacal, &c. who would be much more benefited by passing their winters under a brilliant sky, than staying at home in the gloomy atmosphere of England during seven or eight months of the year; taking, as a matter of necessity, proper precautions against cold; in fact, having as much as possible their apartments arranged in the English manner, as otherwise they could only receive harm from the change. Above all, English invalids should seldom or never pass a *summer* in the plains of the south of Europe; consumptive patients, especially, are exhausted to death by the heat: those who pass the winter abroad should return home for the summer, unless they prefer some cool spot in Switzerland or the Pyrennees. This is strongly inculcated by Dr. Clarke, in his excellent work on Climate.

2d. That in most of their habits which relate to health, as well as in their medical institu-

tions, the French are considerably in advance of us, for the reasons assigned.

Having endeavoured to point out the causes of these discrepancies, I shall feel much pleasure should my observations prove of some utility.

