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NATURE IN DISEASE,

ILLUSTRATED IN

VARIOUS DISCOURSES AND ESSAYS.

TO WHICH ARE ADDED

MISCELLANEOUS WRITINGS,

CHIEFLY ON MEDICAL SUBJECTS.

BY JACOB BIGELOW, M. D.

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PREFACE.

It is observable to many physicians, that a change in the mode of regarding the treatment of disease has come over the medical world in this city and in various parts of the United States, during the last quarter of a century. In certain cases a practice of watching, guiding, and trusting the salutary indications of nature, has taken the place of more active interferences of art. Those men whose medical career began at a period antecedent to that which has been named, will recollect that the course then most prevalent among the profession consisted in energetic and sometimes annoying and painful applications of supposed remedies, from the beginning to the end of diseases, whether those diseases were amenable to such treatment, or totally incapable of being influenced by them. And, in some instances, such active measures were promoted by influential teachers of medical science, in the great schools of our country.

Nearly twenty years ago, the Discourse on *Self-limited Diseases*, which stands at the head of this volume, was de-

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livered before the Massachusetts Medical Society, at their annual meeting, as an expression of opinions I had been led to entertain, as to the influence of treatment on the event of some morbid affections. Subsequent observation has not tended to shake these opinions; and I have had the satisfaction to believe that many of my medical friends, for whose judgment the public entertain the highest respect, have arrived at similar conclusions. As science has advanced, some revision has become necessary of this as well as of some other essays written long ago. But the general truth of the positions then assumed has not been contradicted by later experience of competent observers in the profession.

The exclusive pursuit of any profession frequently tends to an undue exaggeration of its powers. What we have been early taught to accept on authority, and what we have been accustomed habitually to announce to others, may become engrafted on our own belief, so as to constitute an unquestioned rule of practice. The necessity is, on this account, more imperative, that inquirers for truth should divest themselves of personal considerations, and seek for rules of practice which are based on enlightened experience, and impartial and reliable evidence.

I have given the title "Nature in Disease" to the present collection of discourses and disquisitions, because a number of the principal articles in its contents bear directly on that

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subject. But I have taken advantage of the same occasion to incorporate in this small volume some other miscellaneous papers, chiefly on medical subjects, written or published at various times, during a long and active professional life.

J. B.

Boston, Nov. 1, 1854.

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ON

SELF-LIMITED DISEASES:

A DISCOURSE DELIVERED BEFORE THE MASSACHUSETTS MEDICAL SOCIETY, AT THEIR ANNUAL MEETING, MAY 27TH, 1835.

[At the beginning of this discourse, the customary obituary notice was taken of eminent members of the society, deceased during the previous year.]

THE death of medical men is an occurrence which eminently demands our attention, for it speaks to us of our science, and of ourselves. It reminds us, that we, in turn, are to become victims of the incompetency of our own art. It admonishes us, that the sphere of our professional exertions is limited, at last, by insurmountable barriers. It brings with it the humiliating conclusion, that while other sciences have been carried forward, within our own time and almost under our own eyes, to a degree of unprecedented advancement, Medicine, in regard

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to some of its professed and most important objects, is still an ineffectual speculation. Observations are multiplied, but the observers disappear, and leave their task unfinished. We have seen the maturity of age, and the ardent purpose of youth, called off from the half cultivated field of their labors, expectations and promise. It becomes us to look upon this deeply interesting subject with unprejudiced eyes, and to endeavor to elicit useful truth from the great lesson that surrounds us.

In comparing the advances which have been made, during the present age, in different departments of Medical science, we are brought to the conclusion, that they have not all been cultivated with equally satisfactory success. Some of them have received new and important illustrations from scientific inquiry, but others are still surrounded with their original difficulties. The structure and functions of the human body, the laws which govern the progress of its diseases, and more especially the diagnosis of its morbid conditions, are better understood now, than they were at the beginning of the present century. But the science of therapeutics, or the

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branch of knowledge by the application of which physicians are expected to remove diseases, has not, seemingly, attained to a much more elevated standing than it formerly possessed. The records of mortality attest its frequent failures, and the inability to control the event of diseases, which at times is felt by the most gifted and experienced practitioners, give evidence that, in many cases, disease is more easily understood, than cured.

This deficiency of the healing art is not justly attributable to any want of sagacity or diligence on the part of the medical profession. It belongs rather to the inherent difficulties of the case, and is, after abating the effect of errors and accidents, to be ascribed to the apparent fact, that certain morbid processes in the human body have a definite and necessary career, from which they are not to be diverted by any known agents, with which it is in our power to oppose them. To these morbid affections, the duration of which, and frequently the event also, are beyond the control of our present remedial means, I have, on the present occasion, applied the name of *Self-limited diseases*; and it will

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be the object of this discourse to endeavor to show the existence of such a class, and to inquire how far certain individual diseases may be considered as belonging to it.

By a self-limited disease, I would be understood to express one which receives limits from its own nature, and not from foreign influences; one which, after it has obtained foothold in the system, cannot, in the present state of our knowledge, be eradicated, or abridged, by art,—but to which there is due a certain succession of processes, to be completed in a certain time; which time and processes may vary with the constitution and condition of the patient, and may tend to death, or to recovery, but are not known to be shortened, or greatly changed, by medical treatment.

These expressions are not intended to apply to the palliation of diseases, for he who turns a pillow, or administers a seasonable draught of water to a patient, palliates his sufferings; but they apply to the more important consideration of removing diseases themselves through medical means.

The existence of a class of diseases, like those

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under consideration, is, to a certain extent, already admitted, both by the profession, and the public; and this admission is evinced by the use of certain familiar terms of expression. Thus, when people speak of a 'settled disease,' or of the time of 'the run of a disease,' it implies, on their part, a recognition of the law, that certain diseases regulate their own limits and period of continuance.

It is difficult to select a perfectly satisfactory or convincing example of a self-limited disease from among the graver morbid affections, because in these affections the solicitude of the practitioner usually leads him to the employment of remedies, in consequence of which, the effect of remedies is mixed up with the phenomena of disease, so that the mind has difficulty in separating them. [Note A.] We must therefore seek for our most striking or decisive examples among those diseases which are sufficiently mild, not to be thought to require ordinarily the use of remedies, and in which the natural history of the disease may be observed, divested of foreign influences. Such examples are found in the vaccine disease, the chicken pox, and the

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salivation produced by mercury. These are strictly self-limited diseases, having their own rise, climax, and decline; and I know of no *medical* practice which is able, were it deemed necessary, to divert them from their appropriate course, or hasten their termination. [Note B.]

It may appear to some, that the distinction of these diseases from others, is the old distinction of acute and chronic. Yet on due inquiry, such an identification is not found to be sustained, for there are some acute diseases which, we have reason to believe, are shortened by the employment of remedies; while, on the other hand, certain chronic cases of disease are known to get well spontaneously, after years of continuance.

If the inquiry be made, why one disease has necessary limits, while another is without them? the reply is not uniform, nor always easy to be made. Sometimes the law of the disease may be traced to the nature of the exciting cause. Thus the morbid poison of measles, or of small pox, when received into the body, produces a self-limited disease; but the morbid poisons of psora and syphilis may give rise to others which

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are not limited, except by medical treatment. [Note C.] Sometimes, also, the cause being the same, the result will depend on the part, organ, or texture which is affected. Thus if we divide with a cutting instrument the cellular or muscular substance, we produce a self-limited disease, which, although it cannot by any art be healed within a certain number of days or weeks, yet in the end gets well spontaneously, by one process, if the lips are in contact, — and by another and slower process, if they are separated.* But if, on the other hand, we divide a considerable artery, we have then an unlimited disease; and the hemorrhage, or the aneurism, which follows, does not get well, except through the interposition of art.

The class of diseases under consideration, comprehends morbid affections, differing greatly from each other, in the time, place, and nature of their spontaneous developments; so that they may admit of at least three general subdivisions. These may be called, 1st. The *simple;* in which the disease observes a con-

* In one case, the disease is a solution of continuity; in the other, a solution of continuity and contact.

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tinuous time, and mostly a definite seat; 2d, The *paroxysmal;* in which the disease, having apparently disappeared, returns at its own periods; and 3d. The *metastatic;* in which the disease undergoes metastasis or spontaneous change of place. In the present state of our knowledge, we have no difficulty in finding examples of each of these subdivisions. There are also other examples, in which the disease, although capable of being in part influenced by medical treatment, still retains a portion of its original intractability, and has strong relations to the class in question.

As a mode of directing our inquiries toward these diseases, we may suspect those complaints to be self-limited, in which it is observed that the unwary, and the sceptical, who neglect to resort to remedies, recover their health without them. We may also suspect diseases to be of this character, when we find opposite modes of treatment recommended, and their success vouched for, by practitioners of authority and veracity. We may moreover attach the same suspicion to cases, in which the supposed cure takes place under chance applications, or incon-

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siderable remedies; as in the empirical modes of practice on the one hand, and the minute doses of the homœopathic method on the other. Lastly, we may apprehend that cases are fatally self-limited,* when enlightened physicians die themselves of the diseases which they had labored to illustrate,—as in the case of Corvisart, Laennec, Armstrong, and others. [Note D.]

In proceeding to enumerate more precisely some of the diseases which appear to me to be self-limited in their character, I approach the subject with diffidence. I am aware that the works of medical writers, and especially of medical compilers, teem with remedies and modes of treatment for all diseases; and that in the morbid affections of which we speak, remedies are often urged with zeal and confidence, even though sometimes of an opposite character. Moreover, in many places, at the present day, a charm is popularly attached to what is called an active, bold, or heroic prac-

* In the following article on the Treatment of Disease, it has been found convenient to divide diseases into the curable, the self-limited, and the incurable. In a general sense, however, the last term falls within the second.

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tice; and a corresponding reproach awaits the opposite course, which is cautious, palliative, and expectant. In regard to the diseases which have been called self-limited, I would not be understood to deny that remedies capable of removing them may exist; I would only assert, that they have not yet been proved to exist.

Under the simple self-limited diseases, we may class *hooping cough*. This disease has its regular increase, height, and decline, occupying ordinarily from one to six months, but in some mild cases only two or three weeks. During this period, medical treatment is for the most part of no avail. Narcotic appliances may diminish the paroxysm, but without abridging the disease. After hooping cough has reached its climax, change of air sometimes appears to hasten convalescence. Also if inflammatory, or other morbid affections, supervene upon the pure disease, they may become subjects for medical treatment. With these exceptions, hooping cough appears to be a self-limited disease.

Most of the class of diseases usually denominated eruptive fevers, are self-limited.

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Measles, for example, is never known to be cut short by art, or abridged of its natural career; neither can this career be extended or the disease kept in the system beyond its natural duration, by the power of medicine. *Scarlet fever*, a disease of which we have had much and fatal experience during the last three years, is eminently of the same character. The reasons, which induce me thus to regard it, are the following. The writings of medical observers agree in assigning to it a common, or average period of duration, and this is confirmed by the observations of practitioners at the present day. From this average duration and character there are great natural deviations, the disease being sometimes so slight, as to attract the notice of none but medical eyes, and sometimes so malignant, that treatment is admitted to be hopeless. The modes of treatment, which have had most testimony in their favor, are various, and opposite. By Dr. Fothergill, stimulants were relied on; by Dr. Currie, cold water; by Dr. Southwood Smith, and others, blood letting. But it is not satisfactorily shown, that either of these modes of practice

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has been particularly successful; for where the writers have furnished us anything like definite, or numerical results, it does not appear that the mortality was less in their hands than it is among those who pursue a more expectant practice. The post mortuary appearances, which in many diseases furnish useful lessons for practice, are in scarlet fever extremely various and uncertain; and sometimes no morbid changes, sufficient to account for death, can be discovered in any of the vital organs, or great cavities. [Note E.]

Small Pox is another example of the class of affections under consideration, its approach and disappearance being irrespective of medical practice. It may, at first view, appear, that inoculation has placed artificial limits on this disease. But it must be recollected, that inoculated small pox is itself only a milder variety of the same disease, having its own customary limits of extent and duration, which are fixed, quite as much as those of the distinct and confluent forms of the natural disease.

Erysipelas is an eruptive fever, having strong analogies with those which have been detailed.

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It is not certain, that art can very materially affect either the duration or the extent of this malady. If a physician is called to a case of erysipelas, which is beginning to be developed upon a part of the face; and if he is asked, whether the disease will extend to the crown, or the neck, or to the right ear, or the left, — he cannot tell. And if he is asked to prevent it from visiting either of these places, I know of no satisfactory evidence that he can do it. Erysipelas, however, in a great number of simple, or exanthematous cases, in subjects previously healthy, gets well without any treatment; and in a great number of deep-seated and phlegmonous cases, as well as those in which vital organs are affected, it proves fatal under the most approved methods of medical and surgical practice. It is true, that patients have recovered, under punctures, incisions, and cautery. It is also true, that they have died under the same operations, so that it may be submitted as a doubtful point, whether we yet possess adequate evidence, that erysipelas is not also a self-limited disease.

It is a question of great interest to the medi-

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cal profession, to determine whether *typhoid fever* is a disease susceptible of control from medical means. On this subject no one now doubts, that if the disease is once fairly established in the system, it cannot be eradicated by art, but must complete a certain natural course, before convalescence can take place. But a question still exists, whether this disease is capable of being jugulated, or broken up, at its outset, by the early application of remedies.

It must be allowed, that attacks of disease resembling those of typhoid, sometimes speedily disappear during the use of remedies; but it is by no means certain that such cases are actually cases of typhoid. The diagnosis of this disease, during the first day or two, is extremely difficult, its character being similated by different febrile and inflammatory affections; so that if a patient, under the use of remedies, succeeds in avoiding protracted disease, we are not justified in saying, that the disease he has escaped was typhoid or typhous fever. Andral, whose experiments on the different modes of treatment in continued fever, are very extensive, has stated, that in a number of cases, observed by him, in

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which the fever was sufficiently intense, the disease ceased in twenty-four or forty-eight hours, without any treatment, except that of rest and a regulated diet.*

Moreover, in weighing the influence of treatment, it ought to be recollected, that during the existence of any prevailing epidemic, mild cases, partaking of a similar character to that of the reigning disease, continually appear among the less susceptible part of the community. Thus cholera is attended by diarrhœa or cholerine, influenza by mild catarrh, small pox by varioloid, scarlet fever by slight sore throats or ephemeral eruptions, &c. Now, although these cases are in reality modified examples of the grave diseases which they accompany, yet I believe that no well-informed physician will attribute the mildness or shortness of their character to his own particular practice.

On the other hand, it is certain that cases of real typhoid do often come under active treatment at an early stage, without being broken up, or disarmed of their appropriate conse-

* Clinique III. 619.

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quences. This particularly happens, when the disease is endemic in families, so that successive cases begin, as it were, under the eye of the attending physician, who has every possible inducement to detect and prevent them, if he can. In such families, indeed, it will sometimes happen, that febrile attacks of different kinds, consequent upon fatigue and anxiety, and perhaps partaking of the typhoid character, will take place among the friends and attendants of the sick; and these may disappear speedily, under rest and evacuations. But that grave and specific typhoid fever will thus disappear, is a point of which we as yet want proof. That it sometimes fails to disappear, we have abundant proof.

Typhoid fever has, in many respects, a marked affinity with the class of eruptive fevers, which are supposed to depend on a specific morbid poison, and which no one pretends to intercept, after the body has become infected with them. Scarlet fever and measles, for example, when once established, require a certain number of days to finish their course; so also does the typhoid. Scarlet fever and measles

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can, in most cases, be had but once during life; but to this general rule there are exceptions. The same is precisely true in regard to typhoid. The contagiousness of scarlet fever is a point of dispute among physicians; and so is that of typhoid. Scarlet fever is attended by an eruption on the skin. Typhoid fever also has for one of its most constant symptoms a red, lenticular eruption, consisting of a few scattered rose-colored pimples, appearing chiefly on the trunk, from about the sixth to the nineteenth day of the disease. There also occurs, in most subjects, a minute, vesicular eruption of *sudamina*, about the neck and elsewhere. In scarlet fever, moreover, certain portions of the mucous membrane undergo morbid alterations, particularly on the tonsils, and other parts of the fauces, and these frequently degenerate into ulcers, affecting the subjacent textures. In like manner, in typhoid fever, the mucous membrane of the glandular patches in the small intestines, which have been named after the anatomist Peyer, undergo morbid changes, and these changes are followed by ulcerations, and sometimes perforations of the intestine. This fact,

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established by the researches of Louis and other pathologists in Paris, has been abundantly confirmed by post mortem examinations made in this country during the last few years.* If it be objected to the proposed classification of this fever, that the *taches* are sometimes few in number, or wholly absent: it is equally true, that the pustules of inoculated small pox are likewise often very few, or absent; and that the eruption of scarlatina sometimes wholly fails to appear. The sore throat also in the latter disease is wanting, quite as often, to say the least, as the morbid affection of Peyer's glands.

Before quitting the subject, I beg leave to introduce the opinion of one or two medical writers, in regard to the possibility of interrupting or breaking up this disease by means of art. M. Louis, of whose researches in regard to typhoid fever, it is but small praise to say, that they are more exact and comprehensive than those of any living writer, is of opinion that the disease cannot be thus intercepted. 'Experience,' says he, 'has shown, that a well marked typhoid affection is not capable of being broken

* 1835.

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up.'* To this testimony of one of the most eminent teachers in the French metropolis, it may not be amiss to add that of an American physician, whose opportunities for observing the disease in different parts of New England were extensive, and whose Essay on Typhus Fever well merits an attentive perusal. The late Dr. Nathan Smith, in the course of some remarks on the possibility of interrupting this disease at commencement, observes: 'During the whole of my practice I have never been satisfied that I have cut short a single case of typhus, that I knew to be such.' †

* 'L'experience ayant montré, que l'affection typhoide bien caractérisée, n'est pas susceptible d'etre jugulée, ce qui n'est guere moins vrai, d'ailleurs, suivant toutes les apparences, de la peripneumonie et des autres maladies inflammatoires.' — Louis, *Gastro-entérite*. II. 512.

Andral says, in regard to the different modes of treatment in typhus, 'Quelles que soient les mèthodes employées, il est un certain nombre de cas où, sans que ces methodes y prennent part, la nature conduit la maladie à une terminaison heureuse ou funeste. — *Clinique* III. 616, 617.

† At the time of the publication alluded to, the distinction between typhus and typhoid fevers had not been well made out. The distinction is good, though writers of authority differ on the subject.

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Having said thus much, I leave the subject of the tractability of typhus and typhoid fever to the light of future investigation. It is but justice to state, that numerous and highly respectable authorities are declared in favor of the efficacy of art in shortening and mitigating these diseases; and it will be a source of gratification to the friends of humanity and science, should it ultimately be settled, that the active treatment now usually pursued at the commencement of cases, is instrumental in lessening their duration, severity, or danger.

Among the morbid affections which have now been enumerated, may be found sufficient examples of continued diseases, which receive limits from their own nature, and not from the interference of art. Whether the number of these diseases may not be augmented by additions from among other fevers, and acute inflammations, I am not prepared to decide. It is difficult, however, to withhold the belief, that a more extended inquiry must probably serve to multiply, rather than diminish, the number of

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maladies to which this character will be found appropriate.*

We come next to a second order of self-limited diseases, of which the term *paroxysmal* is sufficiently descriptive. This term applies to certain morbid affections, which recur in fits or paroxysms, leaving the patient comparatively well in the intervals, at the same time that the paroxysms themselves can neither be foreseen, prevented, nor, as far as we know, materially abridged in their duration. At the head of this subdivision stands *Epilepsy*, a disease which has long been eminent as an opprobrium of medicine, and for which, it is believed, the healing art has not yet devised a cure. The first attacks of epilepsy, especially while there is any doubt as to the nature of the malady, are usually made the subjects of active and various treatment. But after the recurring paroxysms have established the chardcter of the disease, if

* There is not room here to discuss the question whether Pneumonia and other acute inflammations fall under the category of self-limitation. Blood-letting, in proper cases, lessens the severity and danger of these diseases. But it is not apparent that it greatly abridges their duration. Dysentery may be accounted a self-limited disease.

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active medical practice is persevered in, it is rather to satisfy the anxiety of friends, than the judgment of the practitioner.

Angina pectoris, appropriately called by Dr. Good, Sternalgia, is a paroxysmal disease, which in many cases controls its own movements. The anatomical character of this disease is not uniform, and I may add, the same is true of its medical treatment. And in this place it may be proper to state, that various incurable lesions of the heart, lungs, brain, and other viscera, do not apparently destroy life by a regular, undeviating march; but that as far as their outward phenomena afford evidence, they seem to proceed by alternate fits and pauses, undergoing, in their progress, all states, except that of retrogradation. This is apparently true in regard to tubercle, carcinoma, ossification, hypertrophy, and some other morbid alterations. It is also even true in regard to old age itself.

Thirty years ago, we might have added *gout* to the opprobrious list under consideration. But as we may now be said to possess the means of shortening the paroxysms, by the use of certain acrid narcotics; and as an abstemious life goes

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far towards lessening the frequency and violence of the recurrence, we may be justified in withdrawing gout from the place it would otherwise occupy. [Note F.]

The diseases of mania and melancholy, asthma, when it depends on emphysema of the lungs, gravel in the kidneys, and the symptoms produced by ascarides in the rectum, [Note G], furnish other examples of maladies, which manifest themselves in unforeseen paroxysms. Cases, which bear the names of all the above diseases, are undoubtedly relieved, and sometimes even removed by medicine; but it is equally true, that other cases are wholly intractable, both as to their recurrence, their duration, and their susceptibility of much change from medical treatment. And it will come to the recollection of many practitioners, that they have, in the course of their lives, believed themselves to have cured these diseases, when in fact they have only witnessed the spontaneous subsidence of a paroxysm.

The last subdivision of our subject includes what may be called *metastatic* diseases. By this term I wish to express certain morbid

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affections, which pass by metastasis from one part of the body to another, for the most part independently of artificial influence. Of this kind are certain *cutaneous* affections, more especially some which are chronic and hereditary. Many persons pass a considerable portion of their lives in alternate annoyance from a disease of the skin, and from its vicarious substitute in some internal organ. Others again are afflicted with hemorrhagic, or purulent *discharges*, which at times disappear, only to be succeeded by equally troublesome affections in a different part. *Gonorrhœa* cannot be prevented from occasional metastasis of inflammation, and *mumps* are sometimes found to undergo the same transition. But perhaps the most remarkable example of a metastatic disease is found in *acute rheumatism*. This morbid affection often begins to discover itself in a limited and comparatively unimportant part of the system. From thence, in grave cases, it travels by successive migrations from joint to joint, and from limb to limb, till it has visited nearly all the great articulations of the body. It also attacks the organs of sense, and

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the viscera which are essential to life. During the course of these migrations, the attending physician cannot foretell at any given stage, what part will be next invaded by the disease, neither can he protect any part from being thus invaded; nor can he control the period, during which the disease will reside in any particular part previously to its next metastasis. Nevertheless acute rheumatism is susceptible of great palliation though of little abridgment, and after having run out its career, terminates in spontaneous recovery; not, however, in some cases, until it has laid the foundation of serious organic derangements, especially of the heart.

I forbear to dilate on the structural lesions of different organs, many of which can only be cured by the extirpation of the part in which they reside, thus sacrificing the integrity of the body to the preservation of life; and in which extirpation cannot avail, when the seat of the disease is in a vital part. I also pass over the pestilential epidemics of plague, yellow fever, malignant dysentery and cholera; diseases about which the medical profession have great differences of opinion, and of which thousands

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die annually, though hundreds of volumes have been written for their preservation. [Note H.]

It may perhaps appear that the views which have now been taken of the power of medicine, in so large a class of diseases, are gloomy and discouraging, and that an unworthy tribute is paid to the labors of those physicians, who have patiently studied, and ardently acted, for the benefit of humanity. Such views, however, are far from being the object of the present discourse. Were it permitted by the compass of the subject under consideration, it would be a very grateful task to enumerate those maladies of the human frame, over which we have reason to believe that medicine has obtained decisive influence. To a medical audience, it is unnecessary to recall the instances of pain relieved, spasms controlled, inflammations checked, [Note I], and diseased associations broken up, under limitable diseases, by the agency of the healing art. Were there no other trophy for the medical profession to boast, it is sufficient to know, that the diseases of small pox and syphilis alone would have entailed misery and extermination on a large portion of our species, had

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not medical science discovered the prevention of the one, and the successful management of the other.

But that the usefulness of our profession may extend, our knowledge must go on to increase; and the foundation of all knowledge is truth. For truth then we must earnestly seek, even when its developments do not flatter our professional pride, nor attest the infallibility of our art. To discover truth in science, is often extremely difficult; in no science is it more difficult than in medicine. Independently of the common defects of medical evidence, our self-interest, our self-esteem, and sometimes even our feelings of humanity, may be arrayed against the truth. It is difficult to view the operations of nature, divested of the interferences of art, so much do our habits and partialities incline us to neglect the former, and to exaggerate the importance of the latter. The mass of medical testimony is always on the side of art. Medical books are prompt to point out the cure of diseases. Medical journals are filled with the crude productions of aspirants to the cure of diseases. Medical schools find it incum-

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bent on them to teach the cure of diseases. The young student goes forth into the world, believing that if he does not cure diseases, it is his own fault. Yet when a score or two of years have passed over his head, he will come at length to the conviction, that some diseases are controlled by nature alone. He will often pause at the end of a long and anxious attendance, and ask himself, how far the result of the case is different from what it would have been under less officious treatment, than that which he has pursued; how many in the accumulated array of remedies, which have supplanted each other in the patient's chamber, have actually been instrumental in doing him any good. He will also ask himself whether, in the course of his life, he has not had occasion to change his opinion, perhaps more than once, in regard to the management of the disease in question, and whether he does not, even now, feel the want of additional light.

Medicine has been rightly called a conjectural art, because in many of its deductions, and especially in those which relate to the cure of diseases, positive evidence is denied to us. We

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are seldom justified in concluding that our remedies have promoted the cure of a disease, until we know that cases exactly similar in time, place, and circumstances, have failed to do equally well under the omission of those remedies; and such cases, moreover, must exist in sufficient numbers to justify the admission of a general law, on their basis. Nothing can be more illogical, than to draw our general conclusions, as we are sometimes too apt to do, from the results of insulated and remarkable cases; for such cases may be found in support of any extravagance in medicine; and if there is any point in which the vulgar differ from the judicious part of the profession, it is in drawing premature and sweeping conclusions, from scanty premises of this kind. Moreover, it is in many cases not less illogical to attribute the removal of diseases, or even of their troublesome symptoms, to the means which have been most recently employed. It is a common error to infer that things which are consecutive in the order of time, have necessarily the relation to cause and effect. It often happens that the last remedy used, bears off the credit of having re-

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moved an obstruction, or cured a disease, whereas in fact the result may have been owing to the first remedy employed, or to the joint effect of all the remedies, or to the act of nature, uninfluenced by any of the remedies. We see this remarkably exemplified in recoveries from amenorrhœa, and from various irregularities of the alimentary canal.

An inherent difficulty, which every medical man finds to stand in the way of an unbiased and satisfactory judgment, is the heavy responsibility which rests upon the issue of his cases. When a friend, or valuable patient, is committed to our charge, we cannot stand by, as curious spectators, to study the natural history of his disease. We feel that we are called on to attempt his rescue by vigorous means, so that at least the fault of omission shall not lie upon our charge. We proceed to put in practice those measures, which on the whole have appeared to us to do most good; and if these fail us, we resort to other measures, which we have read of, or heard of. And at the end of our attendance we may be left in uncertainty, whether the duration of sickness has been

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shortened, or lengthened, by our practice, and whether the patient is really indebted to us for good or evil. In the study of experimental philosophy, we rarely admit a conclusion to be true, until its opposite has been proved to be untrue. But in medicine we are often obliged to be content to accept as evidence the results of cases, which have been finished under treatment, because we have not the opportunity to know how far these results would have been different, had the cases been left to themselves. And it too frequently happens, that medical books do not relieve our difficulties on this score, for a great deal of our practical literature consists in reports of interesting, extraordinary, and successful results, published by men who have a doctrine to establish, or a reputation to build. 'Few authors,' says Andral, 'have published all the cases they have observed, and the greater part have only taken the trouble to present to us those facts which favor their own views.' * A prevailing error among writers on therapeu-

* Bien peu d'auteurs ont publié tous les cas qu'ils ont observés, et la plupart ne se sont empressés de nous transmettre que les faits que caressaient leurs idées. — *Clinique* III. 618.

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tics, proceeds from their professional, or personal reluctance to admit that the healing art, as practised by them, is not, or may not be, all sufficient, in all cases; so that on this subject they suffer themselves, as well as their readers, to be deceived. Hence we have no disease, however intractable or fatal, for which the press has not poured forth its asserted remedies. Even of late, we have seen unfailing cures of cholera successively announced in almost every city, in which that pestilence unchecked has completed its work of devastation!

It is only when, in connection with these flattering exhibitions, we have a full and faithful report of the failures of medical practice, in similar, and in common cases, setting forth not only the truth, but the whole truth, that we have a basis sufficiently broad to erect a superstructure in therapeutics, on which dependence may be placed. Such, it must give the friends of science gratification to observe, is a part of the rigid method which characterizes the best examples of the modern French school; and such, it is not difficult to foresee, must ultimately be the only species of evidence on this sub-

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ject, to which the medical profession will pay deference.

It appears to me to be one of the most important desiderata in practical medicine, to ascertain, in regard to each doubtful disease, how far its cases are really self-limited, and how far they are controllable by any treatment. This question can be satisfactorily settled only by instituting, in a large number of cases, which are well identified and nearly similar, a fair experimental comparison of the different active and expectant modes of practice, with their varieties in regard to time, order, and degree. This experiment is vast, considering the number of combinations which it must involve; and even much more extensive than a corresponding series of pathological observations; yet every honest and intelligent observer may contribute to it his mite. Opportunities for such observations, and especially for monographs of diseases, are found in the practice of most physicians, yet hospitals and other public charities afford the most appropriate field for instituting them upon a large scale. The aggregate of results, successful and unsuccessful,

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circumstantially and impartially reported by competent observers, will give us a near approximation to truth, in regard to the diseases of the time and place, in which the experiments are instituted. The *numerical* method employed by Louis in his extensive pathological researches, and now adopted by his most distinguished contemporaries in France, affords the means of as near an approach to certainty on this head, as the subject itself admits. And I may add, that no previous medical inquirer has apparently submitted to the profession any species of evidence so broad in its foundations, and so convincing in its results, as that which characterizes the great works of this author on Phthisis and Typhoid fever.

In regard to acknowledged self-limited diseases, the question will naturally arise, whether the practitioner is called on to do nothing for the benefit of his patient; whether he shall fold his hands, and look passively on the progress of a disease, which he cannot interrupt. To this I would answer,—by no means. The opportunities of doing good may be as great in these diseases as in any others; for, in treating every

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disease, there is a right method, and a wrong. In the first place, we may save the patient from much harm, not only by forbearing ourselves to afflict him with unnecessary practice, but also by preventing the ill-judged activity of others. For the same reason that we would not suffer him to be shaken in his bed, when rest was considered necessary to him, we should not allow him to be tormented with useless and annoying applications, in a disease of settled destiny. It should be remembered that all cases are susceptible of errors of commission, as well as of omission, and that by an excessive application of the means of art, we may frustrate the intentions of nature, when they are salutary, or embitter the approach of death when it is inevitable. What practitioner, I would ask, ever rendered a greater service to mankind, than Ambrose Paré, and his subsequent coadjutors, who introduced into modern surgery the art of healing by the first intention? These men with vast difficulty succeeded in convincing the profession, that instead of the old method of treating incised wounds by keeping them

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open with forcible and painful applications, it was better simply to place the parts securely in their natural situation, and then to let them alone. In the second place, we may do much good by a palliative and preventive course, by alleviating pain, procuring sleep, guarding the diet, regulating the alimentary canal, — in fine, by obviating such sufferings as admit of mitigation, and preventing or removing the causes of others, which are incidental, but not necessary, to the state of disease. In doing this, we must distinguish between the disease itself, and the accidents of the disease, for the latter often admit of relief, when the former do not. We should also inquire whether the original cause of the disease, or any accessory cause, is still operating, and if so, whether it can in any measure be prevented or removed; as, for example, when it exists in the habits of life of the patient, in the local atmosphere, or in the presence of any other deleterious agent. [Note K.] Lastly, by a just prognosis, founded on a correct view of the case, we may sustain the patient and his friends during the inevitable course of the disease; and may save them from the pangs

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of disappointed hope on the one side, or of unnecessary despondency on the other.

It will be seen that, in the foregoing remarks, a low estimate has been placed on the resources of art, when compared with those of nature. But I may be excused for doing this in the presence of an audience of educated men, and the members of a society, whose motto is *Naturâ duce*. The longer and the more philosophically we contemplate this subject, the more obvious it will appear, that the physician is but the minister and servant of nature; that in cases like those which have been engaging our consideration, we can do little more than follow in the train of disease, and endeavor to aid nature in her salutary intentions, or to remove obstacles out of her path. How little, indeed, could we accomplish without her aid!—It has been wisely observed by Sir Gilbert Blane, that 'the benefit derivable to mankind at large, from artificial remedies, is so limited, that if a spontaneous principle of restoration had not existed, the human species would long ago have been extinct.'*

* Medical Logic, p. 49.

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The importance and usefulness of the medical profession, instead of being diminished, will always be elevated, exactly in proportion as it understands itself, weighs justly its own powers, and professes simply what it can accomplish. It is no derogation from the importance of our art, that we cannot always control the events of life and death, or even of health and sickness. The incompetency which we feel in this respect, is shared by almost every man upon whom the great responsibilities of society are devolved. The statesman cannot control the destinies of nations, nor the military commander the event of battles. The most eloquent pleader may fail to convince the judgment of his hearers, and the most skilful pilot may not be able to weather the storm. Yet it is not the less necessary, that responsible men should study deeply and understandingly the science of their respective vocations. It is not the less important, for the sake of those whose safety is, and always will be, committed to their charge, that they should look with unbiased judgment upon the necessary results of inevitable causes. And while an earnest and inquiring solicitude should always

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be kept alive, in regard to the improvement of professional knowledge, it should never be forgotten, that knowledge has for its only just and lasting foundation, a rigid, impartial, and inflexible requisition of the truth.

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NOTES.

NOTE A.

The difficulty of discriminating between the symptoms of disease, and the effects of treatment, has undoubtedly led to much erroneous practice, so that we cannot be too careful or vigilant, in watching the consequences of our own remedies. For a long time the effects resulting from an excessive use of mercury, were mistaken for the phenomena of syphilis. The arterial reaction, described by Marshall Hall, which sometimes follows excessive blood-letting, has been confounded with the arterial action of disease requiring further depletion. Constitutional irritation, produced or kept up by an inordinate use of vesicatories and other counter-stimulants, has been made a reason for the farther continuance of those applications. Much acute and unnecessary suffering has been caused by the prolonged application of sinapisms to the

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tender skins of infants, and the limbs of dying patients. The pains of hunger, resulting from a too restricted diet, are most keenly felt by convalescents from sickness; yet we sometimes see the cries of infants, arising from this cause, mistaken for signs of disease, and met by the practitioner with medicines, and farther restrictions. I do not speak of these things as common occurrences, yet they have been sufficiently so, to render it obvious that circumspection, on the part of the practitioner, is necessary to avoid them.

NOTE B.

The vaccine vesicle might, if it were desired, be extirpated by the knife or caustic, although if the vesicle be sufficiently developed to excite notice, the surgical remedy would be at least as bad as the disease. In regard to medical remedies, I have had occasion to observe their inefficiency in cases where inflammatory diseases, requiring treatment, have occurred during the progress of cow pox. The depletive remedies employed for the former diseases did not affect the progress of the vaccine vesicle. When this vesicle

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is slow and diminutive, it is commonly owing to the coexistence of some other cutaneous affection.

In regard to mercurial salivation, although the treatment proposed by Dr. Pearson and others, may have been reiterated in many volumes, yet I believe that most practitioners of experience find themselves obliged to rely upon time and palliatives, aided by the withdrawal of the cause.

NOTE C.

The modern introduction of the non-mercurial treatment in syphilis, might almost lead us to consider this malady also, as among the self-limited diseases. Although syphilis, as it existed in the days of Mr. Hunter, appears to have yielded to mercury alone, so that this eminent author regarded it as one of the distinguishing traits of the disease, that it had no tendency to spontaneous recovery; yet the experience of the last twenty years has shown that syphilis, as it now exists in all its prominent varieties, has been cured in many thousands of cases, by a treatment in which no mercury in any shape is

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employed. Nevertheless, the treatment by the anti-phlogistic method, which has been substituted, requires, in order to be successful, more or less depletion, abstinence, and positive rest, conjoined occasionally with other remedies. So that the disease still undergoes efficient treatment; and indeed, when it is wholly neglected, as it sometimes is by the abject and the reckless, it results in the most deplorable consequences, of which our hospitals and almshouses furnish sufficient and frequent examples.

NOTE D.

Corvisart died of a disease of the heart; Laennec and Armstrong of pulmonary consumption. Other examples may be found of persons who were writers on the diseases of which they afterwards died.

NOTE E.

Ulceration in the tonsils and palate is the most common lesion in scarlatina, but the other morbid appearances discovered in autopsies of

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cases of this disease are exceedingly various and uncertain. Among those which I have observed, or which have been noticed by my medical friends in this city, are ulcerations in the larynx, and inflammation of the mucous membrane of the trachea and bronchiæ. In one case of thirty-six hours duration, the chief morbid appearance, in addition to the ulcerated throat, was an extensive peritonitis with effusion of coagulating lymph lining most of the abdominal cavity. Serous effusions in and upon the brain have been occasionally noticed, but most frequently in the secondary forms of the disease. In the child of an eminent physician in this city, whose case and autopsy I witnessed, there was slight ulceration of the tonsils, but no lesion of any important viscus could be detected, though diligently sought for by our best pathological anatomists. Two similar cases have been stated to me, and I find them also noticed by some writers on the disease. In these cases the poison of the disease seems to destroy life, without exciting inflammatory action.

Family predisposition appears to influence the tendency to mortality in scarlatina. In

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some cases the children of a family all die in rapid succession. A predisposition to take the disease seems also affected by the same cause, so that it sometimes operates during the same season upon members of the same family residing in different places, without personal intercourse.

The latent period between the inception and development of this disease appears subject to great variation. I knew a patient to be taken with scarlet fever in forty-eight hours after arriving in this country by a passage of forty days from Europe. In this instance, as no case existed in the ship, the latent period must have been less than two days, or more than forty.

Scarlatina and some other eruptive fevers reciprocally affect the development of each other. During the prevalence of measles and scarlet fever in this city in the winter and spring of 1832, a considerable number of cases occurred, in which the two diseases, each preserving its own distinctive character, were successively passed through by patients, without quitting their beds, yet the diseases were in no wise blended, or intermixed. In the family of a lady

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residing in Tremont Place, five individuals had scarlet fever, and three of them measles, nearly at the same time. The circumstances are interesting. One child had measles first, the disappearance of which was immediately followed by scarlatina; both diseases proved mild, and were completed in about twenty days. Another child had severe scarlatina with a bad throat, the ulcers of which were not healed before the sixteenth day. After this the patient remained stationary, with a quick pulse, and without return of appetite or strength for several days more, when the eruption of measles appeared under the cuticle which was desquamating from scarlatina, and passed through its regular course. A third child in the same family was affected in a more singular manner. The eruption of measles appeared first, with slight catarrhal symptoms, and continued one day. It then vanished, and was in two days succeeded by scarlet fever. This lasted about a week, and when the patient was expected to get well, the crimson eruption of measles reappeared, and lasted three days more. In these cases the two diseases, though probably coexisting in the

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body at the same time, and in the last case decidedly so, were never extant at once in an active or characteristic form. There was no reason to suppose that the intensity of either disease was diminished, or aggravated, by the presence of the other.

Scarlet fever exists in some cases where its presence is not suspected, as the following cases, selected from a number of similar ones, may show. A child, previously well, was taken in fits at night, and died on the following morning. As the disease was not epidemic at the time, the nature of the complaint was not suspected till a few hours before death, when another child coming out with the eruption, this circumstance led me to an examination of the throat of the first, which was found ulcerated. In another case, a child was affected with a very troublesome rheumatic stiff neck. On inquiry, it was ascertained that a scarlet efflorescence had existed on the preceding week, of which the rheumatism was doubtless a sequel, though the nature of the eruption had not been apprehended.

The sequelæ or secondary effects of scarlet

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fever are extremely various. Rheumatic affections are among the most common. Dropsical effusions are frequent, both in the cellular texture and in large cavities. Anasarca and ascites are not of uncommon occurrence. I have seen hydrocele, which disappeared spontaneously in a few weeks, and hydrocephalus which proved fatal. Troublesome indurations of the parotid and submaxillary glands often occur, and may, or may not, be followed by suppuration. A fatal induration of the whole anterior neck is sometimes met with. This I have seen both in the primary and secondary disease. A purulent or sanious discharge from the ears occasionally follows scarlet fever, and sometimes continues long enough to destroy the organic texture, and with it the sense of hearing, in one or both ears. Erysipelas and roseola are among the other pearances which I have seen to supervene upon this uncertain disease. Fortunately, however, the largest portion of cases are attended with no sequelæ, or with such as disappear spontaneously in their own time, without permanent injury to the patient.

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NOTE F.

We have sufficient evidence that many cases of gout, both in this country and Europe, have had their paroxysms abridged by the use of colchicum, and different species of veratrum. Some individuals are fortunate enough to obtain this effect under a moderate dose, which only affects the bowels. But in most persons it is necessary to take enough of the medicine to produce vomiting and temporary prostration, before the desired result can be obtained. This effect is sometimes so severe that many patients prefer the disease to the remedy, and in fact the practice is hardly warranted in the case of very feeble or aged persons.

Three cases have occurred to me, in which gout has disappeared altogether under an entire abstinence from spirituous and fermented liquids. In one of these it is now thirteen years since a paroxysm occurred, and in another seven years, the individuals both enjoying good health, and leading active lives. The third case was that of a gentleman of this city, lately deceased at seventy-six years of age, who had suffered more

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than twenty years with gout, and was reduced to use crutches. After commencing a course of entire abstinence, the paroxysms began to abate in violence, and for the last seven years of his life he assured me he had not felt the sensation of gout. In his last illness a slight chiragra occurred after taking a dose of tincture of rhubarb. Some other cases are now in the progress of trial, with apparent alleviation of the disease. I have been told by others, that this plan of treatment has in some instances failed to be followed by relief, and very probably this may be true; but such instances have not yet come under my personal observation, where the experiment has been fairly made in the acute disease.

NOTE G.

The natural history of the small ascarides is curious, and not well understood. Many individuals are infested with them in childhood, but get rid of them as they advance in years. Some, however, are troubled with them during the whole of a long life, though they are represented as less annoying after middle age, than before.

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They most commonly appear periodically, both in children and adults, after intervals of from three to six weeks. During the intervals they are neither felt nor seen in the discharges. Their periodical return is announced by a sense of itching and burning at the extremity of the rectum, felt principally in the evening, sometimes producing tumefaction, and eruption of the neighboring skin. This irritation continues to recur every evening for perhaps a week, or more, and then ceases. During this time the worms are discharged alive and active in every alvine evacuation. Cathartics and enemata bring away vast numbers of them, but without diminishing the annoyance occasioned by those which remain behind. At length they spontaneously cease to appear, the irritation subsides, cathartics no longer bring them to light, and the inexperienced practitioner flatters himself that the evil is remedied. Nevertheless, after a few weeks, they again return in undiminished numbers, attended by the same phenomena as before. Whether the new race are cotemporaries of the old, or descendants from them, it is not easy to

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tell; but the latter supposition seems most probable.

It is commonly believed that the principal residence of ascarides is in the rectum, because they are most felt there. They have been found, however, in other parts of the alimentary tube. Many patients, immediately after a cessation of the annoyance in the rectum, are visited by pain in the epigastrium, attended with costiveness and clay-colored discharges. This state continues for two or three days, and is then followed by a bilious diarrhœa. I have repeatedly known these consecutive events to occur with great regularity for half a dozen years, so much so that my inquiries are generally directed towards this cause, when children have complained of epigastric pains at regular periods. Whether, in these cases, the worms ascend to the duodenum and mouth of the biliary duct, or whether the whole is an affair of sympathy, future autopsies may perhaps determine.

The nidus of these animals, and perhaps the food also, appears to be the mucus which lines

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the alimentary canal. Buried in this substance, they resist the effect of the most violent cathartics and vermifuges, oil of turpentine and croton not excepted. If it be permitted to derive an hypothesis from the phenomena which they exhibit, it would be, that during a greater part of the time, they remain quietly embedded in this mucus, deriving from it their habitation and nourishment, being at the same time secured from the effects of the peristaltic motion by this and by the ahhesive power of suction; but that at certain periods, perhaps at their generating seasons, they issue forth from this covert, and mingle themselves in the contents of the alimentary canal; in consequence of which they are liable to be expelled with the common mass.

I have known ascarides to be eradicated by a severe dysentery. In some cases they have been totally removed by large injections of oil, particularly of lamp oil. But more frequently they resist these and most other remedies for a series of years. A temporary palliative may always be found in small injections of weak salt water, or even of an ounce or two of cold water.

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NOTE H.

I would by no means undervalue the exertions which have been made, and are still making by indefatigable and distinguished men, for the control of what are called pestilential epidemics. I would only be understood to state that no one method of treatment, in the diseases enumerated, appears to have acquired sufficient credit with the profession generally, to be turned in their hands to any great practical account. The records of medical literature show, that a period of ten years has seldom elapsed, without the annunciation of some effectual mode of practice, in some one of these diseases. And what is more, the amount of evidence with which these statements are supported, and the pathological skill with which the indications are explained, seem sometimes sufficient to shake the incredulity of the most sceptical. Nevertheless, after a certain term of years the diseases are found to be fatal as before, and fresh innovations in practice take the place of the old, and excite confidence anew among the sanguine and ardent members of the profession. The

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truth is, that no epidemic is equally malignant in all seasons and places; and from some unknown cause, the laws which affect its tendency to death or recovery, are essentially different in different climates at the same period, or in the same climate at different periods. This fact must be known to those who have personal experience in regard to these diseases, or who are conversant in their epidemic history. Reliance, therefore, cannot be justly accorded to any mode of treatment which has not had the testimony of a large number of years in its favor, and this also under a proper variety of situations and circumstances. Were it otherwise, these diseases, in the hands of the medical profession, would long ago have ceased to be pestilences.

NOTE I.

I am aware that some of the most distinguished French pathologists of the present day incline to the opinion that many acute diseases, or at least inflammations, are incapable of being shortened in their duration, by art. [See marginal note, page 19.] The opposite opinion

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prevails very generally in this country and in England, and it would be premature to consider the question as decided, until it has been submitted more extensively to the test of comparative numerical results. It is certain, that the most distressing symptoms of acute inflammations are often arrested at once by remedies. This happens, for example, from blood-letting in croup and pleurisy, and from opium in strangury and dysentery. If, however, the disease is fully established before the application of remedies, it usually goes on to complete its course, and in that case the remedies are palliatives only. And if remedies be applied in the incipient stage, an uncertainty hangs over our diagnosis, for the supposed pleurisy may have been rheumatism, and the supposed croup may have been catarrh, or laryngismus; for even the physical signs require a certain maturity of development in disease, to render them satisfactory. Leaving then, as undecided, the question of positive duration in acute inflammations, we do not risk much in asserting that their character is often essentially modified by treatment, so that they are more easily supported by the

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patient, and the apparent danger attending them, diminished. We must wait for the modern spirit of *accurate* inquiry to furnish a further light on this subject.

NOTE K.

As examples, it may be stated that the salivation produced by mercury gets well of itself, provided the original cause is discontinued. An issue made by caustic, or otherwise, gets well after the original cause has ceased to operate; but if an accessory cause is present, such as the pressure of an irritating foreign substance, it then fails to heal. The local atmosphere may be considered as an original, or an accessory cause, in those diseases which are benefited by change of climate or situation. A long train of diseases might be mentioned, which are brought on, or kept up, by injurious habits of life, and are relieved or cured, not by medicines, but by a removal of the habit under which they have been, or continue to be, induced. Such are the diseases which attend on sedentary life, intemperate indulgences, lactation, insalu-

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brity of diet, &c. Sometimes a disease, the cause of which is not removed, may disappear in consequence of a new habit, by which the system becomes capable of bearing with impunity the influence of this cause; as in seasickness.

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ON THE

TREATMENT OF DISEASE:

AN INTRODUCTORY LECTURE, DELIVERED BEFORE THE MEDICAL CLASS AT THE MASSACHUSETTS MEDICAL COLLEGE IN BOSTON, NOVEMBER 3, 1852.

Of the sciences which have most occupied the time and labor of mankind, a certain number lead by their investigations to clear and positive results, and enlarge the amount of human knowledge by the discovery and promulgation of absolute truth. Another portion lead only to results which are probable or presumptive in their character, and which furnish to mankind rules of action, in cases where better lights cannot be obtained. To the former class has been given the name of exact sciences, and to the latter the name of presumptive or conjectural sciences. Mathematics form an exact science, on the conclusions of which, when once

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known, there can be no difference of opinion. In like manner, chemistry and mechanics, astronomy and portions of natural history, are examples of exact sciences, the demonstrations of which, when once made clear, may afterwards be modified and enlarged, but are never fundamentally shaken. On the other hand, the important sciences of ethics and politics, of commerce and finance, of government, and speculative theology, are inexact in many of their principles, as is proved by the widely different constructions under which men receive and apply them to practice.

It would at first seem that the exact sciences were those most worthy the cultivation of intelligent minds, inasmuch as they lead to satisfactory, and therefore to gratifying results; and because, in their more elevated departments, they involve and require some of the highest reaches of the human intellect. But in the opinions of mankind, as evinced by their practice, the opposite judgment prevails, and probably nine-tenths of the labor of educated and intellectual men are employed on studies which are, in their nature, uncertain and conjectural.

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The cause of this great ascendancy in the attention given to the inexact sciences, is to be found in the vast and paramount importance of their subjects, and also in the difficulty of consummating their great ends. It is much more important to mankind to know how to avoid anarchy and crime, war, famine, poverty and pestilence, than it is to know that the planet Saturn has a ring, or that a lily has six stamens, that light can be polarized, or that potass can be decomposed. Yet while the latter propositions are susceptible of absolute demonstration, the former processes, which bear directly on human happiness or misery, are frequently removed beyond our foresight or control. The wisest men often fail to influence the destinies of states, families, and individuals, and the shrewdest calculators are baffled in regard to a coming crop, a pecuniary crisis, a glut in the commercial market, or a change in the public morals. Nevertheless, the wise man, conscious of superior talent, and the philanthropist desirous of the public weal, and even the interested man who looks to his personal advantage and progress, must give themselves and their ener

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gies to studies which involve the immediate wants of their fellow-men, even though their best directed efforts should fail of the desired results. And the simple reason is, that if the best qualified minds decline to undertake this task, it will most assuredly be assumed by the ignorant and presumptuous.

Preëminent among the inexact and speculative sciences stands *practical medicine*, a science older than civilization, cultivated and honored in all ages, powerful for good or for evil, progressive in its character, but still unsettled in its principles; remunerative in fame and fortune to its successful cultivators, and rich in the fruits of a good conscience to its honest votaries. Encumbered as it is with difficulty, fallacy and doubt, medicine yet constitutes one of the most attractive of the learned professions. It is largely represented in every city, village, and hamlet. Its imperfections are lost sight of in the overwhelming importance of its objects. The living look to it for succor—the dying call on it for rescue.

The greatest boons and the most important objects presented to our aspirations in this life,

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are not to be approached through paths which are straight and unmistakable. The avenues to most of them are shadowed by doubts or clogged with incessant obstacles. Next to the spiritual welfare of men, the preservation of their lives, the peace and safety of their communities, the acquirement and preservation of their worldly goods are among the objects which take strongest hold on their desires. Yet grave doubts are justifiable, whether any precise means have yet been agreed upon by which these desirable ends can with certainty be attained. And if any one deems it a reproach on medicine that its cultivators have not arrived at a common faith and practice, let him consider whether the laborers in other fields, however honest their intentions, are agreed in their theological creeds and political platforms.

Considering the great importance of the objects of medicine, the frequent and earnest appeals made for its assistance, and the vast sums annually expended in its remuneration, it is not surprising that disappointment and complaint often follow the failures, necessary or unnecessary, of medical practice. 'Man is of

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few days and full of trouble.' Yet in the face of this acknowledged truth, he requests and expects that his physician will provide him with many days, and remove at least his bodily troubles. This expectation on his part is reasonable or otherwise, according to the circumstances under which it is made. It is unreasonable if his case is helpless, and he is merely paying the debt of suffering and death which his mortal nature exacts. But it is reasonable and proper, if his complaint is of a curable kind, or if, whether curable or not, his physician has claimed and vaunted the power to remove it.

Most men form an exaggerated estimate of the powers of medicine, founded on the common acceptation of the name, that medicine is the art of curing diseases. That this is a false definition, is evident from the fact that many diseases are incurable, and that one such disease must at last happen to every living man. A far more just definition would be, that medicine is the art of understanding diseases, and of curing or relieving them when possible. Under this acceptation our science would, at least, be exonerated from reproach, and would stand on

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a basis capable of supporting a reasonable and durable system for the amelioration of human maladies.

Every young man who proposes to become a member of the medical profession, should ask himself whether he considers medicine a liberal and honorable science, to be followed for the good it may do to mankind, or as a dishonest trade, to be pursued for the purpose of profiting himself by the deception of his fellow-men. If he accepts his profession in the first sense, he will strive to understand his science in all its bearings, and practise it with conscience and fidelity; if in the latter, he will put his conscience aside, and study only the low arts which entrap the credulous and unwary.

With the trade of medicine I have nothing to do. Knowing that I address an ingenuous and cultivated audience, composed mainly of young men who are looking forward to an honest and honorable place in professional life, I make no apology for proceeding to express my belief of the manner in which medicine should be practised and disease treated, for the reciprocal

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benefit of him who gives, and of him who receives its aids.

Let no one deceive himself by believing that success, stable, permanent, honorable success, can be attained without knowledge of the great principles of the profession and science of medicine. This knowledge must consist in an accurate acquaintance with the structure and offices of the human body, and the laws of its healthy condition. After these follows the science of pathology, involving the great and fundamental art of diagnosis, by which the diseases of the human body are detected, and distinguished rightly from each other. The power of distinguishing diseases lies at the root of all correct and enlightened practice, and without it all medical action is empirical and fortuitous. There is no more pernicious error than for a physician to believe that he can prescribe safely for the symptoms of a sick man, without understanding, in some measure, the nature of his disease. Symptoms are of various import, according to the seat of their origin and the nature of their causes; and if taken alone without a correct interpretation of these attend-

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ant considerations, they often lead to a wrong result, or to no result at all. A patient not unfrequently sends for a physician on account of a certain symptom which is distressing him, and which may be, for example, a pain in the abdomen, or in the head. Now a pain in the abdomen may arise from colic or peritonitis, from rheumatism or neuralgia, from dysentery, from calculus, carcinoma or strangulation. And in like manner, a pain in the head may arise from a multitude of different and even opposite causes. Now it is well known that the kind of treatment which is effectual in one case, is pernicious in another; and he who prescribes for the symptom irrespectively of the cause, is quite as likely to do mischief to his patient as good, and quite as likely to destroy life as to save it.

If the question be asked, what makes a great physician, and one who is appealed to by his peers, and by the discerning portion of the public, for counsel in difficult cases, I would answer, that *he is a great physician who, above other men, understands diagnosis.* It is not he who promises to cure all maladies, who has a remedy ready for every symptom, or one remedy for

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all symptoms; who boasts that success never fails him, when his daily history gives the lie to such assertion. It is rather he, who, with just discrimination, looks at a case in all its difficulties; who to habits of correct reasoning, adds the acquirements obtained from study and observation; who is trustworthy in common things for his common sense, and in professional things for his judgment, learning, and experience; who forms his opinion positive or approximative, according to the evidence; who looks at the necessary results of inevitable causes; who promptly does what man may do of good, and carefully avoids what he may do of evil. Examples are rare of this perfection, yet for an approach to such a standard of professional excellence, I would venture to direct your remembrance to the venerable ex-professor, fortunately yet among us, of the theory and practice in this University.

Every citizen whose capacity is able to reach the ordinary affairs of life, is aware that the persons most capable of discharging the common offices, or of exercising the common arts and duties of life, are the individuals who have,

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by talents, education and practice, become EXPERTS in those arts and duties; — and that, on the other hand, those persons who profess to have acquired knowledge by intuition, to have become learned without labor, and to have arrived by short cuts at results and qualifications which demand years of preparatory training, must be incompetent and treacherous sources of reliance. And it is the general admission of this truth which gives support and confidence to the various professions, arts and callings, to which men devote their lives.

A little machine called a watch is carried about by most persons, and when this machine has stopped or is out of order, they do not lay their own ignorant hands upon it, but submit the case to the skill of an expert, who is known to be qualified to judge and act in such cases. It is the duty of this artist when applied to, to examine the interior of the watch, to ascertain by the use of his skill, in what part the disease is situated, and to apply to that part the appropriate remedy. If a spring or a chain is broken, it must be restored; if the wheels are out of gear, they must be put in place; if the hands

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only have caught, they have only to be liberated, and if the pivots are dry and rough, they must be oiled or cleaned;—and lastly, if the watch has had a destructive fall, if it has been crushed by being trodden on, if it has lain a month in the salt water, or if it is worn out by running steadily for threescore years and ten, then the case is incurable, and the only palliative advice which the practitioner can render is, that the owner should procure a new watch, or reconcile himself to do without one.

But suppose there resides in the place a watch doctor who prescribes for symptoms, and who, among other things, has a remedy for the symptom of stopping, and that this remedy consists in a certain kind of friction, shaking, or manipulation, an ointment applied to the outside, or an invisible particle of some nugatory substance inserted into the inside; and suppose that one or two watches in a hundred which had stopped by accident, should by accident resume their motions under such treatment, could anything but the most unmitigated folly draw the inference that such a person is entitled to become the accredited horologer to the community?

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What is so conspicuously true in the common business of life, is only an example of what is more vitally true in the practice of medicine. If a man has had the misfortune to get a shot or a stab in his body, he does not need a doctor who administers a specific dose or a sovereign plaster for holes in the body; he wants a man who can tell him whether the wound has passed inside or outside of his peritoneum, and whether it is requisite for him to make his will, or to make arrangements for pursuing his journey.

But the prescribing for symptoms in the dark is not the only instance in which false logic has entered into medical reasoning. It is not less absurd to suppose that disconnected events, which have closely followed each other, have therefore a necessary dependence upon each other. Shrewd, practical men do not thus govern themselves in the common affairs of life. A merchant about to send a ship to sea, endeavors to find a captain to take charge of her who understands navigation, who can keep his run and determine his place, who studies the weather and is on the lookout for a lee shore, and who in emergencies can judge whether it is

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necessary or not to cut away the masts or throw over the cargo. But suppose a man appears, and such have been, who announces that he has a specific bottle of oil with which he cures tempests, and by pouring a teaspoonful of which upon the waves, the storm is speedily made to cease! Would any prudent owner intrust his vessel to such a man and on such grounds, even though he should produce a hundred certificates that storms had stopped in half a day, or half an hour after the application of his remedy? For these certificates, if true, would only prove that in a certain number of cases, a result had followed by accident, which common sense, and if necessary, a thousand opposite cases would show had nothing to do with the pretended cause.

What would be true of the apparent or alleged cure of a tempest at sea, is no less true of the pseudo-cures which every day take place in diseases which are self-limited, paroxysmal or recidivous in their character. There are doubtless living many men who believe themselves to have been cured half a dozen times of various diseases, of fevers and inflammations, of neu-

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ralgia, rheumatism, gout and asthma; and each time perhaps by a different remedy, but who on the next imprudence or returning period, are destined to find themselves feverish, neuralgic, gouty, or asthmatic still.

Deceptions in medicine are occasioned not only by the dishonesty of charlatans, but quite as often by the well-meaning credulity of other practitioners, whose intellect is impulsive, or whose education has been unduly curtailed. It is so flattering to a man's self-love to believe that his chance shots have sometimes taken effect, that physicians of regular position may pass their lives in mere speculative and random efforts at curing diseases, shutting their eyes against their own failures, and not allowing themselves to consider that in a certain portion of successful cases which they had failed to understand, the disease in truth got well without, or perhaps in spite of, their misdirected and embarrassing practice.

Medicine is a great good and an unquestionable blessing to mankind, when it is administered by discriminating and intelligent hands with sincerity and good judgment. It disap-

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points expectation, and fails to accomplish its mission, when the agent who dispenses it falls into the mistaken resource of professing infallibility, and of raising hopes which he knows not how to accomplish. No man is deemed to be safe in his worldly affairs who is afraid to look into his own pecuniary condition. Neither is a physician safe in his practice or his reputation, who is afraid to face the case of his patient in all its bearings. That man is most to be relied on who looks calmly and understandingly at the emergency before him, who knows the import of signs, and deduces from them the probable tenor of coming events; who is aware of the great truth that all men must die, but is also aware of the more gratifying truth that most sick men recover; and who, in particular exigencies, inquires of his reason and his knowledge, in which of these two immediate categories his patient is placed, and how far the event of the case is within his control. He will then interfere or he will wait, he will act or he will forbear, as he only knows how who can form a correct verdict from the evidence before him,

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and who knows the immeasurable good or harm which hangs on medical practice.

The vulgar standard of medical character depends very much on the supposed successful result of cases. But this is not the true standard, for the best physicians as well as the most popular practitioners, often lose their patients, and even their own lives, from common diseases; while, on the other hand, the most injudicious treatment, and the most reckless exposures are not unfrequently survived. Laennec and Bichat, two of the most distinguished lights of modern medicine, died of the very diseases they were themselves investigating. Preissnitz, the prince of modern empirics, himself a robust peasant, died of premature disease at the age of fifty-two, in the midst of his own water-cure. It is well known, that the most thronged and popular places of resort for grave, difficult, and intractable cases, are those from which there are most funerals. On the other hand, men support life in certain cases under every extreme of opposite treatment, under ultra-depletion and ultra-stimulation, under heroic practice and nugatory practice, under 'hot drops' and cold

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douches, under drachm doses of calomel, and imponderable doses of moonshine. Clot Bey, and his two or three associate Frenchmen, entered a plague hospital at Cairo in the height of the epidemic. They shut themselves up in the concentrated atmosphere of the infection, they remained in bed in contact with dying patients, they wore the shirts of those who had just expired, they inoculated themselves with the secretions of pestilential buboes,—and all to no purpose. They were alive some years afterwards, and quarrelling with each other for the glory of their hair-brained enterprise. Four thieves in the plague at Marseilles freely prosecuted their robberies in the infected houses of the dead and dying; and the aromatic vinegar, which has immortalized their prophylactic practice, was very probably an impromptu invention brought forward by them to procure their exemption from punishment.

The humility which we may learn from the limited influence of our art on the health and lives of mankind, is probably a far safer guide to a correct practice, than the fanatical confidence with which unenlightened ultraists of

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every sect carry out their respective dogmas. In a sphere of action where some good may always be done, and where much harm often is done, and 'fools rush in where angels fear to tread,' it is well to consider some of the rules which may lead an honest inquirer after truth to the nearest attainment to a correct judgment and practice.

Supposing, what I would fain wish might always happen, that the physician is duly and thoroughly imbued with knowledge of his science, the first great question which presents itself in every case or emergency, is that which involves the diagnosis. This being established, the practitioner is enabled to avail himself of the lights of reason and experience in regard to a correct course of therapeutic proceeding. But it often happens that the nature of the case cannot be made out in one, or two, or three interviews with the patient, and we are obliged to wait for the gradual development of diagnostic symptoms, as a judge and jury in a like case would be expected to postpone, or wait for the arrival of witnesses. It is a mistaken pride which leads physicians to commit themselves

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by an oracular guess at first sight, which the events of the succeeding day may show to have been erroneous. Moreover, if from the obscure character of the case, or the imperfection of our science, diagnosis is impossible, we should then so generalize our treatment that we may include what is possible of good, and exclude what is probable of harm.

Having settled, as well as our means admit, the pathological condition of our patient, the next question is that which regards the probable tendency of the disease if left to itself. Attention to this point is of high importance, since it will prevent us from neglecting our patients in grave and dangerous affections, as well as from annoying them with useless appliances in short, safe or unimportant cases. Many diseases are insidious in their origin. The nervous imbecility which has its foundation laid in modern schools, the slight cough and evening flush which herald approaching phthisis, soon get beyond the reach of medical means, unless seasonably detected by the wary eye of the practitioner. A simple discharge from the ear may terminate in deafness, and an ulcer of the cornea

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in loss of sight. A protracted intermittent at length undermines the health, and neglected syphilis ends in a miserable death. Cases like these require prompt and energetic interference on the part of the practitioner. On the other hand, diseases which are light in themselves, and tend to speedy recovery, as common catarrh, hooping cough, varicella, and a host of other things, if they occur in healthy subjects, and are not complicated with graver affctions, may safely be left to themselves, or treated with the mildest remedies and cautionary measures.

Another most important question, exercising the hopes and fears of every practitioner, from its connection with reputation, safety and life, is that which relates to the curability of diseases. Is the disease amenable to medical treatment, or not? If the case is of a recoverable character, and happily a great majority of our cases are so, the physician should anxiously and carefully have recourse to the recorded authorities of his science, and to his own personal experience. In doing this he should beware of implicitly trusting those who have published only the favorable side of their prac-

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tice, preferring to build up a temporary reputation rather than to promulgate unpopular truths. And in analyzing his own experience, he should equally beware of hasty generalizations, of impressions made by remarkable examples, rather than by aggregates of well observed and duly arranged cases, from which alone impartial and correct inferences are to be drawn.

In accordance with such views, we shall find many cases which are, for the most part, capable of being arrested or broken up by the interposition of remedies. Thus the grave and various symptoms which result from an overloaded stomach, are at once removed by the action of an emetic, or sometimes of a laxative; colic in like manner yields to opium or to purgatives; syphilis is cured by mercury, and sometimes without it; and certain inflammatory attacks apparently yield to seasonable depletion. Moreover, in other cases which cannot be thus arrested, but which, from their nature, must run a destined course, it is generally admitted that the safety of the patient may be promoted, or perhaps the duration of the case abridged by remedial treatment. This is believed to be true

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in regard to evacuations at the commencement of febrile and inflammatory diseases, and to a multitude of other remedies applicable in various cases. But on this subject it is extremely difficult to obtain decisive and satisfactory knowledge. It involves a question, the settlement of which is to be approached by extensive and contrasted numerical observations, a large portion of which yet remain to be made, although we have valuable contributions and examples on many subjects.

On the other hand, when we know that a case is self-limited or incurable, we are to consider how far it is in our power to palliate or diminish sufferings which we are not competent to remove. Here is a most important field for medical practice, and one which calls for an exceedingly large portion of the time and efforts of every physician. When we consider that most diseases occupy, from necessity, a period of some days or weeks, that many of them continue for months, and some for years, and finally that a large portion of mankind die of some lingering or chronic disease, we shall see that the study of palliatives is not only called for,

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but really constitutes one of the most common, as well as the most useful and beneficent employments of a medical man.

In the use of efficient remedies, much depends upon deciding the proper stage or time, to which their employment is applicable. Some curative agents can with propriety be used only at the outset of the diseases, and if this opportunity is lost, the remedies are afterwards less effectual, and perhaps even injurious. Venesection in the early stage of certain acute diseases, may be productive of great good; in the middle stages it is of less benefit, or of none at all; and in the latter stages it is injurious and inadmissible. On the other hand, wine and opiates, which are strongly contra-indicated in the first stage, are afterwards not only tolerated with impunity, but in certain cases are taken with decided benefit.

But, gentlemen, the agents which we oppose to the progress of disease, may, by excessive or ill-timed application, become themselves the pregnant sources of disease. Every prudent practitioner is bound to consider the effect and tendency of the remedy he is using, and to in-

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quire whether the means employed to counteract the existing disease, are not, in their turn, likely to produce evil to the patient; and if so, whether the evil will be greater or less than the disease for which they are administered. The sudden healing of an old ulcer, issue or eruption, may be followed by symptoms more serious in their character than those which have been removed. Many remedial processes, if employed in excess, or with injudicious frequency, result in permanent injury to the patient. The habitual use of active cathartics, although attended with temporary relief, seldom fails to bring on or aggravate a permanent state of costiveness. Large and often repeated blood-letting, tends to the establishment of debility and anemia in some subjects, or of reaction and plethora in others. Opium and other narcotics are in themselves, if abused, fertile sources of disease. The modern crying evil of polypharmacy and over-medication, is profitable to the druggist, habitual to too many physicians, and annoying, if not detrimental, to most patients.

On account of these and similar considerations, much discretion is needed on the part of

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the physician to enable him to judge rightly of the kind of treatment which it may be safe and proper to employ, and of the degree and amount of that treatment, and of the requisite length of time for its continuance. Medical practice, in many cases, points to the direct substitution of a positive good for a positive evil; but unfortunately, in other cases, it admits only of a choice between evils;—and in these cases not only the knowledge and experience, but also the judgment and common sense of the practitioner, are put in indispensable requisition to lead him to a correct issue.

It is wrong to suppose, as is often done, that the opportunities for doing good in medicine, are limited to the effect of specific remedies, or to the application of drugs and instruments. The enlightened physician surveys the whole ground of his patient's case, and looks for the presence of any deleterious agencies or unremoved causes of disease. Many morbid affections, which have resisted powerful remedies, cease speedily on the discovery and removal of their sustaining cause. This is the case with various specific complaints produced by particu-

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lar drugs and stimulants when habitually used. A child is often sick from an error in the diet, health or habits of the nurse or mother. An individual frequently suffers from the quality and quantity of his habitual food or drink, or of his exercise, air, occupation, or clothing. The starved infant and the overfed gourmand, the drunkard and the ascetic, the pale student and the emaciated seamstress, require removal and reform, not drugs and medicines. A patient dies of phthisis in a confined office or a damp northern climate, who might have enjoyed long life in an active occupation or a more pure and temperate atmosphere. On the other hand, men fall victims to the fevers and abdominal diseases of the south and west, who might have escaped disease by a timely removal to the north. It is as necessary in many cases that the physician should inquire into the situation, diet, habits and occupation of the patient, as that he should feel his pulse or explore his chest. It often happens that the disordered state of the one cannot be corrected until the other has been previously set right; and a little dietetic instruc-

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tion, or even moral advice, is more serviceable than a technical prescription.

In regard to their duration, their probable issue, and their susceptibility of relief, the physician may profitably divide his cases into three classes; those which are curable, those which are temporarily self-limited, and those which are incurable.* In the first class, or that of curable diseases, are to be included those morbid affections which we know, or have reason to believe, are under the control of remedies, so that they can be arrested, or abridged, in duration. For the most part, acute inflammatory diseases, when not of fatal intensity, are mitigated by depletion and the antiphlogistic regimen, more or less actively enforced, according to the degree of violence. Spasmodic diseases, on the contrary, are influenced by opiates, antispasmodics and tonics, and by the removal of their cause, when it can be discovered and remedied, as in the case of dentition, indigestible food, &c. Sympathetic diseases are to be addressed through the medium, organ, or texture which is primarily affected. Thus, a headache depend-

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ing upon a disordered stomach, or a hysteric affection upon irregularity of the uterine function, are to be treated under this view of the subject. Hemorrhages and other morbid discharges, are to be dealt with by removing the cause when practicable, by diminishing vascular activity, or by quieting the discharging surfaces with opiates, or contracting them with astringents. There is one class of curable diseases which are controlled chiefly by specific remedies, being in some instances suspended, in others radically removed. Thus, gout is relieved by colchicum, and intermittents by quinine and bark. Scabies is cured by sulphur, syphilis by mercury, goitre, as we are informed, by iodine, and various chronic eruptions by arsenic and corrosive sublimate. The foregoing examples will serve to illustrate, not only the power of medicine, buf also the great variety of grounds which should govern medical practice, and the importance of an intelligent diagnosis, as well as a knowledge of therapeutic means.

In the next subdivision, or that of self-limited diseases, we include those 'which receive limits from their own nature, and not from foreign

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influences, and which, after they have obtained foothold in the system, cannot in the present state of our knowledge be eradicated or abridged by art, but to which there is due a certain succession of processes, to be completed in a certain time, which time and processes may vary with the constitution and condition of the patient, but are not known to be shortened by medical treatment.' Examples are abundant, and are found in typhus and typhoid fever, measles, small-pox, hooping cough, dysentery, and many other diseases of lighter or graver character.*

It is with regret that we are obliged to acknowledge the existence of a third class, that of incurable diseases, which has been recognized in all ages as the *opprobrium medicorum.* It includes the long train of internal morbid degenerations, malignant and chronic, by tubercle and granulation, by atrophy and hypertrophy, softening and hardening, scirrhus, encephalosis ossification, concretion, contraction and dilatation, with their various consequences of phthisis, emphysema, dropsy, epilepsy, paralysis, and

* See marginal note †, page 19.

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a multitude of intractable disorders, in which organs are disabled, functions destroyed, and life itself rendered incapable of continuance.

It is obvious that in the three foregoing classes of disease, very different modifications of treatment are required. In curable diseases, our remedial measures should be prompt and energetic in proportion to the emergency of the case, and the certainty of benefit which is to follow their employment. In self-limited diseases, our treatment must be of the expectant character. It consists in doing what we can for the comfort and safety of the patient, avoiding useless and troublesome applications, watching against accidents and complications, and waiting for the salutary operations of nature. In those maladies which are in their nature incurable, we are obliged to confine ourselves to the palliation of suffering, and the removal of causes which may aggravate the disease.

Such, I believe, is the true exposition of the powers and duties of every medical man. The dignity of our science, and the responsibility of our profession, require that we should form just views of the extent of our capacity and duty,

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and that we should not shrink from avowing them to the world. Our science, imperfect as it is, has achieved as much as any similar science for the prevention, alleviation, and removal of the evils which it combats. Let us not bring it into disrepute, by pretending to impossibilities, by asserting what cannot be proved, and by professing what human art is unable to accomplish. A new era will dawn upon medicine when its faithful and enlightened cultivators shall more constantly devote their time and their efforts to enlighten the public mind in regard to the true mission and powers of their science; and when they shall leave to charlatans and fanatics, the doubtful and dishonest game of unfounded professional pretension.

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PRACTICAL VIEWS

ON

MEDICAL EDUCATION.

PUBLISHED BY VOTE OF THE MEDICAL FACULTY OF HARVARD UNIVERSITY IN 1850.

The undecided state of public opinion in regard to some of the fundamental points in a course of medical education, including among other things the portion of the term of pupilage proper to be spent in attendance on lectures, is thought to justify a further consideration of the subject. In some of its relations, this subject has already been discussed, in the Transactions of the American Medical Association for 1849, in two reports, pages 353 and 359, to which the reader is particularly referred. The following condensed, but more general view of the subject of medical education, is now respectfully submitted to the members of the Association.

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Medical instruction should be adapted to the power of students to receive and retain what is communicated to them, and should be confined to what is important to them in their subsequent life.

In modern times the constituent branches of medical science are so expanded, that they are not acquired by any physician in a life-time, and still less by a student during his pupilage. The same is true even of many individual branches. It is not, therefore, to be conceded that 'a scheme of scientific instruction should embrace the whole science, and no part should be omitted;' nor that 'a well-digested plan of lectures embraces all that is to be known and taught.' Medical science has at this day become so unwieldy, and contains so much that is unnecessary, at least to beginners, that the attempt to explain to students the whole, is likely to involve the result of their learning but little.

In Chemistry, at the present time, a thorough adept is unknown. No man living knows all the recorded facts, or all that is to be known and taught, in that science. Organic chemistry

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alone fills large volumes, though yet in its infancy.

In Materia Medica there are some thousands of substances and their compounds, which possess what is called a medicinal power. Yet it is not probable that any physician effectively reads the one half, or remembers one quarter, or employs in his yearly practice one tenth, of the contents of the common dispensatories.

In Pathology, so complicated and various are the conditions attendant on the individual forms of disease, and their relations with idiosyncracy, temporary condition and external agency, with organic lesions and functional disturbances, that few of the most experienced pathologists can be said to understand their whole science, or to be always competent to its successful application.

In Etiology, the theoretical literature of causes has spread itself out to an extent which is burdensome and unprofitable. It is true, that 'man, from his nature, is subject to suffering, disease and death;'—but it is not equally apparent, that 'the causes by which these conditions are produced, are ascertainable.' We know nothing of the vehicle of cholera or influ-

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enza, nor is it probably in the power of any physician, by any art or application of his knowledge, to produce in a given healthy man a case of common pneumonia or of acute rheumatism, of diabetes or Bright's kidney, of hypertrophy or of cancer, or even of a common boil, or wart.

In Therapeutics, many hundred volumes exist, such as would not have existed, could a knowledge of the cure of diseases be made so easily tangible, that it could be spread before the student in the three or five years of his pupilage.

In Anatomy, general and special, microscopic and transcendental;—in Physiology, with its intricate ramifications;—in Surgery, of which several subordinate specialities constitute distinct living professions; it is not to be admitted that the means or time of any ordinary course of lectures can furnish full and complete instruction. Certainly it must be difficult to arrange a course of lectures on any of the extensive sciences which now constitute medicine, if it be indeed true, that 'the teachers are not justifiable in suppressing any portion.'

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It is the business of lecturers in medical schools, to condense and abridge the sciences which they respectively teach, to distinguish their essential and elementary principles, to sift carefully the useful from the superfluous, and to confine the scope of their teachings, as far as possible, to what is true and profitable, and likely to be remembered and used by their hearers. It is unfortunately too true, that, 'in an extended system of instruction, there is much that the student will not master, much that will have escaped his attention, much which he ought to know that he has not learned.' The remedy appears to be, to teach him well what he can and should master, and briefly to point out to him the sources, fortunately abundant, from which he may obtain the rest.

Much injury is done to the cause of true learning by medical assumption, amplification, and exaggeration, by premature adoption of novelties, and by tenacity of theories, personal or espoused. Students, in all former years, have expended much time in learning, what it afterwards cost them both time and trouble to unlearn;—in acquiring, not merely the truths of

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science, but the crude announcements and plausible doctrines of sanguine or ingenious men. How much time has been wasted in some of our distinguished seminaries, in acquiring the visionary and now neglected theories of Rush and Broussais!

The most commonly exaggerated branch of medical science is therapeutics. Enlightened physicians well know that many diseases are incurable, and that others are subject to laws of duration, which cannot be interrupted by art. Yet students sometimes return from medical schools persuaded that their instructors know how to cure a large part of these diseases, and that if others are less fortunate, it is attributable to their own fault.

Medical teachers should keep pace with the progress of their respective sciences. Yet in their haste for the promulgation of novelties, they should not omit to give the proper consideration to the older and more settled principles of science. Medical men are liable to commit the error of adopting premature opinions, unsound practice and inconvenient changes of language and nomenclature, sometimes from a

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love of display, and sometimes from a want of self-reliance, and a fear of being thought behind the literature of their time.

The length of a course of lectures is not the measure of its value to the student. A course of lectures should not outlast the curiosity of its hearers, nor their average pecuniary ability to attend. Custom in this country has generally fixed the limits of these things at about four months. A comprehensive and judicious course, confined to the enforcing of necessary points, is far more profitable than a more discursive course to a wearied and diminishing audience.

Lectures are chiefly wanted to impress by demonstration the practical branches of science, and they are most effective in places where the facilities for such demonstrations can be commanded. Anatomy requires extensive exhibitions by the teacher, and personal dissections by the student. Chemistry and Materia Medica require illustrations by specimens and experiments. Pathology needs the aid of autopsies, museums and the clinical demonstrations of large hospitals. A knowledge of Obstetrics is not perfected without apparatus and practice.

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Surgery is acquired by witnessing numerous operations, surgical diseases, illustrated explanations, and by personal practice on the dead body. Physical exploration is wholly demonstrative. A knowledge of auscultation can no more be acquired from books, or abstract lectures, than a knowledge of music, or of individual physiognomy.

The intermediate period between lectures, should be spent by students in active and original study, approved and confirmed by regular recitations, and by such opportunities as can be commanded, for practical, personal experience. Private schools for small classes, and the private teaching of individuals, who are suitably qualified and situated, are more advantageous for two thirds of the year, than either the fatiguing jostle of overcrowded rooms, or the listless routine kept up by the survivors of a passive class.

The usefulness of a medical school depends not so much on the length of its session, as upon the amount of education, preliminary and ultimate, which it requires, the fidelity with which it exacts its own professed requisitions, and the train of healthy exertion, active inquiry

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and rigid, methodical, self-regulating study, to which it introduces its pupils. The longest lectures are of little use to students who want a common education, and whose medical education does not qualify them afterwards to observe, to inquire, and to discriminate. The exacted evidence of three years of well-conducted study, is better than the exhibited ticket of a six months' course.

The subjects most important to be well taught in medical schools, are the elementary principles which constitute the frame-work of medical sciences, and the mode of thought and inquiry which leads to just reasoning upon them. After these, most attention should be given to selecting and enforcing such practical truths, as will most certainly be wanted by the young practitioner, in his future career of responsibility.

The things to be avoided by medical teachers are technicalities, which are unintelligible to beginners,—gratuitous assumptions and citations of doubtful authorities,—prolix dissertations on speculative topics,—excessive minuteness in regard to subjects which are intricate

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and but little used, and therefore destined to be speedily forgotten. To these may be added controversies, superfluous personal eulogiums and criminations, and all self-exaggeration, personal or local.

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REPORT ON HOMŒOPATHY:

MADE TO THE COUNSELLORS OF THE MASSACHUSETTS MEDICAL SOCIETY IN FEBRUARY, 1854.

The committee appointed by the Counsellors of the Massachusetts Medical Society, to consider the resolution of the Essex North District Society,* and also that of Dr. Spofford, in relation to the subject of Homœopathy, beg leave to Report:—

That the Massachusetts Medical Society was incorporated mainly for the purpose of establishing a proper standard of medical education, and of insuring a competent degree of knowledge among those who should be authorized to practise the profession of medicine in this Commonwealth, and they are not aware that the Society possess any power to coerce men, after

* These resolutions contemplated dissolving the connection of Homœopathists with the Society.

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they have been thus educated and qualified, to embrace, or renounce, any theoretical opinions, or modes of practice, which they may innocently believe, or which, not believing, they may think it proper to profess.

In medical science there are certain fundamental laws relating to the structure and functions of the body, and the morbid changes to which it is subject, also regarding the signs by which those changes are discovered, — upon which all well-educated physicians are agreed. But in certain provinces of medical science such fundamental laws, owing to the imperfection of our means of knowledge, cannot at the present time be established. This is the case with Therapeutics, or the art of treating or curing diseases, in which the evidence required by science is difficult to obtain, and in regard to which writers and teachers, sects and individuals, and even the same individual in the course of an ordinary life-time, may without dishonesty entertain great diversities of opinion.

The tendency of modern observation is such as to lead us to the belief that disease is less frequently under the control of remedial treat-

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ment than it was formerly supposed to be. Where observations are impartially made by competent persons, it is found that people recover, and also that they die, under all the ordinary modes of treatment. And the evidence collected from sources which are worthy of reliance, is not so abundant or satisfactory as to convince a reasonable man that any general system of practice can be relied on for the cure of all cases. Hence it is not surprising that diversities, contrasts, and even extravagances in practice, are embraced by the sanguine, the credulous, the uninformed and the interested, frequently based upon no better authority than accident, imperfect observation, or defective power of judgment in the party who adopts them.

The broadest division which has been recognized for centuries in the treatment of disease, is that which resolves the whole subject into the active and the expectant modes of practice. The first employs various interfering agencies in the management of the sick,—the last waits more on the unassisted course of nature,—and both have long had their exclusive advocates.

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To the last of these divisions Homœopathy really, though not avowedly belongs. Its character is, that while in reality it waits on the natural course of events, it commends itself to the ignorant and credulous by a professed introduction into the body of inappreciable quantities of medicinal substances. Now the nugatory effect of such quantities is demonstrated by the fact, that in civilized life every person is exposed to the daily reception, in the form of solution, dust or vapor, of homœopathic quantities of almost every common substance known in nature and art, without any appreciable consequences being found to follow. And the pretended exactness with which such nominal doses are administered by homœopathic practitioners, is doubtless a fallacy, capable of producing in the living body no other effects than those which charlatanry has in all ages produced in the minds and bodies of imaginative patients.

It is a fact much older than the institution of this Society, that visionary systems of practice have replaced each other in the faith of multitudes, at least several times in a century. And this will probably be the case, so long as prac-

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tical medicine continues to be, what it now is to a great extent, a theoretical and conjectural science. At the present period, among the sects usually called irregular, the homœopathic sect prevails to a considerable extent in this country and in Europe. In the United States it is exceeded only by the sect called Botanic, or Thompsonian practitioners, which at the present time appears, of the two, to number most disciples. It is not probable that the faith of either of these sects will be displaced by a return of their followers to any more enlightened or rational creed. Nevertheless, it is safe to predict that they will both be superseded in the course of time by other systems, not more rational or probable in themselves, but possessing the attraction of greater novelty, or urged upon the credulous with greater adroitness. When the world, and especially the unenlightened part of it, shall be settled in their opinions on other sectarian subjects, we may anticipate unanimity of opinion among them in the science of practical medicine.

But it is not only to expectant medicine, in the form of its counterfeit, homœopathy, that

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the censure of prejudice and credulity is to be attached. The opposite system of active practice, carried to the extreme usually called heroic, is alike chargeable with evil to the patients, whenever it becomes the absorbing and exclusive course of the practitioner. Physicians are too often led to exaggerate the usefulness of the doctrines in which they have been educated, and especially of those by the exercise of which they obtain their daily bread. In such cases habit gets the ascendancy over enlightened judgment, and the man of routine, or of narrow views, asks himself, from day to day, what drug or what appliance he shall next resort to, instead of asking the more important question, whether any drug or any appliance is called for, or is properly admissible in the case.

In Medicine, as in the other inexact sciences which deeply concern the welfare of mankind, enough has been learned to show that extreme measures, either of omission or of commission, are not, when systematized as a whole, productive of benefit or safety to mankind.

It is quite probable that the prevalence, at times, of eccentric and ultra-sectarian doctrines

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in medicine, is attributable to the exaggerated value attached by physicians themselves to incessant activity in practice, and an assumption of credit for particular modes of medication, to which, as such, they are not entitled. There is often a want of openness in the intercourse of physicians, both enlightened and ignorant, with their patients, who are requested to believe that their cure depends not in any degree on the salutary influences of nature and time, but in the rigid enforcement of a prescribed routine of practice, either active or formal, as the case may be. And when opposite modes of treatment are urged upon the public by different practitioners with reasonings equally specious, it is not surprising that patients should sometimes adopt that which is least troublesome in its operation. Neither is it surprising that they should sometimes embrace even a deception, which absolves them from their allegiance to an unnecessarily severe or troublesome course of treatment.

An honest and independent practitioner, and especially a member of the Massachusetts Medical Society, should never be induced to give

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his counsel, or his aid in any shape, to empiricism and dishonesty, whether it occur among those who are within or without the pale of its membership. And no consideration of gain or notoriety should induce those, whose age or standing cause them to be resorted to for consultation, to lend their influence or countenance to encourage either the delusions of those who are honest, or the practices of those who are not.

If quackery, individual or gregarious, is ever to be eradicated, or even abated, in civilized society, it must be done by enlightening the public mind in regard to the true powers of medicine. The community must be made to understand that there are certain things which medicine can do, and certain other things which it cannot do; that some diseases are curable by active interference, and others by time and nature alone; that true medical skill lies in discrimination and prognosis, and judicious adaptation of management, more than in assumed therapeutic power, in regard to special agents; and that he who professes to cure by medicine a self-limited fever, is as much an impostor, or

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deluded man, as he who pretends to do the same thing with a fractured bone or incised wound. Nothing so much shakes the confidence of mankind in the medical profession as unfulfilled promises; nothing so much strengthens this confidence, as fair dealing exhibited in an earnest requirement and fearless expression of the truth. Such a course, by commending itself to the sensible and enlightened, may be expected, sooner or later, in some measure to influence the unreasonable and ignorant, — much sooner, indeed, than a warfare carried on in the arena of empiricism with its own weapons.

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ON THE MEDICAL PROFESSION AND QUACKERY.

AN INTRODUCTORY LECTURE, DELIVERED AT THE MEDICAL COLLEGE, BOSTON, NOVEMBER 6, 1844.

I AM about to address myself to an audience of young men, a class of persons who, in our new and active country, assume an influence, and wear a responsibility, unknown in the older communities of Europe. The sparse character of our population, the call for active and efficient men, the sure market which exists for talents, and even for common ability and prudence, have given a national precocity to our youth, and a readiness in adapting themselves to new and difficult spheres of action. I have heard foreigners speak with surprise of the arrival, in distant ports of Europe or India, of American ships commanded, not as is usual, by weather-

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beaten veterans, but by beardless striplings. The signs of our mercantile houses bear often the names of very young men, and the avenues of our professions are so crowded with them, that perhaps no regulation is more liable to be infringed than that which requires that professional candidates shall be twenty-one years of age. Young men command the ranks of our military corps and swell our political meetings. Their voice is heard among us in the periodical press and in the halls of legislation.

These precocious habits of our country have of course been felt in the medical profession. In most of the schools of Europe, medical honors are not conferred until after a novitiate of four, and more frequently five years, during which an extensive circle of sciences is obliged to be mastered, and to be approved by a series of strict examinations. Not only are the essential branches of medicine required to be fully understood, but they must be preceded by a knowledge of the subsidiary sciences, and must also be confirmed by practical and clinical experience.

With us, on the other hand, the short period

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of three preparatory years devoted to regular study and lectures, may be said to constitute nearly the sum total of a medical education; for the collateral requirements are so small that their acquisition is often effected during the same three years which are applied to the other branches. And a young man who has learned to read and write, issues from the village school or perhaps from the counter or the plough, and in three years is licensed, and declared competent to exercise the multifarious profession of medicine and surgery in all its departments. As it often happens in this and similar cases, the newly-approved candidate sends forth his anxious glance, directed not always to his own deficiencies or the means of supplying them, but to that common goal and object of a young man's inquiry, which is to fill up the measure of his practical aspirations — an opening. By the timely decease of some elderly practitioner, or by the fortunate discovery of a rising settlement, in some distant State, or on some promising water-power, he finds himself, perhaps at short notice, installed, under virtue of the acquiescent silence of the small community in which he

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lives, the constituted physician of the place. In one month, perhaps in one week, he may be called upon to diagnosticate organic lesion in a case of life and death, or to treat the most formidable convulsive disease. He may be summoned to tie the femoral artery, or to decide and act in a case of placental presentation. There may be no consulting physician within many miles, at least none who can arrive in season for the emergency.

The safety then, and probably the lives of the unfortunate constituents of this young man, will depend upon the question whether he has, or has not been truly educated, whether his mind and hand have been adequately trained for the great occasions that await him. It is not enough that he has suffered three years to expire while taking his ease in the office of a city physician, nor that he has passed a corresponding time in following the rounds of a country practitioner. It is not enough that he has carelessly read the works of approved authors, and has squeezed through the customary academic examination. If he has done only this, it is more than probable that failure awaits on

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himself and disaster upon his patient. But if his studies have been methodical, and conducted with an eye to practical application; if he has concentrated his attention upon necessary points; if he has felt the earnest interest which, more than anything else, imprints truth on the remembrance; if he has gathered up and arranged his resources in reference to coming emergencies; if he has gone over in anticipation the difficulties of his profession, and planned his own mode of extrication,—then he will find that inexperience does not involve failure, and that youth is not an insurmountable barrier to success. He will recollect that the most eminent physicians and the most successful operators have had their first cases. He will perhaps also remember, that some of the most distinguished men in history have emerged from obscurity while yet in youth; that not only warriors, like Alexander and Napoleon, but statesmen, like Pitt and Fox, and philosophers, like Davy and Bichat, had achieved some of their proudest laurels at the very entrance of manhood.

Let it not be supposed, however, that I am

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an advocate for the premature assumption, by young men, of the responsibilities of our profession. Every medical student is to be considered unfortunate, who by reason of poverty, or the stress of other circumstances, is obliged to hurry his probationary period to an early termination. Too much time and attention are not often bestowed on the business of preparation for practice. The oldest and the best physicians have had frequent cause to regret that they were not better educated. But the superficial student, who rarely has the time and the will to repair his early deficiencies, is haunted through life by a round of perplexity and embarrassment, and degraded by a sense of his own incompetency.

It should be borne in mind, that there is no period of life in which time can be so conveniently spared from lucrative pursuits, as in youth. After a man has atained to the age of thirty, it is commonly of very little consequence to him, as far as his fame and yearly receipts are concerned, whether he had commenced practice at the age of twenty-one or of twenty-four. But as far as he may prize a quiet conscience

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and freedom from anxiety, the later age is incomparable the most secure. I would advise any young man, who has completed his education at the end of his minority, that he should devote two additional years, and if practicable, a still longer period, to availing himself of such advantages, both in study and practice, as may prepare him for his future duties. And when, as it often happens in our community, narrow circumstances require that a young man should live by his own exertions, this state of things, instead of being a motive that he should crowd himself prematurely into the ranks of the profession, encumbered with debt, and bare of acquirements and of means, is rather an imperative reason that he should at once begin by resolving to devote twice the customary number of years, if necessary, to the double purpose of keeping himself in an independent position, and of placing himself at length, in point of maturity of knowledge, on a par with his more favored competitors.

It may not be improper, in this place, to offer you some suggestions as to the mode in which students may advantageously appropriate the

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time of their pupilage in reference to the science which they expect to acquire. Medical literature has become so vast a subject, that the undirected student is apt to be lost in the maze of books and sciences which seem equally to press upon his attention. And he is likely to fall into the pernicious error of thinking that he must read a great deal, even though he remembers little. The true object of a medical pupilage should be, not to read, but to study, to observe, and to remember; not to pass superficially over the writings of celebrated men, but to select those compendiums of the several sciences, which contain a condensed view of their essential and elementary facts, which separate the wheat from the chaff, and offer what is fundamental and useful, within a compass which is capable of being impressed on the memory. Most of the constituent sciences which are nominally included in a modern medical education, are now so extensive, that the cultivation of any one of them may afford abundant occupation for a common lifetime. Passing over the more elementary branches, I may instance the theory and practice of medi-

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cine, the literature of which is a vast magazine of rubbish, with a few gems imbedded in it, accumulated in all time since the origin of writing, and in such excess that no country in Europe could probably furnish even a catalogue of its own modern books. The history of this extensive science contains a mixture of much that is bad, with much less that is good. And although in medical research the still small voice of truth has from time to time made itself heard for a season, yet it has as often been drowned by the dogmas of the visionary and the clamors of the interested. During the present century a host of theorists and gratuitous reformers have replaced each other on the arena of medical controversy. But we have seen that while a truth in medical science, like the import of the physical signs for example, struggles its way through opposition and distrust into general adoption,—an unfair and unfounded assumption rarely survives long the life of the individual whose own eloquence and obstinacy were necessary to force it for a time upon the public attention.

If we could purge the sciences of pathology

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and therapeutics from the writings of men who wrote merely because they had a reputation to acquire or a doctrine to establish; and could confine these sciences to the results attained by those who sought directly and impartially for the true and the useful; it is probable that the whole subject would be brought within the comprehension, not only of every physician, but of every medical student. And from the recent mode of conducting medical investigations, which has commenced and is gradually gaining foothold in all civilized countries, we may hope, in our own day, to see near approaches to this desirable result.

Every medical man, whether student or physician, owes a threefold duty, to himself, to his competitors, and to his patients. To himself he owes the cultivation of habits of order and perseverance, a love of honesty and a desire of knowledge. No man is successful in a learned profession, who does not cultivate a methodical disposition of his time. The neglect of an hour, the omission of an engagement, and the postponement of what is necessary for what is unimportant, have ruined many a good inten-

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tion and many a promising prospect. Lord Chesterfield says, that the Duke of Newcastle lost half an hour in the morning, and spent the whole day in running after it. This is a true expression of the career of a busy but inefficient man. He who is always driven, always in a hurry, always late, and always with deficiencies to be made up, is very likely to be always a failure. It is well known that the responsibilities of society are best and most easily discharged by those who estimate the value of small portions of time, who do things strictly in their proper season and place, who provide against contingencies, and distribute their day in reference to what is, as well as to what may be required of them.

But the best ordered arrangement of time, and the most punctual habits of attention, do not always succeed in our profession, except through perseverance, and often through long suffering. The public, especially in cities, are slow in giving their confidence to strangers and to young men. The late Dr. Physick, of Philadelphia, asserted that during the first three years of his practice he did not pay for his shoe

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leather; and a late very eminent physician of this city once informed me, that he did not earn his own board during three times that period. The conservative principle which retards the reception of young men into lucrative business, is the foundation of their security in after life, for medical practice would not be worth having, in a community whose love of change should lead them to desert their former friends and .counsellors, to run after every new comer. Physicians usually come on to the stage and move off of it, in company with the generation to which they belong. In a large city, a young physician, except under circumstances of peculiar patronage or necessity, does not usually obtain employment from families who are much in advance of himself. But these families and their medical attendants pass away, and he and his cotemporaries become the standing practitioners of their time. A preparatory period in the mean time elapses, during which the candidate for future honors has usually enough to do, to perfect his knowledge, to fill the gaps in his experience, and to give proofs to the community

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around him, that he possesses aptitude for the common affairs of life.

Every physician is an inquirer during life, and continues to learn something up to the last year in which he may happen to study or practise. As the science advances, moreover, every intelligent practitioner is obliged to replace some of his former opinions with others, which he finds to be better substantiated. We should be careful, therefore, not to pledge ourselves unnecessarily to medical opinions which are founded on equivocal or imperfect testimony. The public sentiment attaches a kind of disgrace to frequent changes and recantations, and they ought also to do the same to the course of any man, who for the sake of consistency with himself, continues to maintain an erroneous and exploded opinion. Both these extremes are avoided by the physician who reserves his assent to any new opinion, until the evidence of the case is satisfactorily made out.

One of the most difficult virtues for a physician to cultivate, is a just and proper deportment towards his professional brethren. As in all professions in which men live by their heads rather

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than their hands, business is liable to be over-done, and a candidate who has not acquired all the occupation that he wishes, is apt to regard his competitors as stumbling-blocks, to be gotten rid of by fair means, or foul. Hence arise the jealousies, calumnies, and open hostilities so often entertained, which injure all the parties concerned, and lower the estimation of the profession with the public. Harmony and a proper *esprit du corps*, may uphold the dignity of even an inferior profession; but the public rarely respect any class of men, the members of which have no respect for each other. A friendly intercourse with those whom we approve, is productive of pleasure and advantage, and a gentlemanly forbearance towards those with whom we do not agree, will show that we are above jealousy. A man is always to be suspected, who tells you that he is surrounded with enemies; and one who is an habitual calumniator of others, forces upon his hearers the conviction that they in their proper turn are to come in for their share of his animadversions.

I doubt if physicians do not sometimes injure themselves and their cause, by showing too

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great a sensitiveness in regard to the temporary inroads of irregular practitioners. Quackery whether carried on by the audacious enterprise of an individual impostor, or upheld by the trumpeting of a fanatical sect, is to be considered a necessary evil inherent in the constitution of society. It exists in every walk and occupation of life, by the exercise of which men procure bread. The pettifogger in law, the Millerite lecturer in theology, the demagogue in politics, the system-monger in education, and the wonder-worker upon the brains and bowels of infatuated audiences — what are all these but quacks moving in their respective spheres, and fattening upon the credulity of dupes. A certain portion of mankind are so constituted that they require to be ridden by others, and if you should succeed in unhorsing a particular impostor, it is only to prepare the saddle for a fresh and more unflinching equestrian. It is not good policy to say or to write too much in regard to the pretensions of impostors. A celebrated author observes that 'many a popular error has flourished through the opposition of the learned.'* By

* McIntosh.

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throwing the gauntlet at an insignificant man, you at once raise him to the dignity of being your competitor, and acknowledge him as a 'foeman worthy of your steel.' And if you discover uneasiness, resentment, or ill temper, the public conclude that you are influenced by your private interests. Besides, when you have entered the arena of controversy, you will probably find that the quack, who has his all at stake, can afford more breath and time than you can conveniently spare from your other occupations, and in an active warfare, he may acquire two partisans to your one. It is not long since the exhibiter of a stuffed mermaid succeeded in drawing down the popular indignation on an unfortunate naturalist, who had ventured to declare that it was made of a fish and a monkey. The public generally require time to get disabused of a favorite error; and if too abruptly assailed, they will sometimes hold on to it, as the traveller did to his cloak when attacked by the north wind.

In your demeanor in regard to quacks, you should keep aloof from them, and trouble yourselves little about them. Admit the general

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fact that the race always do, and must exist in society; that they are wanted by the credulity of a particular class of minds; that the fall of one dishonest pretender, or one visionary sect, is sure to be replaced by the elevation of another; therefore it little concerns you to know what particular imposition has the ascendency at any given time. When you are interrogated in regard to a specific subject of this kind, you should make a reasonable, cogent, and dispassionate answer, always avoiding the appearance of warmth and especially of self-interest; and you may be sure that a majority of the public will be on the side of truth. As far as my observation extends, three quarters at least of the families in Boston and New England, are in the hands of regular practitioners. The remaining fraction, more or less, consists partly of minds so constituted that they require the marvellous as a portion of their necessary food, and partly of unfortunate beings, suffering the inevitable lot of humanity, who having failed to obtain relief from the ordinary resources of medicine, seek for temporary encouragement in the dishonest assurances of any who will promise to cure

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them. The first class is the dog in the fable, catching at shadows; the last is the drowning man catching at straws.

Above all, if you would discountenance quackery, take care that you become not quacks yourselves. Charlatanism consists not so much in ignorance, as in dishonesty and deception. In your intercourse with patients, cultivate a spirit of fidelity, candor and truth. Endeavor to understand yourselves and your science, weigh justly your own powers, and profess only what you can accomplish. If you announce to your patients that you will cure incurable diseases, or cut short those which have a necessary period of duration, you do not speak the truth, you merely blind your patient, while you throw the die for a fortuitous result, a game at which the veriest mountebank may at any time beat you. The profession as a body are often unpopular with a large and sagacious part of the community, because they so frequently disappoint the expectations they have allowed themselves to raise. You may safely undertake and promise to cure diseases which you know to be curable, to alleviate others which you know to

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be not so, and to perform what art and science can do towards conducting doubtful and dangerous cases to a happy issue. But this is all you can accomplish or promise. The skilful mariner may steer his ship through a dangerous navigation, but he cannot control the wind nor arrest the storm. Nor would he gain reputation by professing to do so.

It is hardly necessary that I should counsel you not to neglect your patients, when you can do anything for their welfare and security. Neglect of outward attentions is not, I think, a very frequent sin of physicians, inasmuch as their interest very obviously lies in a different course. But many practitioners fall into the opposite error of over-attention to their patients, of making them long, tedious or superfluous visits, of hampering them with strict and complicated instructions, and especially of overdrugging them with remedies. There are some patients, it is true, who like to be bled, blistered and physicked; but the number is small, and in most cases both the instinct of the child, and the discretion of the grown man, cause them to revolt against nauseous and painful inflictions.

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When, therefore, you are called to take charge of a case, ask yourselves how great is the danger, and what is the probable tendency of the disease, if left to itself. If life is in question, and you have reason to believe that the patient may be rescued by prompt and energetic remedies, you should not hesitate to employ them. But in common, trivial and safe cases, such as afford a large part of a physician's occupation, you should not allow a habit, or a hobby, to lead you into the blind routine of always thinking that you must make your patients worse before they can be better. I believe that much of the medical imposition of the present day is sustained in places where practice has previously been over-heroic, and because mankind are gratified to find that they and their families can get well without the lancet, the vomit and the blister, indiscriminately applied; and because the adroit charlatan transfers the salutary influences of time and nature, to the credit of his own less disagreeable inflictions.

It is the duty of physicians to elevate their profession, by maintaining in their individual character a high moral rectitude, a just and

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honorable conduct, a devotedness to the welfare of their patients, and an unceasing effort to improve themselves and their science. If this course is pursued by medical men, they can hardly fail of becoming useful and respected members of society. There is no country in the world in which the avenues to respectability and distinction, to competency, and even to wealth, are more open to physicians, than in the United States. It has been observed that in England, no medical man is ever permitted to attain the aristocratic rank, which belongs to birth, and which is occasionally accorded to eminence in the military, political, legal and financial professions. But in our country there is no post of honor or emolument, and no situation of influence and distinction, which our history does not show to be within the reach of our profession. But it is not to political, or extra professional preferment, that the true physician should look. He should rather be contented to build up his own character within his own sphere, as a man of knowledge, fidelity and honor. The respect of the community, and the attachment of friends, will always attend on

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him who loves truth for its own sake, pursues knowledge that he may be able to benefit others, and deals justly with his fellow-men, consenting that they, in turn, should deal justly with him.

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ON

GOUT AND ITS TREATMENT.

Gout, technically known by the names of Arthritis and Podagra, is a painful, inflammatory disease, appearing by paroxysms, affecting chiefly the smaller joints, but liable to change its seat to various more important organs. It is hereditary in its character, and affects the luxurious more than the laboring and abstemious classes. It seldom occurs in children, but makes its appearance most commonly in middle or advanced life, and affects men more frequently than women.

The most common place for the primary attack of gout is in the first joint, or ball, of the great toe of one foot. The patient, in many cases without previous indications of illness, is surprised at being awakened in the middle of

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the night, or a little later, by intolerable pain in that joint, with much febrile heat and restlessness, commencing, perhaps, in a slight chill. The toe-joint soon becomes swollen, tense and red. Sometimes the ankle, heel, or instep is similarly affected. There is exquisite tenderness on the slightest pressure, or motion of the part. This state of things continues from six to twenty-four hours, after which a remission of pain takes place, with gentle perspiration, and tendency to sleep. The inflamed joint, however, continues to increase in swelling, and at length becomes œdematous and shining. On the following night the pain and fever return, and so continue to do for a week, more or less, during which there is thirst, want of appetite, costiveness, and scanty high-colored urine depositing a red or lateritious sediment on cooling.

The paroxysm lasts ordinarily from three to ten days, at the end of which time the pain suddenly terminates, as if by magic. The joint continues swollen and œdematous for a few days, with itching and exfoliation of the cuticle, but the patient returns to his accustomed health

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with perhaps an unwonted degree of vigor and alacrity.

A precursory stage in most persons takes place in advance of the paroxysm. It is marked by a deranged state of the appetite and digestion, by heartburn, nausea, flatulence, and offensive alvine discharges, also by languor, headache, low spirits and disturbed sleep.

The first paroxysm of gout is the almost certain prelude to others, which are to follow after an interval of some months or years, according to the predisposition and habits of life of the patient. Some persons escape with two or three paroxysms only during life; others have an annual visitation, and others are attacked once in two or three months. The frequency of the paroxysms goes on increasing, until in some patients there is hardly any respite, unless for a few months in summer. The later paroxysms, however, are often more supportable, but the general health is more impaired than in the earlier attacks.

In the later attacks both feet are liable to be affected in succession, and the inflammation, after having left one foot may return to it again.

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The small joints of the hand are also subject to the invasion, constituting the variety of gout called *chiragra*. In inveterate cases, there is scarcely any joint of the body which may not participate in the extension of the disease. Effusion generally takes place into the synovial cavities, and adjacent cellular tissues.

When the disease has become thus confirmed, it is usually called *chronic gout*. This commonly follows the acute form, but in some cases may become gradually established without it. In chronic gout the affected limbs are disabled for exercise, they become painful at night, interrupting sleep, and are moved by the patient with difficulty and caution. There is also a general deterioration in the strength and spirits, the patient looks worn, sallow and haggard, the digestive powers are deranged, and there is often palpitation and dyspnœa.

When the disease has existed for a certain length of time, there appears in some persons, but not in all, a deposit of calcareous concretions, known by the name of *chalk stones*, situated mostly in the cellular tissue, between the outside of the joint and the skin. Sometimes,

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however, they penetrate the fibrous textures and the cavities of the joints. These concretions are fluid, or semifluid, when first effused, but become gradually solid by the absorption of their fluid parts. They finally become hard and friable, resembling common chalk in their appearance. In their more fluid state they are formed of hydrated lithate of soda, but the solid concretions consist mainly of lithate of soda, with some phosphate of lime.

The chalky concretions are liable to grow with the return of every paroxysm. In bad cases the skin finally gives way, and a chalky serous fluid is discharged. This is afterwards replaced by a kind of chalky pus, and in this manner a part of the chalk escapes, but never the whole, owing to its entanglement in the cells and textures. Persons have been known to write their names with the denuded chalk protruding from the knuckles. Sometimes the apertures close over and cicatrize, but are liable to break out again during subsequent paroxysms. Chalk stones are most common in the joints of the hands and feet, which they distort in an unsightly manner. They may, however,

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appear in any part which happens to be the seat of gouty inflammation.

Persons who are subjects of gout are also liable to gravelly complaints, and to calculus both of the kidneys and bladder. The urine is found not only to contain urea and the other solids in excess, but deposits lithic acid and lithate of soda. The nephritic complaints generally supervene after the gout has lasted some time, and the paroxysms of the two complaints rather alternate than coincide with each other.

In regard to the causes of gout, it is, in the first place, an hereditary disease. A majority of persons affected with it can trace the predisposition to their parents or ancestry. It does not follow, however, that all the children of gouty progenitors have the disease. It sometimes leaps over one generation and appears in the next, and it is frequently kept off in those who are disposed to it, by an active and abstemious life. When gout and gravel affect the same person, it often happens that some of the children inherit the one, and some the other disease, alone.

Gout rarely if ever appears before puberty.

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In the statistical accounts collected by Sir C. Scudamore, it appears that the greatest number of first attacks came on between the ages of thirty and forty. But although the number which begun in persons above forty was somewhat smaller, it is evident that if averaged upon the whole number of persons actually living, above that age, the proportion would be greater.

Gout occurs more frequently in men, than in the female sex. Yet women are by no means exempt from it, and in them it is most apt to appear after the cessation of the catamenia. The stout and corpulent, of both sexes, are more liable to it, than those of the opposite conformation.

The cause which is undoubtedly most active in the production of gout is a luxurious life, with the free use of vinous liquors. Persons who take little exercise, and indulge largely in the pleasures of the table, especially in animal food and fermented drinks, are the most common subjects of the disease. Among persons who are addicted to the excessive use of alcoholic liquids, it is observed that gout occurs much more frequently in those who consume

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wine and malt liquors, than in those who are intemperate in distilled spirits. The disease is more common in England than in this country, and occurs much more frequently among the wealthy and luxurious, than among the poorer and laborious classes.

There are various exceptional forms, under which the gouty diathesis may become apparent in the system. Sometimes the viscera become deranged, without obvious affection of the joints, constituting *irregular* or concealed gout. Thus the digestive tube may be affected with nausea, want of appetite, pain, flatulence, costiveness, or diarrhœa, acid eructations, and even vomiting. In the thorax are sometimes felt pain, dyspnœa and palpitation, and in the head, vertigo, diminution of sight and hearing, with headache, and sometimes numbness and lethargic heaviness. The spirits are excessively dejected, and the mind peevish and irritable. Sometimes the gouty inflammation attacks the eye, the fauces, or the urethra, producing symptoms imitative of various diseases.

The name of *retrocedent* gout is applied, when the disease, by a sudden metastasis, dis-

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appears at once from an inflamed joint, and attacks some internal organ with violent and alarming symptoms. The part most commonly seized is the stomach, in which there is sudden pain, with perhaps nausea and vomiting, and great anxiety and distress. The heart may also be attacked with syncope and urgent dyspnœa, or the brain with symptoms of apoplexy and paralysis.

The prognosis of gout is not unfavorable in the early stages, and so long as it keeps to the extremities. But the retrocession of the disease to the stomach, the heart, or to the brain and its membranes is fraught with considerable danger. The prevalent notion that gout secures an immunity from other diseases, is now generally admitted to be founded in error. All that can be said to be true is, that many anomalous symptoms, both local and constitutional, which depend on concealed or atonic gout, and which may have harassed the patient for a long time, suddenly give way, when the gout declares itself in the form of a regular paroxysm in the foot.

In its diagnosis gout is principally liable to

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be confounded with rheumatism. The following circumstances will serve to distinguish them. Gout affects the small joints, principally of the great toe. Acute rheumatism attacks chiefly the large ones, and often many at a time. In gout, the inflamed joint is of a vivid red color, it afterwards becomes œdematous, and ends with peeling off of the cuticle. In rheumatism the joints are less red, and the cuticle does not desquamate. Gout is more paroxysmal in its character, and alternates with intervals of ease, more than rheumatism. The chalky deposits are characteristic of gout, the acid perspirations of rheumatism. Gout is hereditary, affects the luxurious and indolent, and appears after puberty. Rheumatism is less distinctly hereditary, and may affect persons of all ages, classes and occupations.

The above diagnostic marks appear to me to constitute a legitimate distinction between the diseases of gout and rheumatism. It is but just however to state, that these distinctive characters are liable to numerous exceptions, and that some of the best French pathologists, such as Chomel, Grisolle and Requin, deny the

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diversity of the two diseases. And experienced physicians are sometimes at a loss to which of these forms of disease they shall assign particular cases which exhibit the characteristics of both.

The treatment of a first paroxysm of gout may be expectant and palliative, for it is not certain how soon spontaneous resolution will arrive, and the patient, not without reason, is taught from day to day to look for relief and restoration to health. Little, therefore, need be done except to open the bowels with some effectual laxative, and to apply flannel with camphorated oil, or some opiate liniment. But when paroxysms are protracted and very painful, or return with progressive severity, relief must be sought from such means as are in our power. Many expedients have been resorted to, a large portion of which are liable to serious objections. Immersion of the foot in cold water has afforded great relief to the pain, but is liable to drive the gout to vital organs. Bleeding has been found to mitigate the inflammatory action, but is inadmissible except in the most robust and plethoric. Leech-

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ing the afflicted joint is an useful palliative, but even this has its limits of expediency. Various purgative mixtures have in turn obtained and lost a specific reputation.

The remedy which, in the present century, has taken precedence of all others, is Colchicum. This drug, supposed to be the basis of a French gout medicine called *eau medicinale*, has justly acquired reputation for the power of putting an immediate stop to the paroxysm. Five grains of the powdered root, or three of the powdered seeds, or from thirty to forty minims of the wine of colchicum root, may be taken three times in a day by a vigorous adult. If the medicine is good, it commonly purges in twenty-four hours, and sometimes produces vomiting, with prostration of strength, small pulse, and cold perspiration. These effects give evidence of the full action of the medicine, but are not always necessary to the cure of the gouty paroxysm. They disappear after the colchicum is omitted.

But the arresting of the paroxysm does not involve the cure of the disease. This more important result requires the avoidance of the

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cause of the evil. The prevention of future paroxysms can only be expected from a careful and rigidly abstemious regimen, and this course, I am happy to believe, will be found effectual in a great majority of cases. I have known various examples of persons who had been severely and repeatedly attacked with gout, yet who have been able to ward off subsequent attacks indefinitely, by combining a life of exercise with total abstinence from vinous and stimulating drinks. This method does not always succeed in confirmed chronic gout, but in preventing the returns of the acute disease it is eminently successful. And although in certain cases where the structure and secretions have become radically changed by the arthritic diathesis, there is little hope of perfect cure from any treatment, yet in the early, and sometimes even in the advanced stages of this malady, the recurring paroxysms are postponed, mitigated, or totally prevented by entire abstinence from vinous and alcoholic stimulants. I have the happiness to be able to allude to various cases of gentlemen well known in this city, in some of whom gout has been heredi-

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tary, in others of long duration and great severity, as in those already cited on page 49, in whom an almost perfect exemption from gout, of indefinite continuance, has followed an entire avoidance of stimulating liquids.

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ON THE

TREATMENT OF INJURIES

OCCASIONED BY

FIRE AND HEATED SUBSTANCES.

BEING PART OF A BOYLSTON PRIZE DISSERTATION FOR 1812.

The application to living textures of substances which are heated beyond a certain temperature, is followed by the phenomena of pain and inflammation. The pain is of a peculiar kind, resembling that from the continued application of fire to the part; the inflammation has a great tendency to suppurate, and often leaves a contracted cicatrix.

The communication of an excess of caloric to animal bodies, whether living or dead, is followed by certain changes. Of the fluids some are coagulated, others are decomposed or even vaporized, if the heat be sufficient. The solids are in a greater or less degree expanded, disor-

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ganized or decomposed; according to their susceptibility of change and the quantity of caloric received. These processes in the living body being incompatible with its healthy condition, a morbid state of the part affected necessarily ensues. This state is marked by pain, redness, swelling, vesication, suppuration, or mortification; according to the degree and extent of the injury suffered.

The distressing effects of these injuries, when they exist in an extensive degree, are exceeded by few diseases. Very dangerous cases often occur in children, whose clothes are accidentally kindled; in intoxicated persons, who fall into the fire; and in those exposed by conflagrations, or by explosions of gunpowder, steam boilers, and the inflammable gases of mines. The peculiar appearance of a burnt surface has commonly been supposed to require a peculiar treatment; and many practitioners, instead of resorting to the general remedies of inflammation, have placed their reliance on the supposed powers of specific remedies. In this way different and opposite modes of treatment have been adopted, whose apparent success or failure at

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different times has occasioned disputes respecting their comparative efficacy. After a variety of trials have been made, and a multitude of cases detailed, the practice still remains undecided; and methods of treatment diametrically opposite enlist nearly an equal number of advocates.

The two modes of treating burns and scalds, which have recently acquired the greatest share of notice, are those of Mr. Kentish and of Sir James Earle. The former of these consists in the use of stimulant, the latter of cooling applications.

Mr. Kentish recommends that the injured surface be in the first place washed and bathed with rectified spirit of wine, spirit of turpentine, or some similar application, which has been previously heated as far as it can be borne with the finger. After this bathing has been repeated two or three times, the whole is then to be covered with plasters made of common basilicon or resinous ointment, thinned to the consistence of a liniment with spirit of turpentine. This dressing is to be continued for twenty-four hours, after which its place may be

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supplied with some less stimulating substance, such as proof spirit or laudanum, with the coldness taken off. At the end of forty-eight hours, Mr. K. observes, the inflammation will generally be found to have disappeared, at which time the part may be dressed with camphorated oil, with Goulard's cerate, or with cerate of lapis calaminaris.

The internal treatment recommended by Mr. Kentish is also stimulant. Wine, ale, alcohol or laudanum, are advised to be used according to circumstances.

Sir James Earle, in a publication, entitled 'An Essay on the Means of lessening the Effects of Fire on the Human Body,' defends a mode of treatment directly the reverse of the former. This consists of the antiphlogistic regimen internally, together with the application of cold in the form of water, snow, or pounded ice, to the part affected. Sir Walter Farquhar and Dr. Kinglake advocate the same mode of procedure; and the cases related to substantiate the happy effect of the cooling treatment are not less numerous than those in favor of the terebinthinate remedies.

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The disputes on the comparative efficacy of the foregoing plans of treatment have been agitated with so much warmth and so little impartiality, that the reader of them is like to end his inquiries in scepticism rather than conviction. Inconsistent and opposite facts are often stated, and the same cases distorted to prove both points of the dispute. For instance, the remarkable case of Boerhaave, who was violently scalded by the bursting of Papin's digester, and who got well under copious bleeding and purging, is cited by one as an instance of a speedy and fortunate cure, and by another as a tedious and difficult recovery, which might have taken place in half the time under a different mode of treatment. The source of this uncertainty seems, firstly, to consist in making practical deductions from individual or insulated cases, which do not afford sufficient room for a comparison of the effect of different remedies. Such is the idiosyncrasy of different constitutions, and so deceptive the appearance of different injuries, that it is often impossible to pronounce in what degree two cases rescmble each other, and in what degree any application has actually expe-

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dited or retarded the cure. According to the caprice or prejudice of practitioners the account of a case may be warped and colored in such a manner as to prove any point of a dispute that is wished. For example, should any one come forth as the advocate for a *negative mode* of treating burns, which should consist in letting them alone, or in leaving the process to nature; there is no doubt that in due time he would be able to collect a sufficient number of apparently satisfactory cases to answer all his purposes. The multitude of cases brought forward by Mr. Kentish and his opponents, in the aggregate, seems only to prove, that oil of turpentine and cold water are both salutary, and both pernicious, according as the practitioner who watched their influence, was under the prejudices of a favorable or unfavorable nature toward either application. A second ground of error is likewise contained in the supposition that a single and specific mode of treatment can be accommodated to all states and degrees of the injuries occasioned by fire.

It is obvious that many more cases may yet be detailed, which will not bring the question,

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in the least, nearer to a decision. Though a series of observations, by a faithful and intelligent practitioner, is entitled to respect, yet when two such courses present us with results diametrically opposite, we are justified in doubting the validity of the ground on which they are founded.

It occurred to me, that could a measure be devised, of inflicting two equal burns on corresponding parts of the same animal, which should afterward be treated with different applications, that a chance would be afforded of testing the comparative efficacy of these applications. With this view the following experiments were instituted, which, though not so numerous and complete as could have been wished, will not, it is hoped, be thought altogether inapplicable to the object for which they were attempted.

EXPERIMENT I.

The two ears of a full grown rabbit were immersed in water, heated near to the boiling point. Particular care was taken to immerse both ears at the same instant, to plunge them

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to the same depth, and to withdraw them together. In this way two scalds were obtained, as nearly as possible, equal; since they were inflicted by the same substance at an uniform temperature, applied for an equal extent and length of time to parts corresponding to each other, equidistant from the centre of circulation, and both appertaining to the same subject. The animal was now suspended on his back, with his right ear immersed in a vessel of warm water, at about 100° of Fahrenheit; the left in a vessel of cold water, having its temperature reduced by ice. In this way they continued for three quarters of an hour, the temperature of both vessels being kept as regular as possible by the occasional addition of warm water and of ice. The two ears were then wiped dry and covered with common resinous ointment.

2d day.—The right ear, to which warm water had been applied, was red and opaque, but the skin remained sound; the left was evidently more inflamed, and contained several small vesications and excoriations. The heat of both was somewhat above the natural standard.

3d day.—The cuticle had separated from

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both ears to some extent, but most from the left, to which the cold application had been made. A small slough likewise separated from this ear.

4th day. — Additional portions had separated from both ears, but most from the left.

From the fifth to the eighteenth day both ears continued in a state of ulceration. The tip of the ears having been the first part immersed, and the last withdrawn, was of course the most intensely scalded, and sloughed off from both to some extent. The left ear, which had undergone the cold treatment, suffered most by gangrene, and was several days later than the other in healing.

EXPERIMENT II.

The two ears of a rabbit were immersed in scalding water as formerly. The right ear was covered as far it was scalded with the stimulating ointment of Mr. Kentish, made of basilicon, thinned to the consistence of a liniment with oil of turpentine. To the left ear was applied a saponaceous liniment, composed of equal parts of lime water and olive oil.

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