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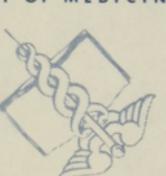
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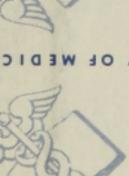
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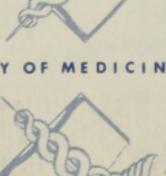
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THE
REFORMED PRACTICE OF MEDICINE,

BASED UPON THE PRINCIPLES

OF THE

CHRONO-THERMAL SYSTEM

PRACTISED BY THE

CELEBRATED DR. DICKSON, OF LONDON.

BY J. S. ROSE, M. D.

Graduate of the University of Pennsylvania of the year 1820; Honorary Member
of the Medical Society of Philadelphia; Lecturer on the
Reformed Practice of Medicine, &c. &c.

“Seize upon *truth* where'er 'tis found,
Among your friends, among your foes,
On Christian, or on heathen ground,
The flower's divine where'er it grows.”

PHILADELPHIA:

J. PENNINGTON, CHESNUT STREET, ABOVE FIFTH.

NEW YORK:

W. H. GRAHAM, TRIBUNE BUILDINGS.

1845.

THE

REFORMED PRACTICE OF MEDICINE

BASED UPON THE PRINCIPLES

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CHRONO-THERMAL SYSTEM

ENTERED, according to act of Congress, in the year 1845, by J. S. ROSE, in the clerk's office of the District Court for the Eastern District of Pennsylvania.

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CELEBRATED BY THE MEDICAL SOCIETY OF LONDON

BY J. S. ROSE, M. D.

Graduate of the University of Pennsylvania of the year 1820; Licentiate in Medicine of the Medical Society of Philadelphia; Lecturer on the Reformed Practice of Medicine, &c. &c.

The doctor's duty is to cure, not to grow.
On the skin, or on the bottom ground,
Among the beds, among the beds,
I see upon the water, the land.

King & Baird, Printers, 9 George Street.

PHILADELPHIA:

BRUNNINGTON, CHESTNUT STREET, ABOVE FIFTH

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W. H. GRAHAM, TRIBUNE BUILDING

1845

PREFACE.

THE Science of Medicine, like the Doric Column, should stand *simple, pure, and majestic*, having *fact* for its basis, *induction* for its pillar, and *truth* alone for its capital.

The life of a good physician is one of toil and privation from the beginning to the end of his career; and the more eminent he becomes, the greater are his anxieties and fatigues. Unlike men of other professions, age does not exempt him from labour, nor does wealth allow him leisure; be he rich, or be he poor, he must give his services by day and by night, and often without fee, or even the reward of sympathy.

He holds a mysterious power over the minds of his patients; they willingly put their life in his hands, and they trust he will be merciful. He is merciful; for, scorning the base practice of reducing a man to the verge of the grave that he may show his skill in bringing him up again, he uses some simple, yet effectual remedy, and the case is dismissed. He is sparing of the lancet in what are called bilious attacks, for he knows full well how careful nature is to preserve the blood. His skill teaches him that to draw this vital pabulum from the system while the biliary ducts are in a sluggish state, is to endanger life.

Our good physician is not a gossip; he speaks not of what passes in the sick chamber; he tells no anecdotes, nor betrays

confidence; you can trust him as if he were your father. But there *are* medical gossips, and heaven help the patients! for their aches and their pains, their foibles, and worse than all, their poverty, are exposed to all who will listen.

Merchants have clerks of various grades, assisting them in every effort they make; the mechanics have their workmen; the men of the bar have assistants, who do their drudgery; and the clergy have their wardens and their vestry, all of whom take off the burdensome part of their labours. But the physician has to depend upon himself alone—he has no help—he must think and act without the aid of menial or equal, for it is *life* that he is to save.

It will be said that he, also, has relief, for that the *nurse* follows his direction and administers the medicine which he prescribes. If this were so, he might indeed rejoice; but experience teaches us that this is error. When the merchant finds that his affairs are going wrong, owing to incapacity, or want of good principles of his clerks, he dismisses them, and recovers of the blunders they made. But when the nurse disobeys the orders of the physician, it then requires the help of Heaven to remedy the evil.

The good physician, therefore, has to contend with disease, with refractory and thoughtless patients, and with the ignorance and bad principles of nurses. We cannot conceive of a more responsible or more wearisome profession than that of a physician—one who has a conscience—one who knows and feels, every hour of his life, that the eye of God is watching his motions.

Men of business settle their accounts at the end of a week, a month, or a quarter; but the physician humbly waits for twelve months, and sometimes longer; yet his bill *always* comes too soon, and it is *always* considered as extravagant. Independently of this, he is expected to visit the poor gratis, and cure the servants and poor relations of the family he visits gratis—in short, gentle reader, if you have a good physician, and his bill lies on your desk still unpaid, reflect upon

all his cares, his labours, and, in fact, his trials, and cheerfully pay him his just demands.

The improvement of medical science should be the study of all who embark in the profession: Rush knew more of the nature of consumption than most of the doctors of the present day. Had his system been continued in the schools, with the general improvements that time has produced, we should now not be so much annoyed by Thomsonians, Brunonians, Broussaisans, &c. &c. &c., but would have the true chronothermal practice adopted, to the exclusion of all humbug, and for the general welfare of all mankind. Rush was unitarian in medicine, and well knew the effect of time and temperature.

But how can the science of medicine be advanced, when those who would improve it by a steady, persevering, and determined zeal, are continually cried down by usurpers, whom chance has elevated for a time to the high seats in science, (and whose giddy heads, from their unnatural position, are continually vacillating and changing about, apeing novelty, and constantly misleading the student,) shall be continued as professors.

These professors invite many to the study of physic whom Nature intended for a very different pursuit; and so long as this system of teaching continues, we shall find genuine practice in the hands of the few. Until the system of teaching I have hinted at in page 166 be adopted, we shall have much weakness in the medical ranks.

There are many brilliant men in the medical profession, I admit, but their brilliancy did not show itself until they had shaken off the errors of the schools, and reflected for themselves.

But as soon as such men make discoveries, and systematize a practice of their own, they are hooted at by professors during their lives, and their practice adopted after their demise. Socrates says, that previous to his being declared the wisest man living by the Delphic Oracle, he had but few ene-

mies, but after that, from envy and jealousy, their name was legion. Ultimately, by them he was compelled to drink the poisonous draft.

“Envy never smiles but when the wretched weep,
Nor lulls her malice with a moment’s sleep,
Restless in spite, while watchful to destroy,
She pines and sickens at another’s joy.”

The inspired book says:—“Anger is cruel and wrath outrageous, but who is able to stand against envy.” Let a young man who wishes to enjoy a manifestation of the *agents* of envy and jealousy, which are *falsehood* and *slander*, make a brilliant discovery, which may give him reputation, success, and fortune above his compeers, and he will have enemies swarming around him, like the locusts of Egypt, or the wasps in the fable, who in court demanded the honey that was found as theirs, and their own manufacture, which was claimed by some bees, because their *bellies* were larger, and they were connected to their heads by a similar contracted point as the bee’s. But a man who has not such enemies is unworthy of notice.

In the beginning of my practice I was in the habit of writing prescriptions, but for the past few years I have prepared all my remedies, and would recommend this course to all practitioners. By this plan you can improve in compounds until you may ultimately obtain specifics for all diseases; this has been my aim, and I am flattered in the result.

In *consumption*, to remove irritability and strengthen the body, I rely on the prophylactic syrup, the cough syrup, and breathing-tube. In all forms of *fever*, on my vegetable anti-dyspeptic pills and tonic fever mixture. In stomach diseases, on my anti-dyspeptic vermifuge and tonic alterative pills. In *scrofula*, I rely *decidedly* on the prophylactic syrup, and in all chronic diseases, upon these medicines singly or combined.

In diseases of the heart, on my nervous cordial and tonic alterative pills.

In bronchitis, on the cough syrup and fever mixture, with the powder for bronchitis.

In all cases of fever, the tonic fever syrup and vegetable anti-dyspeptic pills.

To prove my work on consumption (published in 1841) correct, I have introduced the following plates, representing the *curable* and incurable stages of consumption.

The plates will show the state of the lungs in the curable and incurable condition, taken from persons who died of other diseases.

Plate I, fig. 1, represents a section of the upper portion of the right lung, with diseased glands called tubercles on the upper surface *c, b, c*, and an excavation by softened tubercles, *d*, cicatrized or healed up. This subject died of cholera, after being well for three years. Fig. 2, the left lung, with small tubercles, *a, b, c, d, e, f, g, h*, in the interior.

Plate II, fig. 1, represents the upper portion of a lung taken from a subject who died of typhus fever, with tubercles in the upper part of the right lung, *a, b, d, e, f, c*, the bronchia; fig. 2, the opposite lung, with tubercles, *a, b, c, d, e*. This patient had a dry cough some years before death, but never suspected consumption, or my cough syrup would have produced a different state upon inspection.

Plate III. represents the lung hepatized or solid, like the liver, *a, b, c, d, e*, small spots of ulceration; this state is incurable, although a man may live a long time if the opposite lung remains sound.

Plate IV, fig. 1, represents the subject from whom this lung was taken; the left side of the chest contracted, the right lung filled with small tubercles, portions of it represented in figs. 2 and 3.

As I have never yet seen consumptive symptoms follow cold or catarrh treated by my cough syrup, I am naturally inclined to place great reliance on its use, and consequently recommend it above all other expectorant mixtures for colds, &c.; a trial will convince the most sceptical of this fact.

But my object in writing this work is to correct the general practice of medicine, and thereby render chronic diseases and consumption rare. I have combined my views with those of the celebrated Dr. Dickson, of London, which renders the system complete. We shall no doubt meet with many objections from the profession, but, like him, I may quote, in the stubbornness of my belief, proven by twenty-five years constant success,

“ ——— Though I hope not hence unscathed to go,

Who conquers me shall find a stubborn foe!

The time hath been when no harsh sound would fall,

From lips that now would seem imbued with gall,

Nor fools nor follies tempt me to despise

The meanest thing that crawls beneath mine eyes;

But now, so callous grown, so changed since youth,

I've learned to *think*, and sternly *speak* the truth,—

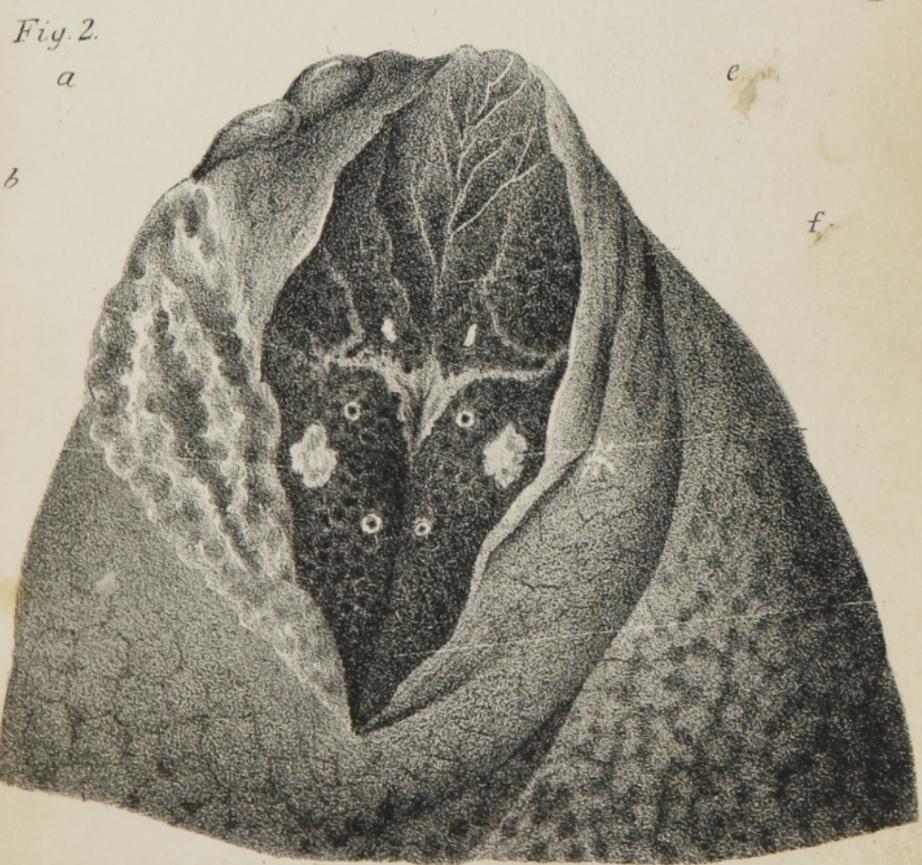
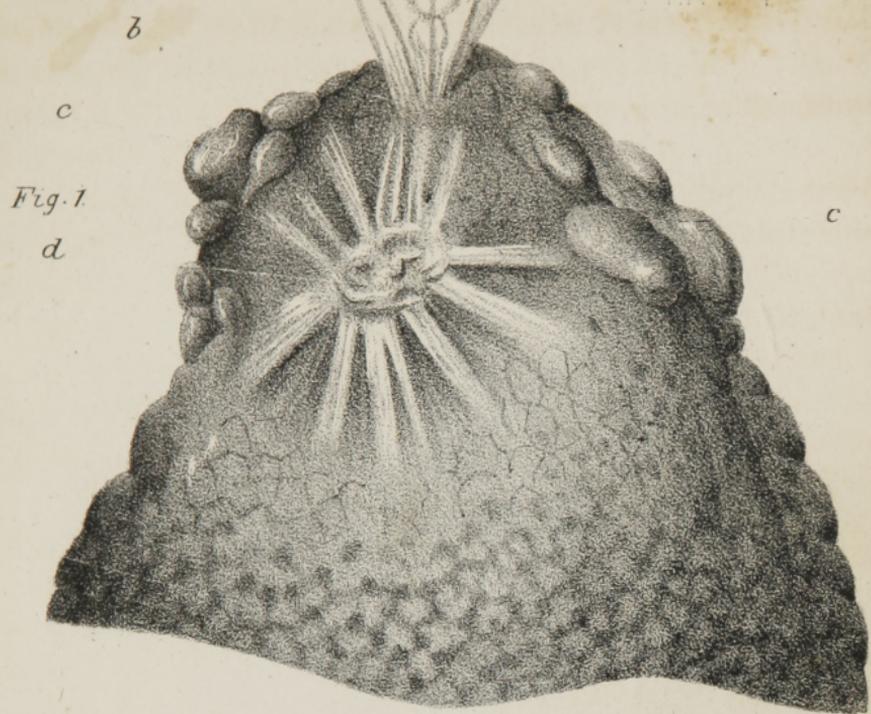
Learned to deride the currier's starched decree,

And break him on the wheel he meant for me;

To spurn the rod a scribbler bade me kiss,

Nor care if courts or crowds applaud or hiss.—”

To those who would ask who should study medicine, I would say, read the 38th chapter of *Ecclesiasticus*.



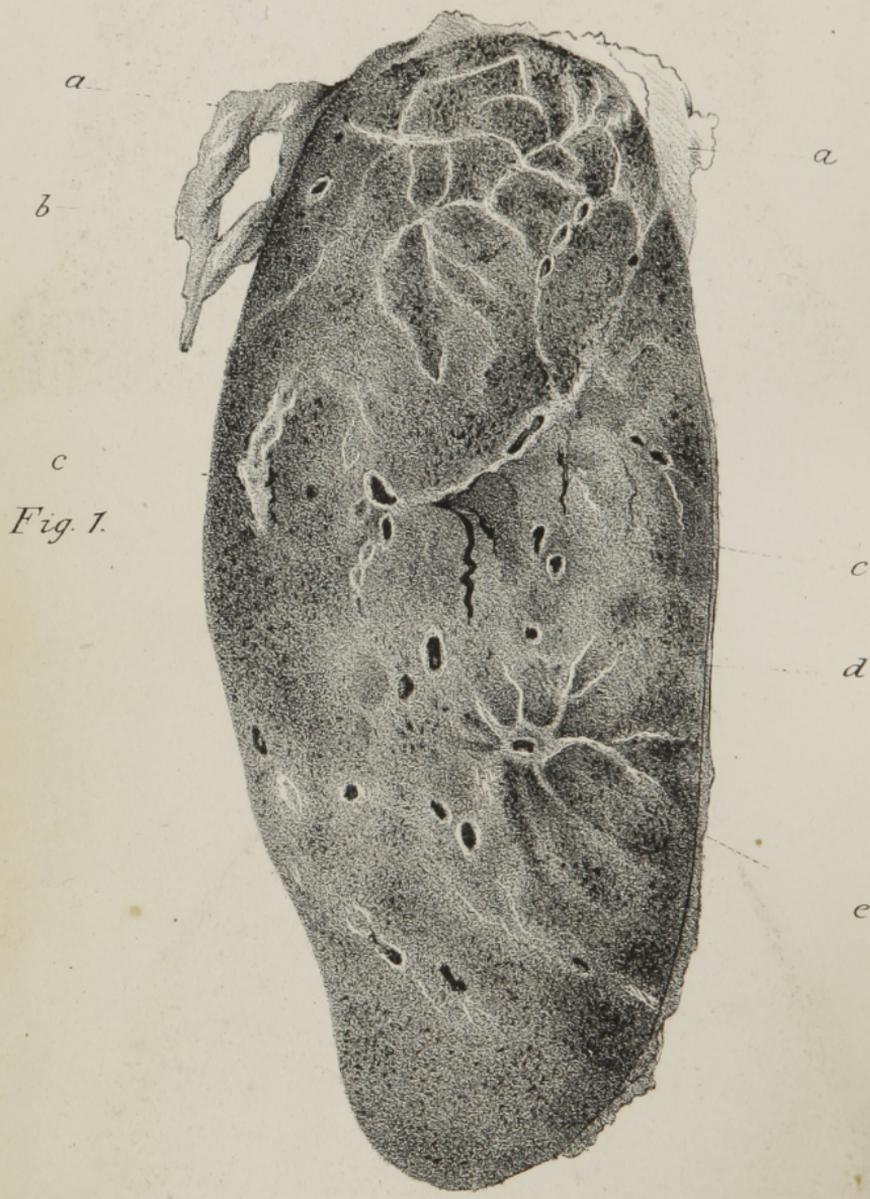


Fig. 1.



Fig. 1

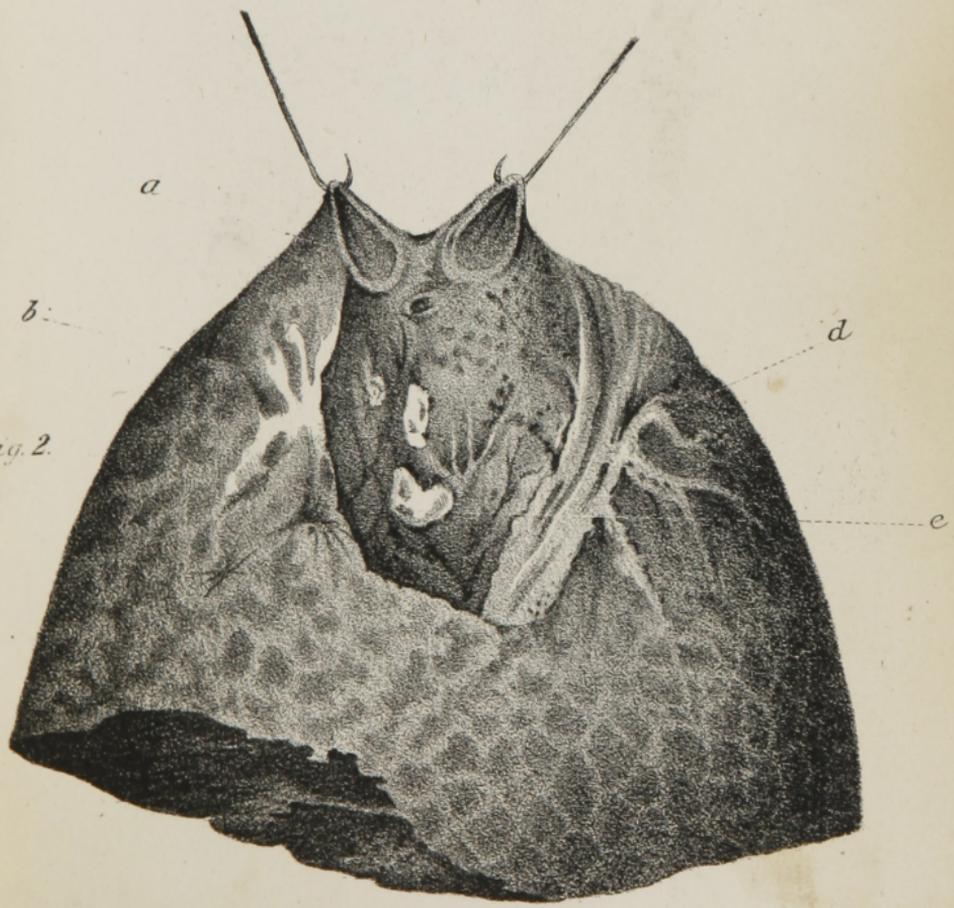


Fig. 2

Fig. 1.

a

b

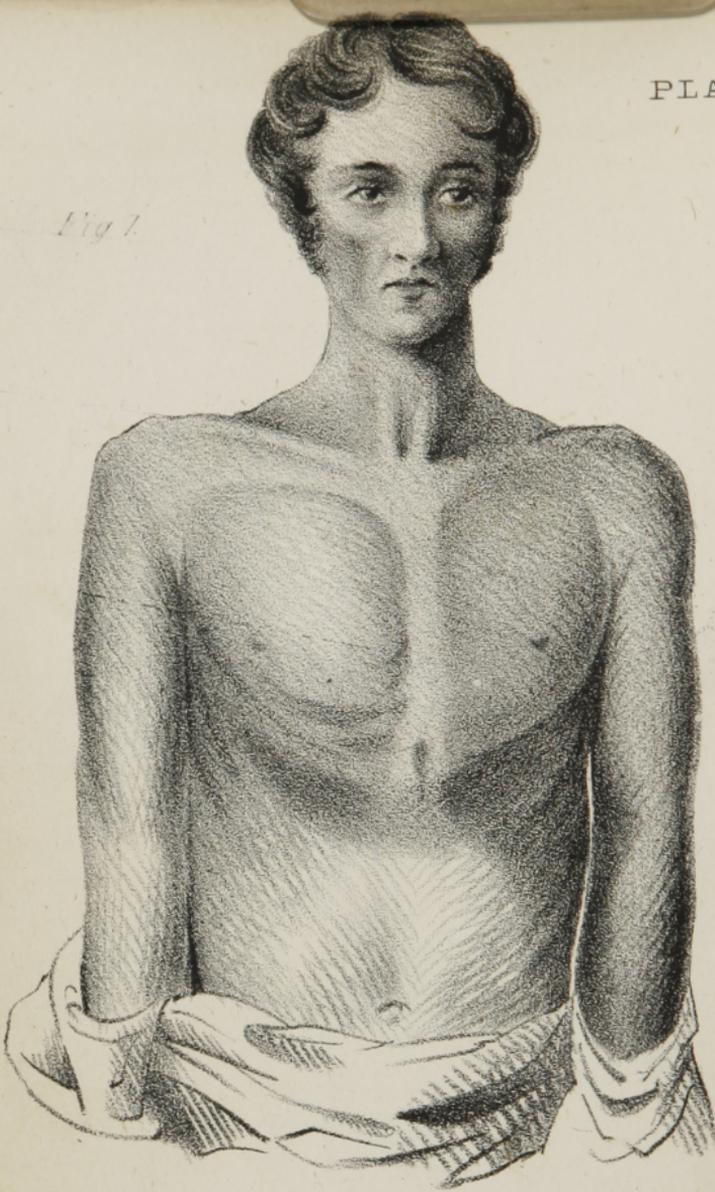


Fig. 2.



Fig. 3.



INTRODUCTION

TO THE

CHRONO-THERMAL PRACTICE OF MEDICINE.

WE daily hear of the march of intellect, of the progress and rapid perfection of many branches of arts and sciences, and we are disposed to ask, has medical science kept pace with other sciences; has it excelled them in rivalry of improvements; or has it fallen short?

To solve this question satisfactorily, we must look a little deeper than surface, for *truth*, as the ancients said, lies in a *well*; meaning thereby that few people are deep-sighted enough to discover it.

In the case of medicine, we must neither be mystified by the boasting assertions of disingenuous teachers, or suffer ourselves to be misled by the constant misrepresentations of the medical press; for these publications are, for the most part, little better than positive nonsense, and often, like the false representations of most doctors, do vilify and cry down any discoveries or truths that shade or militate against the schools they are employed to serve.

The late Sir William Knighton, of London, was at the head of his profession; joining, as he did, much wisdom and sagacity to a competent knowledge of the medical science of his age, his opinion may be worth knowing, more especially as it was given in private, and at a period when he had ceased to be pecuniarily interested in its practice. In one of his private letters, published after his death, he thus delivers himself:

“It is somewhat strange, that though in many arts and sciences, improvements have advanced in a step of regular progression from the first, in others it has kept no pace with time; and we look with wonder back on ancient excellence,

not always unmixed with awe. Medicine seems to be one of those ill-fated arts whose improvement bears no proportion to its antiquity. This is lamentably true; the *materia medica* has been enlarged, chemistry better understood, anatomy better taught, and yet the *healing* art has advanced but little."

Dr. James Gregory, a man accomplished in all the science and literature of his time, was for many years the leading physician of Edinburgh; but he nevertheless held his profession in contempt, while so many individuals were cured of diseases, (by medical men of genius, who were obscure on account of their not holding professional chairs,) although those diseases had been pronounced incurable by some professors. When Gregory visited London, the faculty were curious to know his opinion of the man who then swayed the medical sceptre of the great metropolis; and after introducing him to the great Dr. Baillie, they asked his opinion of Baillie's medical knowledge. "Baillie, he replied, knows nothing but physic;" in revenge for which, Baillie wittily rejoined, "Gregory knows every thing but physic." But what was Baillie's own opinion of his profession after all? I do not now allude to his language during the many years he was in full practice; then, doubtless, with the multitude that thronged his doors, he really believed he knew much, and like many of the two-horse gentry of our own city, might say with Richard the Third, "If they will have me king, why let them crown me." But what was Baillie's opinion after he retired from practice? Then, without the slightest hesitation, he declared he had no faith in physic, or such as he had been taught.

You must not from this suppose that the fortunate doctor intended to say that the world had been dreaming when it believed that opium could produce sleep, mercury salivate, and rhubarb purge. No such thing; or that we could not cure consumption: he only intended to say that he could not or that he did not understand the manner of the action of remedies, or the principle upon which they acted; that he was ignorant of the nerves, the vital principle, &c. Now what would you think of a sailor who would express himself in the same way in regard to the rudder and compass, who would tell you that he had no faith in either instrument as a guide to steer a vessel by?—why certainly that he knew nothing of the profession by which he got his living. And such really was Baillie's case. The great bulk of mankind measure the professional abilities of individuals solely by their degree of reputation, forgetting Shakspear's remark,

that a name is very often got without merit, and lost without fault.

That Baillie actually attained to the eminence he did, without any great desert of his, what better proof than his own declaration? a declaration which fully bears out what Johnson tells us in his *Life of Akenside*, "A physician in a great city seems to be the mere plaything of fortune; his degree of reputation is for the most part casual; they that employ him know not his excellence, they that reject him know not his deficiency." But still, as some of you may ask, how could Dr. Baillie, in such a blissful state of ignorance or uncertainty contrive to preserve for so long a period his high position with the profession? This I take to be the true answer—the world, like individuals, has its childhood; when knowing nothing, it may fairly be excused for believing every thing. When Baillie began practice, the profession were slowly and tardily groping their way in the dark: a few practical points they of course knew; but of the true principle of the application of those points, they were (as I shall show you in the course of this work) entirely ignorant. Most of them were therefore very ready to follow any one of their own number or clique who should most lustily cry, EUREKA—I have found it; that was what Baillie did. At the commencement of his career, few medical men opened the bodies of their dead patients: for Sydenham, the great English Hypocrates, had long before ridiculed the practice. It was, therefore, all but in disuse, and all but forgotten, when Dr. Baillie published his work on morbid anatomy—a book wherein, with a praiseworthy minuteness and assiduity, he detailed a great many of those very curious appearances so often found in dissection. Had he stopped here, Dr. Baillie would have done medicine some little service; but by doing more he accomplished less; more for himself, less for the public, for by teaching that the only way to learn the cure of the living was to dissect the bodies of the dead, he put the profession on a wrong path—one from which it will be long before the unthinking majority can be reclaimed. In the earlier part of his career, Baillie, it is only fair to suppose, believed what he wrote, though by his after declaration he admitted himself wrong. His arguments nevertheless succeeded but too well with the profession: proving the truth of Savage Landor's observation, that in the intellectual as well as the physical, men grasp you firmly by the hand, creeping close at your side, step by step, while you lead them into *darkness*, but when you lead them into

sudden light, they start and quit you!" To impose upon the world is to secure your fortune, to tell it a truth it has not known before, is to make your ruin equally sure. How was the exposition of the circulation of the blood first received? Harvey, its discoverer, was persecuted through life: his enemies in derision styled him the *circulator*—a word in its original Latin signifying vagabond or quack. And their efforts to destroy him were so far successful, that he lost the greater part of his practice through their united machinations. "Morbi non eloquentia sed remediis curantur," is an observation some of you may have met with in reading Celsus, and as there are many non-medical persons present, I will translate it: Diseases are cured by remedies, not by rhodomontade. Yet, strange to say, the generality of great professors who have successively obtained the public ear since the time of the Roman physician, have been most inveterate against every thing savouring of innovation in the shape of remedies. Teachers of medicine, or lecturers if you please, that have their several seats in our several medical schools, are sufficiently employed in teaching what is already known, and aiming at eloquence, lose all originality. Professors seldom have much genius or much spirit for experimental inquiry, and consequently only retail or teach that which is already known; their senses are shut against all improvement, and they are the first to cry down important discoveries. I will give you some instances of this, and begin with some of the earliest.

When a limb is amputated surgeons, to prevent their patient bleeding to death, as you all know, tie the arteries. This is now common, and one who neglects this practice in our day, would be called a fool. But in the time of Francis the First, they followed another fashion; then and formerly they stopped the blood by applying boiling pitch to the surface of the stump. Ambrose Paré, principal surgeon to that king, introduced the ligature as a substitute. He first tied the arteries, which is at this time the common practice. Mark the reward of Ambrose Paré; he was hooted at and howled down by the Faculty of Physic, who ridiculed the idea of hanging life by a thread, when boiling pitch had stood the test of centuries. Corporations, colleges, or coteries of whatsoever kind, seldom forgive merit in an adversary; they continued to persecute him with the most remorseless rancor; luckily he had a spirit to despise and a master to protect him against all the efforts of their malice. What physician now-

a-days would dispute the value of antimony as a medicine? Yet when first introduced, its employment was voted a crime. But was there no reason for this? Yes, it was introduced by Paracelsus, the arch enemy of established practice.

At the instigation of the college, the French parliament accordingly passed an act making it penal to prescribe it. To the Jesuits of Peru protestant England owes the invaluable bark; how did protestant England first receive this gift of the Jesuits? Being a Popish remedy, they at once rejected the drug as the invention of the father of all papists, the devil. You are all well acquainted with the efficacy of Peruvian bark at this period. In 1693 Dr. Groenveldt discovered the curative power of cantharides in dropsy; what an excellent thing for Groenveldt, excellent indeed: for no sooner did his wonderful cures begin to make a noise, than he was at once committed to Newgate prison by warrant of the president of the College of Physicians for prescribing cantharides internally. Blush most sapient College of Physicians; your late president, Sir Henry Hallford, was a humble imitator of the ruined Groenveldt!

Before the discovery of vaccination, inoculation for small pox was found greatly to mitigate that terrible disease. Who first introduced small pox inoculation? Lady Mary Montague, who had seen its success in Turkey. Happy lady—rank, sex, beauty, genius—these all, doubtless, conspired to bring the practice into notice. Now listen to Lord Wharncliffe, who has written her life, and learn from his story this terrible truth, that *persecution* ever has been and ever will be, the only reward of the benefactors of the human race. “Lady Mary,” says his lordship, “protested that in the four or five years immediately succeeding her arrival at home, she seldom passed a day without repenting of her patriotic undertaking; and she declared she never would have attempted it if she had foreseen the vexation and persecution it brought upon her. The clamours raised against the practice and of course against her were beyond belief. The faculty all rose to a man, fore-telling failure and the most disastrous consequences; the clergy spoke of the impiety of their seeking to take events out of the hands of Providence; and the common people were taught to hoot at her as an unnatural mother, who had risked the lives of her own children. We now read in grave medical biography, that the discovery was instantly hailed, and the method adopted, by the profession. Very likely they left this on record, for whenever an invention

or a project, and the same may be said of persons, has made its way so well by itself as to establish a certain reputation, most people are sure to find out that they always patronized it from the beginning, and a happy gift of forgetfulness enables many to believe their own assertion. But what said Lady Mary of the actual fact at the actual time. Why, that the four great physicians deputed by government, betrayed not only such incredulity as to its success, but such an unwillingness to have it succeed, such an evident spirit of rancour and malignity, that she never cared to leave the child alone with them one second, lest it should suffer, in some secret way, from their interference."

How was the still greater discovery of the immortal Jenner received—Vaccination? Like every other discovery, with ridicule and contempt. By the Royal College of Physicians, not only was Jenner persecuted and oppressed, but long after the benefits which his practice had conferred upon mankind had been universally admitted, the pedants of that most pedantic body, refused to give him their license to practice his profession in London, because, with a proper feeling of self-respect, he declined to undergo at their hands a school-boy's examination in Greek and Latin. The qualifications of the schoolmaster, not the attainments of the physician; the locality of study, rather than the extent of information possessed by the candidate, were, till very lately, the indispensable preliminaries to the honours of the College. Public opinion has since forced them to a more liberal course. But to return to Jenner, even religion and the Bible were made engines of attack against him. From these, Errhman, of Frankfort, deduced his chief grounds of accusation against the new practice; and he gravely attempted to prove, from quotations of the prophetic parts of Scripture, and the writings of the fathers of the Church, that vaccination was the real *anti-Christ*. Can you wonder then that medicine should have made so little progress, if those only make fortunes by it who know nothing more than the jargon and crudities that pass for medical *science* with the vulgar? How true are the words of the son of Sirach—"After searching the world he returned and saw under the sun, that there was neither bread to the wise, nor riches to men of understanding, nor favour to men of skill."

The ancients endeavoured to elevate physic to the dignity of a science, but failed. The moderns, with more success, have strived to reduce it to a trade. Till the emoluments of

those who practice the art cease to depend on the amount of medicine they mercilessly inflict upon their deluded patients—till surgeons shall be something more than mechanics, and physicians other than the friends of apothecaries—till the terrible system of collusion, which at present prevails under the name of a good understanding among the different branches of the profession, be exposed, the medical art must continue to be a source of destruction to the many, a butt for the ridicule of the discerning few. The wits of every age have amused themselves at the expense of the physician; against his science they have directed all the shafts of their satire, and in the numerous inconsistencies and contradictions of its professors, they have found matter for some of their richest scenes. Molière, so long the terror of the doctors of Paris, makes one of his *dramatis persona* say to another, “call in a doctor, and if you do not like his physic, I’ll soon find you another who will condemn it.” Rousseau showed his distrust of the entire faculty when he said, “Science which instructs, and physic which cures us, are excellent, certainly; but science which misleads, and physic which destroys, are equally execrable; teach us how to distinguish them.” Equally sceptical and rather more sarcastic in his satire of the profession was Le Sage: “Death,” says he, “has two wings; on one are painted war, plague, famine, fire, shipwreck, with all the other miseries that present us at every instant with a new prey. On the other wing you behold a crowd of young physicians about to take their degree before him; Death, with a demon smile, dubs them doctors, first making them swear never to alter in any way the established practice of physic.” But it was not Le Sage only who laboured to expose the fallacies of medicine, as it has been taught. Lock, Smollet, Goldsmith, all three physicians, held their art in contempt. To say nothing of Byron, Hazlitt, and others, who were equally severe on medical professors. Byron anathematised the science as the destructive art of healing, and when writing to a friend the details of a fever, from which he had suffered, he tells him, “I got well by the blessings of barley water and refusing to see my doctor.” Do you think all these great men were inferior in observation and reflection to the herd of apothecaries and doctors that swarm in these times, who claim all discoveries as theirs?

But so completely at variance with each other, are even the greatest *medical* authorities, on every subject in medicine, that I do not know a single disease in which you will find any

two of them agreeing. Take, for example, pulmonary consumption. The celebrated Stohl attributed its frequency to the introduction of Peruvian bark. The equally celebrated Morton, considered bark an effectual cure. Reid ascribed the frequency of consumption to the use of mercury; Brillonèt asserted that it was only curable by that mineral. Rush said it was an inflammatory disease, and should be treated by bleeding, purging, cooling medicine, and moderate living; and Salvadori maintained that the disease was one of debility, and should be treated by tonics, stimulating remedies, and a generous diet. Galen, among the ancients, recommended vinegar as the best prophylactic or preventive of consumption; Desault, and other modern writers, assert that consumption is often brought on by the common practice of young people taking vinegar to prevent getting fat. Dr. Beddoes recommended foxglove as a specific in consumption, while Dr. Parr, with equal confidence, declared that foxglove was more injurious than beneficial! Now, what are you to infer from all this? Not, as some of you might be tempted to believe, that the science of medicine is deceptive, or incomprehensible throughout, but that its professors have to this very hour neglected to make themselves acquainted with the true principles upon which all their remedies act, and often know as little of the true nature of the diseases, whose treatment they so confidently undertake; and what must be the daily, the hourly result of this terrible ignorance and uncertainty? In the words of Frank, "*Thousands are slaughtered in the quiet sick room.*" "Governments," continues the same physician, "should at once either banish medical men and their art, or they should take some proper means, that the lives of people may be safer than at present, when they look far less after the practice of this dangerous profession, and the murders committed in it, than after the lowest trade." To the medical men of our own city, who took an active part in the cholera of 1832, I would say, reflect on the words of Frank. See preface to "*Rush's Hamlet.*"

"If false facts," says Lord Bacon, "be once on foot, what through neglect of examination, the countenance of antiquity, and the use made of them in discourse, they are scarce ever retraced." The late Professor Gregory often declared, that there was more falsehood than fact in the present system of medical teaching, and that most of the doctrines put forth were little better than positive nonsense. This, I think, we shall prove; in the meantime, we may observe, that nothing

can more clearly explain the difficulties which beset the student of physic; for who can understand nonsense, and when clothed in phrases which now admit one sense now another, what so difficult to refute? "Nothing," says Sir Humphrey Davy, "has so much checked the progress of philosophy, as the confidence of teachers in delivering dogmas as truths, which it would be presumptuous to question. It was this spirit which for more than ten centuries made the crude physics of Aristotle the natural philosophy of the world. It was this spirit which produced the imprisonment of the elder Bacon, and the recantation of Galileo. It is this spirit, notwithstanding the example of the second Bacon, assisted by his reproof, his genius, and his influence, which has, even in later times, attached men to imaginary systems,—to mere abstracted combinations of words, rather than to the *visible* and *living* world; and which has often induced them to delight more in brilliant dreams than in beautiful and grand realities." Imposed upon by these abstracted combinations of words, we find it difficult to divest ourselves of the erroneous and mystical distinctions by which our teachers have too often endeavoured to conceal their own ignorance:—"for in the physical sciences," says Sir Humphrey Davy, "there are much greater obstacles in overcoming old errors than in discovering new truths—the mind in the first case being fettered; in the last perfectly free in its progress." To say that any one class of opinions shall not be impugned, that their truth shall not be called in question, is at once to declare that these opinions are infallible, and that their authors cannot err. What can be more egregiously absurd and presumptuous? It is fixing bounds to human knowledge and saying men cannot be benefited by experience, or wiser in future than they are to-day. The vanity and folly of this conclusion is sufficiently evinced by the history of religion and philosophy. Great changes have taken place in both, and what our ancestors considered indisputable truths, their posterity discover to be gross errors. To continue the work of improvement, no dogmas, however plausible, ought to be protected from investigation.

In the early history of every people, we find the priest exercising the functions of the physician. Looking upon the throes of disease as the workings of devils, his resource was prayer and exorcism; the maniac and epileptic were termed by him *demoniac*, and when a cure was accomplished the demon was said to be cast out. Even now the traces of this

clerical influence are not extinct in England ; for though their churchmen have long ceased to arrogate to themselves the exclusive right, as well as the exclusive power of healing, an Archbishop of Canterbury is still permitted, by the laws of his country, to confer degrees in physic. And while diplomas may be bought for forty dollars, after attending two full courses of medical lectures, and graduates conceive they know as much as those few physicians who (devoted from the beginning to their profession,) have tested, settled, and improved their practice by twenty or thirty years experience ! we shall constantly have disputes, contentions, and differences, simply because experience may teach us errors and how to avoid them.

We are told by the ingenious John Brown, that he wasted more than twenty years in learning, teaching, and diligently scrutinizing every part of medicine. The first five he passed in hearing others, studying what he had heard, implicitly believing it, and entering upon the possession as a rich and valuable inheritance. In his next five he tried to explain the mysteries he had been taught, to classify, arrange and polish the several particulars, and give them a new face. During the next equal space of time, because no part of it had succeeded to his mind, he became cold upon the subject, and with many eminent men, and even with the vulgar themselves, began to deplore the healing art as altogether uncertain and incomprehensible. All this time passed away without the acquisition of any advantage, and of that which of all things is most agreeable to the mind, the light of truth ; and so great so precious a portion of the short-lived age of man was lost. It was only between the fifteenth and twentieth year of his study, that, like a traveller in an unknown country, wandering in the shade of night after losing every trace of his road, a very obscure gleam of light, like that of the first break of day, dawned upon him.

It was my good fortune to be early staggered with the inadequacy of the received doctrines either to explain disease or cure it. I therefore determined to read anew the book of nature, and study it by the light of such common sense as God, in his goodness, had given me, rather than trust any longer to the reports of fallacious commentators. To this investigation I came with a different spirit from that with which I entered the schools of physic. In my noviciate I yielded implicit faith to my teachers ; in my later researches after truth, I have often had to guard myself as much against

a too rigid scepticism of their facts, as too great contempt of their opinions. With Lord Bollingbroke I can truly say, "few men have consulted others, both the living and the dead, with less presumption and in a greater spirit of docility than I have done. And the more I have consulted the less I have found of that inward conviction on which a mind that is not absolutely fixed can rest. I thought for a time this must be my fault. I distrusted myself, not my teachers—men of the greatest name, ancient and modern; but I found at last it was safer to trust myself than them, and to proceed by the light of my own understanding, than to wander after these *ignis fatui* of philosophy."

After a long and diligent scrutiny of *Nature* in this spirit, I have at last been able to place before you a system of the *healing art*, which, when its unity of principle and universality of application have been fairly tested, will contrast somewhat curiously with the contradictory opinions and pretensions of the schools, but will, I hope, by the superiority of its principles, tend to rescue physic and physicians from the obloquy and contempt with which the more thinking part of the public have too long looked upon both, and bring back that confidence so requisite for public success, by opening the public eye to the delusions of Homœopathy, Hydropathy, Stomach Punching, Witchcraft, Animal Magnetism, &c.

I shall also prove to you, satisfactorily, that by my system of practice there are no diseases incurable; that they are only so in certain stages.

Look at our daily bills of mortality, and you will find victims to every disease in the nosological catalogue. You will not there find all the deaths produced by what the mass of physicians call incurable diseases, such as cancer, dropsy, consumption, &c., which are in reality only the fatal end of badly treated fevers, resulting in a debilitated and deranged condition of the healthy functions, but you will also find there ague, bilious fever, continued fever, epilepsy, rheumatism, gout, pleurisy, catarrh, croup, bowel complaint, heart, liver, stomach, kidney, skin and bone diseases, arranged among the causes of death. Then we must suppose them all incurable, for what better proof have we to look for than the fact of meeting with them in our bills of mortality? Yes, they were incurable—but, thank heaven,* only by the practice that has been followed, not by that plan of practice I am about to develop: a practice tested by the best physicians, and acknowledged by the most thinking philosophers.

* We should be thankful to our God for every blessing.

In this book it shall be my business to prove to you the *unity* or *identity* of all morbid action, the *unity* and identity of the source of power of the various agencies by which diseases of every kind can be caused and cured. "The universe," says an eminent foreigner, "to him who should have sufficient comprehension to behold it at a single view, would only appear one great one mighty truth." And in the same spirit Sir James McIntosh observes, "the comprehensive understanding discovers the *identity* of facts which seem dissimilar, and binds together into a system the most apparently unconnected and unlike results of experience."

Beware then of differences, of division; for divisions, as Lord Bacon well observes, "only give us the husk and outer parts of science, while they allow the juice and *kernel* to escape in the splitting." And from this you may learn not only the absurdity of nosological distinctions and divisions, but also the utter nothingness and vanity of the many disputes that daily occur in practice, whether disorders resembling each other and amenable to the same treatment should be called by one name or another. In the language of Hobbes, "*words* are wise men's counters, they do but reckon by them; but they are the money of fools that value them by the authority of an Aristotle, a Cicero, a Thomas Aquinas, or any other doctor whatsoever."

More than 2300 years have now elapsed since Hippocrates very distinctly announced the unity of all morbid action—"Omnium morborum unus et idem modus est." The type of all diseases is one and identical. These are his words and my doctrine, the cause upon which unprejudiced and disinterested posterity will one day pronounce a verdict in my favour; for the evidence I shall produce in its support will be found to be as perfect a chain of positive and circumstantial proof as was ever offered to human investigation.

What Johnson said of poets is equally applicable to physicians—"The first, whoever they be, must take their sentiments and descriptions immediately from knowledge; their descriptions are verified by every eye, and their sentiments acknowledged by every breast. Those whom their fame invites to the same studies, copy partly them and partly nature, till the books of one age gain such authority as to stand in the place of nature to another, and imitation, always deviating a little, becomes at last capricious and casual." It is in this manner that the descriptions of disease in our nosological catalogue have become a mere tissue of unnatural

division, not to say of the most obvious contradictions, if the words in which they are conveyed have, in many instances, any meaning at all. What then shall we say of reasoning founded upon facts which are no facts, or mere assumption which have no foundation in nature. The schools of Egypt and Arabia, the eminent men of Greece and Rome, the great anatomical teachers and philosophers of the middle ages, knew not the circulation of the blood. How wild their theories, how fanciful their hypotheses, may be imagined from the fact of their naming certain blood-vessels arteries, or air-vessels—tubes which you have only to wound to see them pour out the living current in jets, were for ages supposed to contain not blood, but air. What innumerable fallacies must have entered into reasoning founded on such premises! yet it was not till the seventeenth century that the illustrious Harvey demonstrated the true nature of the arteries, and the manner in which the blood circulates through the body. The immediate reward of his discovery was calumny, misrepresentation, and loss of his professional practice. The same College of Physicians, who in after years opposed the improvements of Montague and Jenner, made the circulation of the blood the subject of their bitterest satire. Not content with slandering the character of its discoverer, the more venal and vile of his medical brethren made it a pretext for declining to meet him in consultation. Harvey lived, nevertheless, to neutralize the malice of his enemies, and became the physician to the two first English kings of the Stuart race, James and Charles.

For upwards of ten centuries had the false philosophy of Aristotle enslaved the minds of the whole civilized world, so that time is no sure test of a doctrine, nor ages of ignorance any standard by which to measure a system. To nature, eternal nature, must truth ever make her first and last appeal. By this, and this only, am I willing that my new system of medicine shall be judged. Till the world shall detect one real, one indubitable fact militating against the views I am about to develope, let not innovation be charged against me as a crime: Hippocrates, Galen, Boerhaave, Cullen, were all innovators in their day.

In the higher powers of observation, comparison, comprehension, and direction, termed *mind*, or *intellect*, man stands pre-eminent above all animals; in so far as regards the more immediate observation of certain things around him, he is nevertheless excelled in some respects by many. The eagle

has a finer and farther sight; the hearing of the mole is more acute; the dog and the vulture distinguish odours wholly inappreciable by him; and not a few of the wilder denizens of the forest have even a keener sense of taste and touch. In mere perceptive power, then, the beasts of the field are in some things permitted to surpass us, while the sagacity of the dog and elephant, the courage and emulation of the horse, the foresight of the ant, the cunning of the fox, and the social and building habits of the beaver, declare to us, however unpleasing the announcement, that others of God's creatures besides ourselves possess the elements of that *reason* upon which we so highly pride ourselves. To the greater degree of *complexity*, perhaps I should rather say, completeness of our *cerebral* organization—to our more perfect development of that source of all reasoning power the *brain*, we assuredly owe this corresponding increase in the number and force of our reasoning faculties. To this completeness of his cerebral development *man* then is indebted for his great mental superiority over every other thing that lives; just as certainly as that by the more complete mechanism of his prehensile organ, the *hand*, his power of physically executing what his head mentally conceives, places his works and ways so far above the works and ways of the whole animal kingdom united. Look at man's "full, fair front;" it is a superadded, not a superfluous part: a part, that the more it diminishes and recedes, the nearer is its possessor a kin to the brute.*

But the rudiments of this instrumental part of man's reasoning faculties variously developed, may be detected in numerous links of the great chain of animated beings of which he is confessedly the chief. To every variety of race that animates the globe, whether in external or internal configuration, we have undeniably many features of relationship; nor let us spurn the meanest and most shapeless as beneath

* Dr. Abercrombie of Edinburgh holds another opinion—and one in which, with the single exception of Lord Brougham—he probably stands alone in the world; for he maintains that the Brain is not in the very least necessary for *thought*, intellect, genius;—and he gives *facts*(!) to prove that the whole intellectual faculties may be perfect when the subsance of the Brain is all but disorganized throughout! Yes, Dr. Abercrombie gravely assures us of this—Dr. Abercrombie, so long the leading physician and medical giant of Edinburgh. If Dr. Abercrombie *leads* the modern Athenians in philosophy as well as in physic, surely it must be by the nose! Instead of swallowing open-mouthed such insane drivellings of mental imbecility, why don't these good people take an enlightening lesson in phrenology from their fellow-townsmen, Combe? It is only in the dark that pigmies are mistaken for giants.

our notice, for of every organic production of their common *Maker*, man, while yet in his mother's womb, has been the type—his fœtal form successively partaking of the nature of the worm, fish, fowl, and reptile, and rapidly traversing still higher gradations in the scale of organized existence, to burst at last upon the view in all the fulness and fairness of the perfect infant. But it is not his outward form only that passes through these various gradations of animal life. From comparative anatomy we also learn that each of his separate internal organs, on first coming into fœtal existence, assumes the lowest type of the same organ in the animal kingdom; and it is only by successive periodic transformation that it gradually approaches to the degree of completeness in which we find it in the new-born child. The heart of the embryo infant is at first a mere canal, nearly straight, and becoming as it progresses in growth slightly curved, corresponding exactly with the simplicity of heart of insect life. And not the heart alone, but each and all the several organs and systems of the body are brought to their perfection by periodic additions and superadditions of the simpler and more complex parts of the same organs and systems of the several orders of animals, from the least noble to the highest class of all the *mammalia*, of which *man* is the head. Man, proud man, then begins his fœtal life in reality a worm! And even when he has come into the world, and has breathed and cried, it is long before the child possesses the mental intelligence of many of the adult brutes. Man then in infancy is in intellect inferior to the monkey, whose caricature likeness he so despises.—Between the same man at maturity and his animal fellow creatures we perceive many differences; but the resemblances being infinitely more numerous, too often escape our memory; are not the higher order of animals, and most of the very lowest, propagated by sexes? Does not the female endure her period of travail like woman, and produce and nurse her young in a similar manner? Have not all of them eyes, noses, mouths, and ears—senses to see, hear, smell, taste, and touch, and each its respective language of sounds and signs, by which it conveys its meaning to the other individuals of its race? Nay, have not *animals* many of *man's* passions and emotions—most of his sympathies—his power of choice and resistance—the knowledge, by *comparison*, who is their friend and who their foe—*reflection*, whom to conciliate, whom to attack, where to hide and when to show themselves, the *memory* of injury and kindness, *imitation*,

and consequent docility—in some instances simulation and dissimulation, each pursuing its own mode of artifice? Do not their young, too, as in the instance of the child, gambol and play, and leave off both, as they grow older, for other pleasures? And yet there are persons of a temper so unphilosophical as to deny them *mind!* who will tell me that man is so far superior to the dog, as the dog is to the oyster. Of mental as of physical power there are gradations. If we have stupid and weak men, so have we stupid and weak animals, according to their respective races. But there are dogs that will observe, calculate, and act more rationally than some men you may see every day. When did you find the dog prostrating himself before a figure of his own making, asking it questions, supplicating it, and howling and tearing his hair, because it answered him not? Which of all the brutes quarrels with his fellow brute for going his own way, whether circuitous or otherwise, to a town or village that does not concern the other in the least? Or which of all the animal tribes manifests such a paucity of intellect as more than once to mistake the same false signs for real sense, imposture for integrity, gravity for wisdom, antiquity for desert? Never in my life did I see the dog or monkey implicitly submitting himself to another of his race in matters that especially interested himself: on the contrary, in the case of the monkey, instead of trusting to the authority of his fellow monkey, in a spirit of laudable curiosity he has always handled with his tiny fingers, and examined with his quick, prying eyes, every thing that took his fancy; in no single instance that I remember did he ever allow himself to be taken by the ears. Even in his language of chatter and gibber, he never seems to mistake the meaning of his comrades, never takes one sign in two or more senses—senses the most opposite—so as to get confused and bewildered in his manner or his actions. Can we say this of man? Have you never heard him, even in his discussions on this very subject, one moment charging every thing of animal intellect to *mind*, at another to *instinct*—instinct, which, to have a meaning at all, must mean right action without experience, such as the infant taking its mother's breast as soon as born, or the chick picking up grain the moment it leaves the shell; true, the chick may mistake a particle of chalk for a grain of wheat, even as the infant may mistake his nurse's thumb for the nipple of his mother. Experience corrects both errors, and this correction of error is one of the first efforts of the three mental faculties—observa-

tion, comparison, and reflection. It is with these identical faculties that both men and animals perceive a relationship between two or more things, and act in regard to such things according to their respective interests, rightly in some instances, wrongly in others. The correction to-day of the errors of yesterday, is the chief business of man. As he grows in years his experience of things changes and enlarges, and he becomes more matured and fixed in judgment. The brutes then have the same intellectual faculties variously developed, which, when stimulated to their utmost in man, and with the assistance of his higher moral faculties, become *genius*, if by genius is meant the discovery of relationships in nature hitherto undiscovered, and leading, as all such discoveries do, to practical results beyond cotemporary anticipation. Newton's system and Watt's steam-engine are examples. You now clearly see, that in the power of gaining knowledge by experience, call it *mind*, *reason*, *intellect*, or what you please, the *beast* of the field partakes in common with man, though not in the same degree: yet both partake of it in a degree equal to the particular position in which they are placed. For animals, like men, have their cities and sentinels—their watchwords of battle, siege, and defence; nature, too, has given them all their respective weapons of offence and defence. Man, less gifted in either of these respects, first fashioned his sword and his shield and his armour of proof: it was only after the experience of centuries he reached, by higher mental efforts, to the knowledge necessary for the construction of the musket, the cannon, and other munitions of modern warfare. Necessity was the mother of his invention here, as indeed in every other instance.

To deny animals mind is to deny them design, without which, putting mere instinct apart, neither men nor animals act in any manner or matter. The Great Designer of the Universe, in the creation of the first crystal showed this. He proclaimed it when he made the sexes of the vegetable kingdom: when he united the plants to the lowest link of the animal world, the zoophyte, or plant-animal, he made his design still more manifest. When he further progressively developed his plan of insect, fish and reptile life, and added the higher animals last of all, before he completed the chain with man, their master, he showed not only design, but *unity of design*. And when to men and animals he gave a power neither the crystal nor the vegetable possesses—the power of following out designs of their own invention, he imbued them

both with a part of his *Spirit*, varying in degree, but to each he gave it in proportion equal to their respective wants and necessities. Deny this, and you deny *God*—you deny *God's* works and words—words upon which the question of interpolation can never arise; for every leaf of every plant is a letter of his alphabet—every tree a combination of the letters composing it, and every hill, valley, and stream—every tribe of men and animals, so many sentences by which we may perceive his will and deduce his law.

The stars and their motions teach us, even to our frail senses, the *periodic* manner in which all the motions of nature, like all the motions of man's body, take place. In their harmony of design, they give us an insight into the *unity* of the *Eternal*. And we find embodied in them a principle by which we may not only know the past and present, but to a certain extent read the future, in its dim outline of twilight and shadow.

In all humility, then, let us *inwardly* prostrate ourselves before the *Omnipotent*: but beware of that outward mock humility which too often leads to religious pride, and engenders every thing but a Christian *charity*. And let it rather be our pleasure to trace resemblances and harmonies, than see in *nature* only discords and differences.

The whole world is a *unity*, and in no single instance do we find a perfect independence in any one thing pertaining to it.

Between man and the lower animals, we have traced link by link the chain of contiguity—mental as well as corporeal. Like them he comes into the world, and like them his body grows, decays, and dies.

Disease, like death, is the destiny of all; to understand either rightly, we must analyze health.

Health then preserves an equable and medium temperature throughout; the voluntary and other muscles obey with the requisite alacrity the several necessities that call them into action. The mind neither sinks nor rises upon emergencies; the respiration, easy and continuous, requires no hurried effort, no lengthened sigh. The heart is equal in its natural beats, and not easily disturbed. The appetite moderate and uniform. At their appointed periods, the various secreting organs perform their office.

The structures of the body, so far as bulk is concerned, remain the same to appearance, though not in reality unchanged, the possessor being neither incumbered with obesity, nor wasted to a shadow. His sensorium is neither painfully

acute nor morbidly apathetic; he preserves in this instance, as in every other, a happy moderation. His sleep is tranquil and dreamless.

If we analyze these various phenomena, we shall find that they all consist in a series of alternate motions; motions, for the fulfilment of which various *periods* of time are required, some being diurnal, and some recurring in a greater or less number of hours, while others exhibit a minutary or momentary succession. At morn man rises to his labour, at night he returns to the repose of sleep. Again he wakes and labours, again at the appointed period he steeps his senses in forgetfulness. His lungs now inspire air, now expel it—his heart contracts and dilates—his blood brightens into crimson in the arterial circle of its vessels, again to darken and assume the hue of the modena in the veins. The female partner of his lot, she who shares with him the joys and sorrows, hopes and fears, which make up the day-dream of life, has yet another revolution, the *catamenial*; and *parturition*, or the process by which she brings their mutual offspring into the world, is also a periodic intermitting pain.

Every atom of the material body is constantly undergoing a revolution or alteration; liquid or aëriform one hour, it becomes solid the next, again to pass into the liquid or aëriform state, and ever and anon varying its properties, colours, and combinations, as in brief but regular *periodic* succession it assumes the nature of every organ, tissue, and secretion entering into or proceeding from the corporeal frame.

It is every thing by turns and nothing long.

The phenomena of the human body, like every other phenomenon in nature, have all a threefold relation, a relation to *matter, space, time*, and there is another word, *motion*, which may be said to bring all three to a unity; for without matter and space, there can be no motion, and motion being either quick or slow, must express time or *period*. Moreover, there can be no *motion* in matter without change of *temperature*, and no change of *temperature* without motion in matter.

The powers by which the corporeal motions are influenced are the same that influence the motions of every kind of matter, namely, electrical, mechanical, and chemical forces, and the force of gravitation. When rightly considered, the whole of these powers resolve themselves into *attraction* and *repulsion*.

It is by attraction that the fluid matter of the blood first assumes the solid consistence of an organ; again, to pass by *repulsion* into the fluidity of secretion. From earth and to earth the matter composing our bodies comes and goes many times in the brief space of our mortal existence. In this the human system resembles a great city, the inhabitants of which, in the course of years, are constantly changing, while the same city, like the body, betrays no other outward appearance of change than what naturally belongs to the *periods* of its rise, progress, maturity, or tendency to decay.

The last, and one of the most important of the revolutions of the healthy state, is sleep. Philosophers of all ages have made this state an object of their most anxious study, its relation to death perhaps being their chief inducement to do so.

“Half our days,” says Sir Thomas Browne, “we pass in the shadow of the earth, and sleep, the brother of death, extracteth a third part of our lives.” In the state of perfect sleep, the pupil of the eye will not contract on the approach of light, the skin has no feeling, the ear no sense of hearing, the taste and smell are not to be roused by any of the ordinary stimuli. And what is this (figuratively speaking) but a periodic *half-death*? speaking truly, but a periodic palsy, or cessation of internal motion of the nerves by which we maintain a consciousness of existence, and perceive our relationship to the world around us? Broken sleep consists either in brief remissions of the whole sleeping state, or in a wakefulness of one or more of the five senses. There are individuals, for example, who always sleep with their eyes open, and who should see you, were you to enter the room with the most noiseless tread. These tell you they are always half awake. In the condition of the body termed *nightmare*, there is a consciousness of existence with a wakefulness of the nerves of sight or feeling; but with a total inability to influence the voluntary muscles by any effort of the will. The subject of it can neither sleep nor turn himself. The dreamer, portions of whose brain think, and therefore act or move, is partially awake. The *somnambulist* and *sleep-talker* are dreamers who, having portions of their brain in a state of action and others torpid, perform exploits of deed or word that bring you in mind of the maniac and drunkard, whose powers of judging are defective. A man may be entirely awake, with the exception of a single member; and this we still refer to a torpid state of some portion of the

brain, or the nerve leading to such a member may be torpid from pressure by position: such a man will tell you his arm or leg is asleep, or dead; but as this is a soporific or sleepy subject, I will wake you up by telling you an anecdote a medical man tells of himself:—"While serving on a certain occasion in camp, I one night half awoke suddenly, and my hand coming in contact with my cold leg, which had hung over the side of the bed, I hallooed most lustily, a snake, a snake; but before any one could come to my assistance, I found I had grasped my own sleeping, numb, and cold limb instead of that most unwelcome of intruders."

The human body is never *asleep* throughout, for when volition is paralyzed—when we are every thing but dead to all that connects us with the external world, the heart still continues to beat, the lungs perform their office, and the other internal organs, over which volition has no control, keep on their usual harmony of motion. In other words, the digestion of the food, the circulation of the blood, and the other lesser motions of *organic* life, proceed as in the waking state. The more important motions of the heart and lungs could not cease for many minutes without endangering the entire life in the higher animals, though these organs in the bat, dormouse, and snake, appear to be inactive for months. Nevertheless, even in those animals they are not entirely so, as we can easily analogically conceive. The state termed a fainting-fit, it is true, comprehends, even in man, a temporary palsy, or death of the whole body: but such a state prolonged to a very brief period, passes into death perpetual. *Catalepsy* or *trance* being a sleep of *all* the organs, internal as well as external, though not of their *atoms*, has so great a resemblance to death, as to have been frequently mistaken for it. The subject of this condition of body, by something like the same power (inexplicable) which enables the dormouse to hibernate, may remain apparently dead for days, and yet recover. More inexplicable still is the recovery to life of fish, that for months, as travellers tell us, have been frozen as hard as a chip.

This introduction is intended to lead the mind of the student from those absurd notions of the healthy and diseased actions of the animal economy arising from or being caused by any local agent. And as we have philosophized largely on life and all its various actions, I indulge the hope that my views of theory and practice will appear as clear to all readers as they do to myself; and if so, must land the wandering

mind of the student upon the summit of that rock of medical science which has heretofore only existed in the imagination of the few.

In the views set forth in this book of reformed practice of medicine, I have been enabled, by the very liberal and most correct system laid down by Dr. Dickson, of London, in his Lectures on the Chrono-Thermal system of Medicine, to bring before the world the most convincing and positive proofs of the total absurdity of the old, and the *certainty* and superiority of the new.

The humbug of the old system might have answered in the dark ages, when Hercules, who having, as he imagined, arrived at the extremity of earth, caused an inscription to be placed on a pillar to the following purport, "*Beyond this you cannot pass.*" In those days this assertion, so far as those nations were concerned, was strictly true; but the discovery of the extraordinary properties of the magnetic needle, by which mankind were able to *explore* the vast ocean which Hercules had only *seen*, proves the absurdity of the idea of setting bounds to the powers of the human mind. No doubt, like Hercules, they believe they have attained, not the utmost limits of the earth, but of medical knowledge. But the truth is, like him, they have only reached the threshold—a boundless ocean, far more extensive than that on which he gazed, lies far beyond for future generations to explore and enjoy.—*ST. PIERRE, (quoted from memory.)*

We have not the most remote intention of dealing unjustly with those eminent men of science who, apart from educational prejudices, for which we do not assume the right to condemn them, are worthy of all commendation, since by opening the career of science, they have rendered the progress of their successors less difficult; still they should know, as Charson in his Book of Wisdom observes, "a child mounted on the shoulders of a tall man, sees further than the person who supports him."

ON DISEASE.

TILL the hour of sickness comes, how few non-medical persons ever think of a subject which ought to be of great interest to all. What are all the busy acts of life, the dreams of pleasures, or the cup of bliss, to one who has no relish for them? And yet men busy themselves more in the empty discussion of Greek or Latin verbs, while they neglect to inform themselves of the natural laws that govern the motions of their own bodies. No wonder, then, that the world should be kept so long in darkness on medicine and its mode of action, or that even educated persons should still know so little of the proper study of mankind—*man!* In the throes of disease, the early priests, as I have already told you, believed they detected the workings of demons. The medical theorist, on the contrary, attributed them to morbid ingredients in the blood-vessels or bowels. One age bowed the knee to an “acrimony,” or putridity; another acknowledged no cause but a “crudity,” “acidity,” or “humour;” while the moderns hold the notion, that a mysterious process, which they term inflammation, is the head and front of all offending. How absurd each and all these doctrines will appear through the work. Disease is neither a devil to cast out, an acrimony or crudity to be expelled, nor any fanciful chemical goblin, to be chemically neutralized; neither is the state erroneously termed inflammation, so commonly the *cause* as a coincident part of general disorder.

Disease is an error of action, a greater or less variation in the motion, rest, and revolutions of the body (all governed by the brain), and reducible, like the revolutions of health, into a systematic series of periodic alternations, in the course of which the matter (or component parts) of a structure, occasionally, by its atomic changes, alters its natural character and chemical relations, so much so, in some cases, as to become even completely decomposed and disorganized. Whatever be the cause or causes of corporeal aberration in obedi-

ence to the laws of all matter, the first effects are change of *motion* and change of temperature. The patient has accordingly feelings of *heat* and *cold*. His muscular *motions*, less under the control of his will, become tremulous, spasmodic, wearied or palsied, obeying the brain no longer, the proper functions of parts affected cease. The breathing is hurried on slight exertion, or it is maintained slowly and at intervals, and with a long occasional inspiration and expiration, familiar to you all in the act of sighing. The heart is quick and palpitating, or languid in its beats: the appetite craving, capricious, or lost. The secretions are either hurried and increased in quantity, or sluggish or suppressed. The body shows a partial or general waste, or becomes in part or in whole preternaturally tumid and bloated. Alive to the slightest stimulus, the patient is easily impassioned or depressed; his mind comprehending in its various relations every shade of unreasonable sadness or gaiety, prodigality or cupidity, vacillation or pertinacity, suspicious caution or too confident security, with every colour of imagination, from highly intellectual conception to the dream-like vagaries and reveries of hallucination. His sensations are perceptibly increased or diminished. Light and sound, for example, confuse and distract him; like the soft Sybarite, a rose-leaf ruffles him; with the smallest increase in the medium temperature of the atmosphere, he becomes hot and uncomfortable, and the slightest breeze shivers and decomposes him, or, as you may observe in old age, sensibility diminishes, and he becomes insensible to light, sound, heat, and cold.

Contrast, if you please, these simpler forms of Disease with what we have said of Health, and you will perceive at a glance that the difference consists in mere variation of the sum or amount of particular corporeal motions, and in a difference of effect of external agency on the matter and functions of the body. Structural change, or tendency to *decomposition* of any part of the frame, so frequently but erroneously associated with disease as a cause, is not even a necessary element in a fatal result. What are *toothache*, *consumption*, *rheumatism*, or *gout*, but developments of constitutional change? they are phenomena which may or may not arise out of general corporeal disturbance, according to particular habits and predispositions. By predispositions I mean the readiness or fitness of one part of the body more than another to be acted upon by causes from without, occa-

sioned by a weakness in the cohesive power of the atoms of that part to each other. We all have our particular predispositions or weak points.

Let us now inquire into the causes of disease, and ask what are the agencies that gave rise to

“——— Maladies

Of ghastly spasms, or racking tortures, qualms
 Of heart-sick agony, all FEVERISH kinds,
 Convulsions, epilepsies, fierce catarrhs,
 Intestine stone, and ulcer, colic pangs,
 Demoniac phrenzy, moping melancholy
 And moon-struck madness, pining atrophy,
 Marasmus, and wide-wasting pestilence,
 Dropsies and asthmas, and joint-racking rheums?”

MILTON.

The causes of disease, so various in name, place, and degree, one only in their real nature, may be found either in a *deprivation* or *wrong* adaptation of the identical forces which continue life in health,—the same natural agencies, in a word, by which every motion or event is produced throughout the universe. They comprise, therefore, every thing that connects us directly or indirectly with the external world; and most, if not all of them, act upon us in the first place, through the different modifications of nervous perception. The causes of disease, then, never originate in any one organ of the body, but being always outward, affect for a time the whole frame, and finally settle upon the weakest part. I conceive with Hobes, “that nothing taketh beginning from itself, but from the action of some immediate agent without itself.” If this be true, how delusive the idea of those professors who look for the *causes* of disease in the bodies of their dead patients. In the present medical schools, we constantly hear that anatomy is the foundation of medical science. Sydenham (the English Hippocrates) held it so cheap as to say, “it is a fit study for painters;” he might have added, and for surgeons; but so far as medicine is concerned, the best anatomists have seldom been good physicians.

Do not for a moment suppose I would condemn the study of anatomy, or that I would desire to leave it out of any system of medical education cultivated in a proper spirit. I would rather make it a part of the useful education of the people. By surgeons, anatomy must be studied minutely, and few men in these times would care to practise *physic* without having a full knowledge of anatomy, or the various organs

of the human body upon which diseases and remedies operate. But let the student always bear in mind this *fact*, that the living body is one thing, and the dead another; and also remember that ancient motto, "Medicamenta non agunt in cadaver." But Sydenham, the English Hypocrates, declared that the study of anatomy alone was so mechanical, that any blockhead might learn it well, and yet, being ignorant of botany, chemistry, and pharmacy, would poison more patients than they would cure. How different this from the language of Dr. Baillie, who says, the dead body is that great basis on which we are to build the knowledge that is to guide us in distributing life and health to our fellow mortals. Here, then, so far as mere authority goes, you have the opinions of two celebrated men in direct opposition. But in this work you will find something better than human authority, however respectable.

The too exclusive spirit in which professors have urged the necessity of investigating the dead, has given rise to a class of medical materialists, who, hoping to find the origin of every disease made manifest by the scalpel, are ever mistaking effects for causes. Loth to believe that death may take place without even a palpable change of structure, these individuals direct their attention to the minutiae of the dead, and finding in their search some petty enlargement or some small ulceration, hastily set this down as the cause of a general disease of which it was only a development or coincident part. These people, in the words of the late Dr. Alwins, "put consequence for cause, incident for source, change in the condition of blood-vessels for powers producing such change." It is an error which has its origin in the blood and filth of the dissecting room, and which tends to degrade medicine from the dignity of science to the mere detail of an art. What has practical medicine gained at the hands of anatomical professors? The greater number of their pupils have been sceptics in physic; and no wonder, since they have been so constantly accustomed to hear, *ex cathedra*, that anatomy is the base of all medical science. Without a competent knowledge of botany and chemistry, of what use can anatomy be? Dr. William P. C. Barton attempted, in 1818, to connect a course of medical botany with the instruction given in the University of Pennsylvania, but he was found to possess more learning than some of the professors, and consequently became obnoxious to them and was prevented continuing his instruction. And the students, to a certain extent, were

finished (if I may say so) without botany. Professor Cox, when called to the chair of materia medica, endeavoured to supply the consequent deficiency by enlarging his course and giving some history of the vegetable kingdom, but the class were told by other professors that this tedious manner of teaching was not required and botany abandoned. The students being taught little more than chemistry and anatomy, leave the schools without a single correct idea of the action of medicine on the living system, and yet to these the people of this country chiefly intrust the treatment of their diseases, which, in ninety-nine cases out of the hundred, demand medical not surgical knowledge. Beware then of trusting to great anatomical operators, to men whose art Shakspeare truly says, "has no honour in it," for were physic better cultivated there would be little need of such an opprobrium as operative mutilation. It is an art that hardens the heart and inclines many to use the knife more to gratify their own love of display than to give relief to their suffering fellow creatures. No "great operator" should be permitted to perform any capital operation without the previous consent of one or more physicians. In its present mechanical and degraded state, who can wonder that those who practise medicine should so frequently cut the sorry figure they do when examined as witnesses in our courts of law, or that their evidence in most cases should appear, to both the bench and bar, a tissue of incoherency and inconsistency throughout?

What advantages, let me ask, have centuries of dissection contributed to the healing art? We hear of a great many, truly; but lungs decomposed, livers enlarged, bone, muscle, glands, and intestine in various stages of corruption, would seem to comprise the whole. These are, nevertheless, what modern professors show off as "beautiful specimens," superb collections, pointing them out at the same time to their credulous pupils as the trophies of science, when they might better describe them as the triumphs of death over their own want of skill; or, in the words of Gray,

"Rich windows that exclude the light,
And passages that lead to nothing."

Now what has the most patient study of these done for physic? Has it given us one new or better remedy? If the study of anatomy alone could make us good practitioners, how did it happen that the fool-hardy young man, who thrust his hand into a cage containing rattlesnakes, exhibited in this

city a few years ago, died from the bite, although attended by the professors of anatomy and surgery? I shall give you the account of his case as noticed by a physician at the time, it runs thus:

“Some seven or eight years ago, a person exhibited some rattlesnakes in this city, and, to attract visitors, would suffer the snakes to bite him; he would then retire to an adjoining room and apply some remedy so as immediately to cure the effect of the poison. A fool-hardy spectator protested that the whole was an imposition, and allowed one of the snakes to bite him. The keeper of the snakes offered to cure the bitten man, but was refused. The unfortunate person bitten went to the Philadelphia Almshouse, in Spruce street, where he had the best medical aid of the whole city, but, in spite of every thing that was done for him, died at the end of three days. I suppose there are a hundred thousand old women in the United States that could have saved that man’s life, yet their knowledge was a secret to our faculty.”

Where were the virtues of bark and opium ascertained? In the dead house? No, certainly! The one was discovered by a Peruvian peasant, who cured himself of the ague with it; what had anatomy to do with that? For the other, we may thank the Brahmins of Hindostan, who hold the dissecting room in horror. Antimony, rhubarb, mercury; whence got we our knowledge of these? From the quack and old woman; individuals who will ever successfully compete with physicians, while the latter busy themselves with dead bodies to the utter neglect of the powers and principles that affect the living. “A cripple, in the right way,” says Lord Bacon, “will beat a racer in the wrong.” So great a stumbling block to a proper knowledge of medicine has been this exclusive and too minute attention to dissection, that Dr. Baillie, its greatest English patron in his day, after retiring from practice, confessed, as I have already told you, his total want of faith in the system of physic.

Let anatomy be properly taught, let chemistry be thoroughly understood, and botany be completely familiar with every student of medicine.

To return to the *causes* of disease, are they not infinite? The earth and its emanations; the air and its electrical condition; the degrees of temperature; dryness and moisture of both; the nature and extent of our food and drink; the passions by which we are agitated; with all the other changes and chances of our social and individual position. These are

the elements to which we must look, not only for the causes of disorders but for the causes of health itself.

Having alluded to the great error of the anatomical, or as it is sometimes called the pathological school, we may now glance at the doctrines of another class of particularists, those who, with the quantity or quality of our food or air, associate every disorder, as if passions, burns, blows, wounds, &c. were mere words. The late Abernethy, of London, to whom science, nevertheless, owes much, was an example of the first. To the stomach and bowels, he invariably pointed as the first cause of every disturbance. He forgot his own observation, that a passion or a blow will alter the action and secretion of both. He ascribed the first link in the chain of causes to a feature which could only be improved by an agent affecting the nervous or perceptive system, in which that and every other symptom could alone have their origin.

But what shall we say of those who, like McCulloch and others, attribute every disorder in which remittency of symptoms takes place to marsh-miasma or malaria, when, as we shall be able to show, every disease which flesh is heir to, may not only admit of this phenomenon, but that none, by whatever caused or characterised, are in the first instance without their remissions or intermissions, all more or less periodic and perfect. Man is not an isolated being; without air and food he cannot exist; and a partial privation or depravity of either will give rise to almost every affection to which he is liable. But his success in life, his reception from his friends and foes, the state of his family or money matters, will equally excite, depress, and disorder his various organs and their functions, as a deprivation or depravity of the food he eats or the air he breathes. An unexpected reverse of fortune, good or bad, may lay the foundation of a thousand maladies; nay, examples are on record, where individuals have suddenly expired from intensity of sudden joy. Of sudden grief many have been victims.

“It has been too much the fashion in philosophy,” says Sir Humphrey Davy, “to refer operations and effects to *single* agencies, but there are in fact in nature two grand species of relationship between phenomena: in one an infinite *variety of effects* is produced by a single cause; in the other, a great variety of causes is subservient to one effect.” This observation applies with particular force to every thing pertaining both to the causes of disease and its cure. The single agency, or change of temperature, (or thermal change,) has

given rise to cough, catarrh, dropsy, and a host of other diseases, in one class of individuals; while to call forth any one of these diseases in another class, stronger and more robust, it would require all the united influence of cold, heat, domestic trouble, and privation, which singly produced these diseases in the former. *Physicians* are in the habit of dividing diseases into two classes, namely, *constitutional* and *local*, and they treat them as such accordingly; but, properly speaking, there never was a purely local disease. You will ask me, perhaps, are not toothache, consumption, and ulcers, local diseases? So far from being local, it is impossible for such diseases to take place without the previous condition of the constitution being disturbed, unless they happen from external causes, and then they will not continue unless the constitution has been weakened, causing a marked predisposition. Let the physician recur to nature, and he will find that the subjects of all such diseases laboured under a general derangement of the whole habit previously to the development of the local consequences from which these diseases take their names.

Now some will call this disturbance by one name and some by another; for myself, I am satisfied with the phrase loss of health; but as many of you may not be satisfied without a medical term, I will call it fever; and as remissions of comparative ease are enjoyed by the subjects of all diseases, I will go farther and call it *remittent*, or, in some cases, *intermittent fever*. Yes, we are not diseased without some alteration in the pulse and temperature of the skin, which, although moderate in some cases and violent in others, is nevertheless fever, which is always varying or intermitting, and this, says John Hunter, "is an attribute belonging to life, and shows that life cannot go on the same continually, but must have its hours of rest and hours of action."

We have already analyzed the *life* of health; we have seen that it consists in a *periodic* alternation of harmonious movements, some long, some short,—greater and lesser movements, otherwise fits; in Shakspeare's language, "life is a *fitful fever*." If so, what can the morbid modifications of that life be, but modifications of fitful or *intermittent fever*. "All diseases," says the father of medicine, "resemble each other in their form, invasion, march, and decline." The type of all diseases, he adds, are the same. What then is that type? If I succeed in proving to you that toothache, epilepsy, gout, rheumatism, mania, and all other diseases, come on in fits of heat and chilliness, and that such patients have

perfect respite from pain or suffering, and that every one of these supposed different diseases may be cured by any one of the agents most generally successful in the treatment of ague, to what other conclusion can you come than that this same *ague* is the type which pervades, and the bond which associates together every one of these variously named diseases? But when particular organs become affected by these diseases of the constitution, they must be treated with remedies having affinity for such organs, having first got rid of the general disease which caused such effect.

The general remedies for *fever* will, when properly applied, cure such fevers as may exist, while a perfect knowledge of specifics having a decided affinity for parts affected, will constitute the only proper treatment in the cure of diseases, by electrically altering the motive state of certain parts of the body being the seat of malady, and of altering at the same time their thermal condition.



IN our former remarks you will remember that after a brief allusion to a few of the many errors which from time to time have prevailed in the doctrines and schools of medicine, we took a more simple though a more sweeping view of the subject of medicine than would appear to have come within the grasp of teachers, professors, and schools before. The nature of sleep, health, disease, and death, we in some measure explained; and we further proposed, as a matter for future argument, that intermittent fever or ague is the original type of all diseases. There was a time when the greater number of people imagined that the only thing worth acquiring in this life was a knowledge of the dead languages. But a new era has arrived and they wish to be informed on the more important subject of their own bodies and diseases to which they are subject; this information I shall now endeavour to give them in a plain and unsophisticated manner. They shall find there are no mysteries in medicine or disease, no contagion they cannot avert by an effort of the brain. And find also that it is only in the cloisters of Cambridge and Oxford, that men sneer at utilitarianism, or in the antiquated offshoot of these monkish institutions—the *College of Physicians*. Railroads, steamboats, galvanism, and gas, have all

come to light within the last half century. A revolution in thought and action has been the result; petty objects have given way to comprehensive views, and petty interests have been destroyed by the general improvement that has already been accomplished. Is medicine the only branch of human knowledge destined to stand still, while all around it is in motion? Is the march of intellect to sweep on and on, and leave behind it this so-called science, untouched and unimproved in its progress? When the monarchs who have successively wielded the medical sceptre—who each in their day were looked upon as demigods in physic, have in turn declared that all they knew of it was that “they nothing knew,” shall blame be attached to him who would attempt to rescue his profession from this worse than darkness visible? If, by their own confession, the Knightons and Baillies were ignorant of the first principles of correct practice, surely it were but charitable to suppose that men so intelligent and sagacious on most other matters may, in this instance at least, have pursued a deceptive mode of investigation? Like the racer on the wrong road, how could they in that case get to the end of their journey? Pursuing their professional studies chiefly in the dead house, these physicians forgot that medicine has no power over a corpse. The reflections which I shall have the honour to submit for your consideration, were the result of observations made on the ever-shifting motions of the living. Who will tell me that this kind of study is only proper for medical persons? Who shall say that this description of knowledge may not be made interesting to the world at large? Greek, Latin, High Dutch, and Hebrew,—are these repetitions of the same *signs* more important than an enlarged knowledge of the *sense*—more instructive to those who pursue them as a study, than a consideration of the revolutions and constantly changing relations of the matter of their own bodies? Without a proper knowledge of the laws of your own organization, how can you possibly put in practice the Greek maxim, “Know yourselves?”

Having premised this much, I now come to consider in detail the phenomena of

INTERMITTENT FEVER OR AGUE;

for ague being the type of every other modification of disease, it is necessary you should be well acquainted with its principal symptoms. I have already told you there can be no disease, no morbid *motion* without change of *temperature*.

The subject of ague, then, among other sensations and changes, successively experiences a CHILL and HEAT, followed by a profuse PERSPIRATION. These three stages, commonly called the Cold, Hot, and Sweating stages, constitute the PAROXYSM or FIT. The patient, during each stage, is consequently in a different condition of body from either of the others; his sensations, moreover, differ during each of them. To the state of Perspiration, which terminates the fit, an INTERMISSION, or interval of comparative health, succeeds; and this interval of immunity from suffering usually lasts one, two, or more days, (giving rise to the terms *tertian*, *quartan*, and other agues, according to the interval of duration), before the recurrence of another similar fit;—such fit generally making its invasion with a wonderful degree of exactness at the same hour of the clock as the former, and lasting about the same time,—when it is again followed by a similar periodic intermission of the symptoms as before. In all the stages of the fit, every function of the body is disturbed—some more, some less. During the cold stage, the face becomes pale, the features shrink, and the muscles are tremulous or even spasmodic: the patient, in other words, shivers, has cramp, and his strength is prostrate. The breathing and circulation are variously altered,—his urine, if he passes any, is generally pale and plentiful, and his other secretions are similarly changed in quantity and quality. The senses and mental powers are for the most part depressed, or even curiously vitiated, though sometimes they are preternaturally exalted. A gentleman, who was recently my patient, informed me, that during the cold stage his intellectual powers were more than usually clear, and his sensations throughout highly pleasurable; he felt as if under the pleasurable feelings produced in some people by opium; but this kind of feeling is more frequently an accompaniment of the hot stage. The patient has nausea and loss of appetite, sometimes sickness; less frequently looseness of bowels,—or he has hunger amounting to voracity,—and sometimes thirst. A reaction now comes on. The patient gradually becomes warmer and warmer—the face changes from pale to red—his cheek is now flushed—his eyes are suffused, and he suffers from headache, more or less agonizing. This is the *hot* stage.

The thirst, whether it existed before or not, is now a most prominent symptom; the appetite is thoroughly lost; the patient having, in most instances, a repugnancy to the very name of food. If you inspect the tongue, you will find it

comparatively dry and loaded, and of a brown colour; and though the skin feel to your hand like a burning coal, so to speak, the patient himself may complain of such excessive coldness, as to induce the attendants to cover him with numerous blankets;—more generally, however, he has a sensation of heat equally severe. Every muscle of his body in this stage is more or less painful and enfeebled; though in some instances, he may appear to have a greater command over them than in health; and if delirium supervene, which it may do, his strength will appear almost superhuman. During the excitement of this stage, individuals have been known to become musical, poetical, oratorical, and have exercised other talents which they never were known to manifest in health. The heart now beats violently, and the pulse is full and bounding; the urine, instead of being pale, as in the preceding stage, is scanty and high coloured. The secretions generally are sluggish, and in some instances they are altogether suppressed. A long *sweat* succeeds, during which the greater number of the suppressed secretions gradually reappear. As with a feeling of languor, lassitude, and a disposition to yawn and stretch the various members of the body, the fit is usually preceded; so with the same symptoms does it usually end. Then comes the state of comparative health, which may either again pass into the fever-fit, or continue for an indefinite period, so as eventually to become health.

As every individual has, from birth, some part of his body less strongly constructed than the other parts, it would be wonderful indeed, if, during this terrible tempest of body, termed an *Ague-fit*, that weak point were not very often discovered; but discovered, more or less, in every instance it usually is. Is the brain the least strongly constructed point? Then, according to the part of the organ most implicated, and the degree of implication, will you have epilepsy, apoplexy, insanity, imbecility of mind, or palsy, superadded. Is the original weakness of conformation seated in the lungs? Look, then, for spitting of blood, asthma, or consumption.—In the heart? how it palpitates or remits in its beats!—It may even stand still *for ever*; and more than once in my life have I known it to do this during the ague-fit. But the joints may be the weak points of the patient's body?—then, as a matter of course, the joints swell and become more or less hot and painful. And if just at this epoch some wiseacre of the profession chance to drop in,—with the usual scholastic sagacity

he discovers the disease is not fever, but *rheumatism*. The lancet, of course, is immediately bared—the leech and the blister are ordered;—from this moment the entire treatment is directed, not to the beginning, but to the end—not to the fever, but to its termination! The state of the joints is the sole subject of thought and action; the brain—that Pandora's box of the whole—that organ upon which every motion of the body, wrong or right, depends,—never once enters into the wonderfully wise man's head; he never once dreams of influencing this key to all the corporeal actions, in any manner whatever. And what is the result of this treatment? Daily promises and daily disappointments—hope deferred and the heart made sick—the health, the happiness, and the home of the patient too often made desolate for ever.

Thus far I have detailed the beginning, the progress, and some of the more important terminations of what is usually called a perfect ague-fit. I must now tell you that all agues are not equally perfect; the stages of the fit in particular cases may vary in duration—the bolder features or symptoms may be all more or less subdued—the intermission, or immunity from suffering, instead of extending to a day or days, may be only an hour or two in duration. The disease is now no longer ague; physicians change its name to *remittent* fever. Remittent fever may be either the primary disease, or the fever may, in the commencement, be a veritable ague—recurring and re-recurring, in the first instance, at perfectly periodic intervals of a day or more; yet slide by degrees into a fever of the remittent form. And this remittent fever again, whether it be the original or secondary disease, from its periods of access and interval becoming still less obviously marked, may assume the shape and shade of disease incorrectly termed *continued* fever: which last, from long duration and other circumstances, may terminate in that most terrible state of mental and corporeal prostration, by the schools denominated *typhus* fever—from a Greek word signifying stupor or unconsciousness, that being one of the most common symptoms.

What, then, are all these Fevers but varieties or shades of each other! During the course of all or any of these so-called different fevers, every organic affection, every possible local change you can name or imagine, may, with more or less quickness be developed,—giving occasion, of course, to the attending practitioner to baptize the disease anew; and this he may either do, according to the locality of such organic

change, or according to the locality in which the symptoms may induce him to suspect its existence. Should a new doctor chance at this particular time to be asked to see the patient, what a fine opportunity for a very pretty quarrel! And the practitioner who attended from the beginning, though he may have practised the right, shall very likely be dismissed while the other, for advising the wrong, may as certainly be retained, and be esteemed, at the same time, as an angel, or an oracle at least. You are doubtless curious to know the *wherefore* of this. But there is nothing so very curious in the matter after all. For if you only reflect how few people in this world can get further than the surface of things,—how few can see beyond present signs and present symptoms, you will not be astonished that the new doctor who shall place his finger on the organ for the time most implicated, and wrongly set that down, not as the *end*, but as the *beginning*—not as the consequence or effect, but as the origin and cause of the totality of disturbance, will be preferred to him whose experience of the whole case led him rightly to look upon the local disease as the gradual development of repeated febrile attacks. But the new practitioner will seldom be content with merely seizing upon the local termination as the cause or beginning of the mischief, and proceed to treat it accordingly; for he will very often drop a hint, at the same time, that but for neglect of this, the case might have ended far more favourably. Suppose, for example, Pulmonary Consumption to be the after result of the original fever. “What a pity,” the learned man will say, “I was not called in at first, for *then* I should have at once attacked the *SEAT* of the disease—the chest.” *Then*, when no consumptive symptom existed,—*then*, when the *weak point* of the patient, for all you, I, or any other doctor knew, or could know, might have been the liver, stomach, or any thing else! And by that pretty speech of his, nine times out of ten, such new doctor will succeed in securing the esteem of the persons who employ him. Now this is a hard case for the honest and more able practitioner; but so the world wags!

But there is no agent in nature which may not cause ague, from a blow to a passion. Lord Byron’s mother, according to Mr. Moore, died of a “fit of ague, brought on by rage or vexation, caused by reading her upholsterer’s bill.” The close analogy subsisting between ague and the passions has

not escaped the observation of the poets. Shakspeare, as I shall afterwards show you, often alludes to it; and Coleridge, in his usual playful manner, gives us to understand,

There's no philosopher but sees
That Rage and Fear are ONE disease,
Though this may *burn* and that may *freeze*,
They're both alike the AGUE.

You see, then, there can be no corporeal agitation, no constitutional revolution, without a change of temperature of some kind. Butler, in his *Hudibras*, tells us,

LOVE's but an ague fit reversed,
The *hot* spell takes the patient first.

Seriously, you will do well to ponder on the relations which the effects of the various passions bear to ague. Throughout them all you may observe the same tremor and thermal changes; and in many cases the diseases which they may cause become *essentially* periodic and recurrent. A young lady was to have been married on a particular day; but on the very morning of that day the bridegroom was accidentally killed. The grief of the lady ended in insanity. The *fit* in this case came on every day at the same time; but during the remainder of the twenty-four hours she had, in scholastic phrase, a "lucid interval." She was then perfectly sane. May I ask what are the lucid *intervals* of mania but *intermissions*? Prolong them to an indefinite period and you produce sanity! Prolong the intermission of any disease to an indefinite period, and you have *health*. Your own common sense will tell you that.

What are the constitutional effects of a fall or a severe blow? Do we not perceive the same tremor in the first instance—the same pallor and loss of strength so remarkable in the cold fit of ague? Have we not the same hot or febrile fit succeeding? "The fevers," says Abernethy, "produced by local injury, are the very *identical* fevers which physicians meet with when there is no external injury." How can they be otherwise, since it is only by the matter of the body changing its motive relations and consequent thermal conditions in an identical manner in both cases, that we obtain the group of symptoms included by physicians under the abstract word "FEVER?" The agents which cure fever from a blow, are the same agents which cure fever from a passion, a poison, or a viewless and unknown cause. When a man is

hot, and his skin dry all over, no matter what the cause be, you may bring his condition to the state of health by throwing cold water over him. You may do the same by an emetic. An emetic has a wonderful power in the case of fever; and the old physicians treated all fevers in the first instance by emetics. They did not trouble themselves much about the cause. The *state* of the patient was what they cared most about. When he was cold, they warmed him, sometimes with one thing, sometimes with another. When hot, they cooled him—not in the Sangrado fashion of these days, by draining him of his life's blood, but by the employment of an emetic, or by sponging him over with cold water! By bleeding a man in the hot stage of fever, you may cool him, certainly; but unless you cool him to death, you cannot thereby keep the fit from returning. When it does return, you may bleed him again, it is true; but how often may you do this safely? So far as my experience of medical matters goes, few people in these times are *permitted* to die of disease. The orthodox fashion is to die of the doctor! We daily hear of the terms *constant* and *continued* fever, but there never was, nor can there be, a fever without a *remission*, without a *period of comparative immunity* from suffering, more or less marked. Every writer of name, from Cullen downwards, admits this; but what does it signify whether they admit it or not? use your own eyes, and you will find it to be the truth. You have only then to prolong that period of immunity to an indefinite time, and you have health. By bark, opium, and the various chrono-thermal medicines, you may in most cases succeed. But instead of trying to prevent recurrence, practitioners now-a-days only temporize during the fit; and this is the most *profitable* practice; for a long sickness makes many fees! The *honest* physician will do his best to keep the fit from returning. Now if blood-letting were certain to do that, how could we possibly hear of people being bled more than once for fever? Do we not hear of repeated applications of the lancet, and of the patient dying notwithstanding? When I come to speak of inflammation, you shall find how little that instrument is to be relied on in fever, or rather you shall find that its employment at all is one of the greatest and most terribly fatal of medical mistakes! How then is it that this practice has so long maintained its ground? By the same influence that for thirty centuries determined the Indian widow to perish on the funeral pile of her husband—the influence of authority and custom simply.

In physic, as in other things, "men are bred to think as well as speak by rote; they furnish their minds as they furnish their houses, or clothe their bodies, with the fancies of other men, and according to the age and country. They pick up their ideas and notions in common conversation or in their schools. The first are always superficial, and both are commonly *false*," says Bolingbroke. The first step that I myself made in rational medicine, was to unlearn all I had been taught; and that at the beginning was difficult. How I ever came to believe one half the rubbish propounded by medical teachers, I cannot now understand; especially the fact that my teachers (*the Professors in the University of Pennsylvania* gave a certificate that they knew nothing of practice, and relied on a *certain* [O MY COUNTRY!] panacea to cure what they could not,) for the whole doctrines of the schools are a tissue of the most glaring and self-evident absurdities. At a future period of this work I shall prove my assertion; but before you can detect error, you must first know truth, and this it shall be my endeavour to point out to you. To return, then, to fever. From the facts and observations already stated, you at once perceive, that during the whole of the paroxysmal stages of an ague, the entire economy is more or less altered and revolutionized. It matters very little upon what part of the body the exciting cause or causes of this corporeal disturbance shall first fall—whether directly upon the brain, in the shape of a *passion*, a poison, or a blow on the head—or more remotely, as in the case of a sudden chill, or the mechanical injury of a joint or other external part—to the consequent derangement of the brain and nervous system, we still refer the whole paroxysmal symptoms. Why, after these symptoms have once completely passed away, and the economy has been comparatively restored to its usual healthy motive condition, periodical repetitions of the diseased motions should yet recur, is a thing not more inexplicable than that the various habits of health should in certain instances with our knowledge, and in certain other instances without it, all have a tendency periodically to repeat themselves. Upon this subject I will touch more at large hereafter. Meantime as the symptoms of an uncomplicated *ague-fit* stand out boldly in relief—and as in every other form of disease, however named or by whatever caused, these symptoms or shades of symptom may readily be traced; you at once see the reason why I have taken ague as the *type* of the whole. But while with this explanation I assume every disease to be in the first instance

an ague—do not suppose for a moment that I employ the term in any confined sense. Call the symptoms ague, fever, or what you please, CONSTITUTIONAL DISTURBANCE is the prelude to every disease—the *precursor* of every kind of local mischief—though in numerous cases, if not in all—more especially after *repeated* paroxysmal recurrence, SUPERADDED PHENOMENA appear, and these last may be either FUNCTIONAL or ORGANIC—and in some instances they are of a kind so grave and important, as to throw the constitutional symptoms for a time altogether in the shade. Some part of the system, in a word, may be so much more prominently implicated than another, as to become the chief feature of the case—*functionally* if the *motions* be only *atomically* altered—organically, if the part in question be threatened with a change in its structure tending in any way to its destruction or decay. Of the first you have an example in the spasm or palsy of a muscle, or the suspension or too great flow of a secretion. Of the second I can give you no better instances than that disorganizing disease of the knee-joint, termed “white-swelling,” and that too common termination of chest disease in this country—*phthisis* as it is termed by medical men—*consumption* or *decline* by the people.

The propriety of adopting any remedial measure has in every case more or less relation to time and temperature. But the beneficial influence of the Peruvian BARK, and its preparation *quinine*, would appear, more than any other agent, to depend upon the period in which we administer it. The proper period for its exhibition is during the remission. With the exception of opium, it is more strictly a *preventive* than any other known agent. So generally, indeed, has it been found to answer this purpose in the treatment of ague, that many teachers of medicine have vaunted it as a *specific* for this distemper; and you may produce a specific action, it is true, but as we have already stated to you, there is no such thing as a specific in nature for any disease whatever. Had there been a specific for ague, do you think the court doctors would have permitted Oliver Cromwell to die of it? Whatever be the agency by which this or any other disease has been cured, you shall find in the course of this work ample evidence that its influence relates in every case to change of temperature. Major-General Sir R—— A——, while serving in Portugal, became the subject of severe ague, which resisted a host of remedies prescribed for him by numerous medical friends—bark among the number.

One day, when riding out, he was seized with a paroxysm. The inmate of a little shop where he dismounted till the fit should be over, suggested to him to try the barber-surgeon of his neighbourhood. Willing to be cured by any body, or by any thing, Sir R. at once agreed. The ambidexter man of medicine came, ordered him a large plaster to his back, and the ague was forthwith cured! To what, but to the improvement of the *temperature* of the spine, must we attribute the success of that plaster? The general good effect of *quinine* in keeping off the ague-fit, when it proceeds from viewless causes, is sufficiently well known to every member of the profession; but it is not so generally understood that the same agent may be equally serviceable in cases produced by local injury. Of this, however, I will give you a proof. A gentleman, shortly after having had a bougie passed, was seized with ague of the most perfect kind; two days after, at the same hour, he had a return, and every alternate day it recurred, till he had experienced about twelve paroxysms; then, for the first time, he took quinine, and he had no repetition. He never had ague before that occasion, nor ever afterwards, unless when compelled to use the same instrument.

I do not know that I could better commence my proof of the intermittent nature of disease generally, than by entering into a short consideration of what are termed

SPASMODIC COMPLAINTS.

Such complaints being unattended with any structural change, are termed by the profession *FUNCTIONAL*; a word, as we have seen, expressive of their simplicity. What is the meaning of the word *spasm*? It means an irregular or unnatural contraction of some muscle of the body, and in the case of the voluntary muscles, you cannot, by any effort of the will, control or counteract it. By rubbing and *warming* the part, you may sometimes succeed, and there are a great many medicines by which, when taken internally, the same effect may be produced; but what will answer in one case may not answer in another. The disease is sometimes termed *convulsion*, and *cramp* also, more especially if the spasm be painful. (Harris's Case of Convulsions.) The difference of locality in which spasm takes place in different persons, has afforded professors an excellent opportunity of mystifying the whole subject. When it happens in the membranous lining of the lachrymal duct, you shall see the tears accumulating

at the inner angle of the eye, the passage to the nose being closed up by the contracting spasm. This disease is called *epiphora*, and sometimes, though not quite correctly, *fistula lachrymalis*. A young lady, after two operations, was more benefitted by tonics. *Sneeze*, *hiccough*, and *yawn*, are also effects of spasmodic action. Occurring in the muscular apparatus of the windpipe, or its divisions, spasm is familiar to you all in the word *asthma*; and it is also termed *dyspnoea*, from the difficult breathing which it certainly occasions. When this spasmodic action affects the muscles about the jaws and throat, and the patient at the same time has convulsions of the face and limbs, there is usually loss of consciousness, with a sudden loss of power in all his members, which causes him to fall. This is the *epilepsy* or "falling sickness." The subject of the disease termed *jaundice*, in ninety-nine cases out of a hundred, owes the yellow colour of his skin to spasm—spasm of the gall-ducts—though any other obstruction of these passages—a gall-stone, for example, may give rise to the same effect. Taking place in the ilium, or small intestine, spasm is termed the *iliac passion*; in the colon or great intestine, *colic*; in the urethra, *spasmodic stricture*. The *lock-jaw* affords yet another example of spasm. That all these various diseases are merely effects of the same action in different parts, is proved by each and all of them having been known to assume the most perfectly *periodic type* in individual cases, and by all being more or less amenable to the same class of remedies most generally influential in keeping off the ague-fit.

Like every other FORCE in nature, remedial powers act by *attraction* or *repulsion*, and, for a reason to be afterwards given, every remedy can act both ways in different individuals. They are all capable of producing inverse motion,—in one case *curing* or alleviating, in another *causing* or aggravating disease. Opium, for example, will set one man to sleep, and keep another wakeful. Arsenic has cured the tremor and heat of ague, and set up both in a previously healthy person. Opium, bark, copper, have done the same. Moreover, all four have produced diseases with fits and remissions.

A girl took a large dose of arsenic (sixty-four grains) for the purpose of suicide; her design was discovered in sufficient time to prevent her death; but a periodic epilepsy, ushered in by chills and heat, was the result. A man of 30, after a course of hard drinking, became epileptic; his disease

came on every second day at the same hour. Quinine, silver, and calomel, were tried without success. I then gave him arsenic, after which he never had another fit. In these two cases, then, arsenic produced inverse motions, causing epilepsy in the first, and curing it in the second. When I come to treat particularly of the passions, I shall show you that the same passion which has caused an ague or an epilepsy, may cure either. In truth, I scarcely know a disease which the passions *rage* and *fear* have not cured and caused, according to their *attractive* or *repulsive* mode of action in particular cases.

I have said that ASTHMA is an intermittent disease. "The fits of convulsive asthma," according to Darwin, "return at *periods*, and so far resemble the access of an *intermittent fever*." Had this physician's knowledge of the symptoms of asthma been sufficiently complete, he would have added that in almost every instance the subject of it shakes or shivers, and in all complains of a chilly feeling, followed by heat of skin. Then, doubtless, he would have found that between ague and asthma, there is something more than a resemblance—that asthma, in fact, is an ague, with the further development of spasm of some of the muscles of the windpipe. But call the disease what you like, I have generally cured it with one or other of the chrono-thermal remedies; and with two or more in combination, I can most truly say I have seldom been compelled to complain of ill-success in its treatment. In one case, however,—that of a gentleman who had the disease every second night,—I had the greatest difficulty in effecting a cure, for it was not till I had nearly exhausted all my best resources that I succeeded to my heart's content by applying a warm plaster all along his spine. Here you again see, in the most direct manner, the advantage of attention to temperature: the spine, in this case, was always chilly, but became warm and comfortable under the use of the plaster. Many medical writers have detected the analogy which subsists between *spasm* and *tremor*, without being at all able to explain in what it consists. Analyze tremor, or, as it is more commonly called, "shivering," "shaking," or "trembling," and you will find it to be merely a rapid succession of incomplete spasms. In *St. Vitus's dance*, or, as it is sometimes termed, "the leaping AGUE," which is also a periodic disease, you may see every variety of spasmodic and tremulous action a muscle can take. It is a disease which I am very often consulted for in children, and in most cases I

speedily succeed with minute doses of one or more of the chrono-thermal remedies; one remedy, of course, answering better in one case, another in another.

With the same agents, prescribed upon the same principle, I have been equally fortunate in the treatment of urethral stricture—a disease for which the bougie, in general practice, is far too indiscriminately employed. You all know the beneficial influence of *warm* baths in this affection, and some of you may have heard of the advantages to be obtained from the internal use of *iron*. But the influence of *quinine* over stricture is not so generally known. It is unnecessary for me to give any instance of my own evidence of this, Sir Benjamin Brodie having published at length the case of a gentleman affected with spasmodic stricture of the tertian type—that is to say, which came on every alternate night about the same hour,—and which yielded, in his hands, to quinine. The marked *periodicity* of this case doubtless pointed out the proper treatment; but in cases where this is less striking, you have only to ask the patient if there are times when he passes his water better than at others; and if he answer in the affirmative, you may be sure the stricture depends less on a permanent thickening of the mucous membrane of the urethra, than upon a remittent spasmodic action of its muscular apparatus. Such a patient, on coming out of a warm room into a *cold* one, will find himself, all in a moment, unable to pass a drop of water. See then the effect of *thermal* change—of change of *temperature*—in producing spasm—and hence too the benefit to be derived from the warm bath in the treatment of spasm generally. In the great majority of stricture-cases, the surgeon may save himself the trouble, and his patient the torture, of passing the bougie at all, by treating the disease chrono-thermally; that is, if he prefers the interest of the public to his own; but this mode of preventing the return of disease is obviously less lucrative than that which enables him to give temporary relief at the expense of a long attendance.

We now come to *that* form of disease termed

PALSY OR PARALYSIS—

An affection in which there is a still greater loss of muscular power than in any of those we have hitherto considered. From the suddenness with which the patient is in most instances affected or “struck,” this disease is known to every body under the name of “paralytic stroke,” or more fami-

liarily still, "a stroke." It consists either in a partial or complete inability to use the affected muscles—for there are degrees of palsy as of every other disease—inability to control their actions in any manner whatever by the will. Now it is a common error of the schools to teach that such disorder is *always* dependent on some PRESSURE on the brain or spine. But paralytic disease has often been produced by a *purge*, and oftener still by *loss* of blood;* and many weakly persons, on suddenly rising from their chair, have all at once lost the use of a leg or arm. Most cases of paralytic disease, if properly sifted, will be found to be only the *termination* of previous constitutional disturbance; previous threatenings of such loss of power having been more or less frequently felt by the subjects of every case. Moreover, in a number of cases, palsy is an *intermittent* disease throughout its whole course, being preceded by chills and heats, and going off with a return of the *proper* temperature of the body. How can you reconcile the idea of permanent pressure with such phenomena?

I now will give you a case—*Aphonia*, as it is called by professional men—taken from a foreign journal [*Hecker's*]. "A peasant girl was attacked in the following manner:—Speechlessness came on every day at four o'clock, P. M., accompanied by a feeling of weight about the tongue, which remained about a quarter of an hour. The patient, while it lasted, could not utter any sound, but occasionally made an indistinct hissing noise. Consciousness did not seem impaired during the fit. She ascribed her inability to speak to a feeling of weight in the tongue. The paroxysm went off with a large evacuation of watery urine, accompanied by *perspiration* and sleep. Ten such attacks had occurred, when Dr. Richter was called to see her; he ordered her considerable doses of sulphate of quinine with immediate good effect from the first day. The attack returned, but in a mitigated form, and on the second day no trace of it was visible, except a certain degree of debility and fatigue felt at the usual hour of its coming on."

I am sorry the corporeal temperature is not stated by the reporter of this case, but the periodic manner in which it came on and went off, together with the mode of its cure, sufficiently illustrate its nature. Not long ago I was consulted in

* The recent case of Sir William Geary must be still fresh in everybody's mind. That gentleman met with a sudden loss of blood from an accidental wound of the carotid artery. Palsy of the left side ensued.

a similar case, which was moreover complicated with palsy of one side. Sarah Warner, aged 25, married, had suffered periodically from loss of speech, and also from an inability to move the leg and arm of one side. Various remedies had been ineffectually prescribed by her medical attendants, who all looked upon her disease as APOPLECTIC—in other words, they supposed it to be caused by *pressure* on the brain. One of them, indeed, proposed to bleed her, but she would not consent. When she applied to me, I ordered her a combination of quinine and iron, after which she never had another fit.

I shall now give you the details of a case of palsy which I treated successfully after it had long been considered hopeless:—

Mrs. S., aged 40, a married woman, and the mother of several children, had kept her bed for *eight* years, on account of paralysis of the lower extremities; during which period she had been under the treatment of eight or nine different physicians and surgeons. Such at least was the woman's own statement, confirmed to me by many people of respectability, who had visited her from the commencement of her illness. When I first saw her, she could not move either leg; her voice was an almost inaudible whisper; she was liable to frequent retchings, and she complained of spasms, with much pain of the loins and limbs. Her last medicine, mercury, which she believed had been given her by mistake, had produced salivation, but with decided aggravation of her symptoms. In this case I prescribed a combination of remedies, the principal of which were hydrocyanic acid and tincture of cantharides. Under this treatment her voice returned in about a week; her recovery from every symptom was complete in six weeks, and she had no return in three years after she was under my care.

Charles O., aged 10, had been in a curious state for some months previous to my first visit. I found him lying upon a couch, every muscle of his face in such complete repose, that his countenance seemed quite idiotic; his arms and legs were perfectly powerless, and if you held him up, his limbs doubled under him like those of a drunken person. Upon whichever side you placed his head, he was unable to remove it to the other. It was with difficulty he swallowed his food, but the heart and respiratory muscles performed their respective offices with tolerable correctness. The patient laboured under complete loss of speech the entire night, and nearly the whole

day. About the same time daily—noon—he could utter the monosyllables *yes* and *no*, but this power remained with him for half an hour only. The remedies to which I resorted in this case were minute doses of iron, quinine, and hydrocyanic acid,—all of which improved him, but the last proved the most effectual. In less than three weeks he was running about, well in every respect, and the change in his countenance, from apparent idiocy to intelligence, was as perfect a transformation as it is possible to imagine. You marked, I hope, the periodic, though imperfect, remissions which this case exhibited.

The case of the celebrated Madame Malibran may still be fresh in some of your minds. It was completely the converse of this boy's disease, for at particular times every muscle of that actress became stiff and rigid throughout the entire body. When taken together, these cases show the analogy which subsists between paralytic and spasmodic affections; indeed, in many cases, both affections coexist at the same time in different muscles of the same person—sometimes they are complicated with imbecility of mind or insanity.

A young girl was lately carried into my room by two of my servants. Her mother brought her to me, at the request of the Rev. ———. Not only had this girl lost the use of one side, but her reason was gone; in fact, her appearance was quite idiotic, and she was utterly helpless in every way. She had, moreover, an *epileptic fit* every night when she was put to bed. In this case I prescribed a combination of copper, silver, strychnia, and quinine. What a medley! I hear some of you say; but don't be too quick, for mark the result. About six weeks afterwards a young person walked into my room with a letter from her reverend friend. It was the same girl, looking quite intelligent, and speaking and walking as well as she had ever done in her life. Her epileptic fits had become faint, few, and far between, and she was then the monitor of her class!

I was suddenly called to see Mrs. T——, whom I found with complete loss of the use of one side, and partial palsy of the muscles on the same side of the face. She had been nervous and ill for some time, and the night before she had been suffering from domestic affliction. The next morning, while entering her own door, she fell as if she had been shot. When I first saw her, her face was pallid, and her feet were cold. The people about her were urgent that she should be *bled*, but I ordered her warm brandy and water instead. A

gentleman, who was formerly her medical attendant, was sent for, and agreed with me that she should not be bled. Under the use of quinine and strychnia, continued for about six weeks, with country air, she recovered the use of her side so far as to be able to walk without a stick; the use of her arm has also since returned. Had this lady been bled or leeches, she would now, in all probability, be in her coffin.

I will now give you a case or two exemplifying the cure of palsy of a single limb.

Mary B., 18 years old, from the age of *eleven*, had weakness of the back and loins, and she gradually lost the use of the right leg. In this state she remained for *three* years; sixteen months of this period she was an in-patient of an infirmary. But cupping, bleeding, leeching, blistering, were all ineffectual. The patient complained of having suffered from shivering fits, followed by heats, and sometimes perspirations. The same mode of treatment as in Mrs. S.'s case, with the addition of a galbanum plaster to the loins, in which she complained of coldness, was adopted, and followed with like success. She had scarcely been a fortnight under my care before she completely recovered the use of her paralytic limb, and she has had no relapse during the last four or five years.

Miss M., aged 25, had lost the use of both limbs for *seven* years; all that time she had been confined to her bed, and though she had had the advice and attendance of the late Sir Charles Bell, who was a friend of her family, she never once could stand up during the whole of that period. She was brought up to town from Yorkshire, a distance of 260 miles, on a sofa-bed, to be placed under my care. I immediately put her on a course of chrono-thermal treatment, and we had not long to wait for improvement, for in five days this young lady could walk round the table with the partial support of her hands. At the end of two months, without any assistance whatever, without even the support of the bannisters, she could run up and down stairs nearly as well as ever.

If a knowledge of anatomy could confer a knowledge of physic, why did Sir C. Bell fail in this case? No man knew anatomy better; few knew the *nervous system* so well. But to know the anatomy of the *dead* is one thing, and to know how to influence the motions of the *living* is another. Sir C. Bell was a profound anatomist, and an admirable operative surgeon; he excelled in Mechanics, but not in Medicine.

The mast of a ship is kept erect by the *stays* and *shrouds*;

if you divide or loosen these on one side, the mast falls more or less in an opposite direction. The human spine is kept upright by a similar apparatus—the *muscles*. If any of these muscles from bad health become weakened or paralyzed on any side, the spine, from the want of its usual supporting power, must necessarily, at that particular place, drop to the other side. But being composed of many small-jointed bones,—the *vertebræ*,—the spinal column cannot, like the mast, preserve its upright form, but when unsupported, must double more or less down in the shape of a curve or obtuse angle; and the degree and situation of this curvature will depend upon the number and particular locality of the muscles so weakened or paralyzed. This disease, or “deformity,” (for Mr. Abernethy would not allow it to be any thing else,) under all its uncomplicated variations of external and lateral curvature, is the result of muscular weakness or palsy; which palsy, for the most part, is a feature or termination of long remittent febrile disorder. It is often a more or less rapid development of the usual diseases of children—scarlet fever, chicken-pox, measles, and so forth; all of which, as I shall afterwards show you, are purely remittent fevers; but whether complicated with vertebral disease or not, curved spine is no more to be influenced by issues, setons, moxas, &c., except in so far as these horrible measures almost invariably confirm it by further deteriorating the general health of the patient.

In the commencement of most cases of this kind, the patient is taller one day than another,—a proof that it depends upon the state of health of the hour; and never do I remember to have had such a patient who did not confess to chills and heats, or *vice versâ*. I will give you two cases in which these phenomena were observed.

A young lady, aged 16, had a *lateral* curvature of the *vertebræ* of the upper part of the back, (that is, a curvature to one *side*,) causing the inferior angle of the shoulder-blade to protrude. I prescribed for her quinine, in small doses, and directed her to have her spine rubbed night and morning with my liniment. In less than a month the patient had gained three inches in height, and in two months more, she was erect.

A lady, 45 years of age, the mother of children, had her spine so much curved at the lower part of the loins, that, to use the phrase, her “hip grew out.” This case came on suddenly. I ordered a warm plaster to be applied to the spine,

and prescribed hydrocyanic acid and quinine. In three weeks she stood upright. Four years afterwards she had a return, when the same means were again successfully put in practice. These two cases were cases of simple, uncomplicated palsy of the muscles of the back. There are yet other ways in which curved spine may take place—though these still depend on a *loss of health* of the general system. The mere weight of the body will in some cases produce *waste*, or, professionally to speak, interstitial *absorption* of particular *vertebræ*, or of their parts. A curve of course must follow; but curvature of the spine is not unfrequently the effect of a *consumptive* disease of the substance of the *vertebræ*—a process by which one or more of these small bones fall into a state of ulcerative decay. Still, even in these cases there is, at the same time, a greater or less loss of power in particular muscles—for the same general bad health that weakens the bones must weaken them also.

I will give you two cases illustrative of this last complication.

Mrs. C., aged 25, had, for upwards of eighteen months, great weakness in the upper third of the back, where a swelling made its appearance, gradually increasing in size. According to the statement of this woman, she had been an in-patient of an infirmary for seven months, during which she had been treated by issues and other local measures, but with no good effect. When I first saw her, she could not walk without assistance. Upon examination, I found a considerable *excurvature*, involving the third, fourth, and fifth *vertebræ* of the back,—which *vertebræ* were also painful and enlarged, and the skin which covered them was red and shining. The patient was extremely dispirited, shed tears upon the most trifling occasion, and was subject to *tremblings* and spasms. She was generally chilly, and suffered much from coldness of feet. She also complained of *flushes*. Some days she thought the “swelling” in her back was not so great as upon others; and upon these particular days she also remarked her spirits were not so low. I directed the issues to be discontinued, and ordered a combination of hydrocyanic acid and tincture of cantharides, to be taken three times a-day. These medicines she had scarcely continued a fortnight, when the improvement in her general appearance was most decided; the protuberant part of her spine had in that period considerably diminished—her health daily became better, and, in less than a month, her cure was accomplished.

A permanent curve, slight when compared with her former state, still remains.

A young gentleman, nine years of age, had external curvature of the upper vertebræ of the back; one or more of which were in a diseased and even ulcerated state, as was obvious, from a discharge which proceeded from an opening connected with the spine. His mother observed that he stood more erect some days than others. When I was first consulted, he had an issue on each side of the spine; but these, as in the former case, having been productive of no good, I ordered to be discontinued. Keeping in view the remittent and constitutional nature of the disease, I prescribed small doses of my chrono-thermal remedies. The very next day the discharge was much diminished, and a cure was obtained in about six weeks. The ulcer in that time completely healed up, but a permanent *angular* curve, of course, remained—trifling, however, when compared with the state in which I first found him.

I might give you many other such cases, but my object is to illustrate a principle, not to confuse you with too much detail. These two cases are sufficient to show you the nature and best mode of treating what you may call, if you please, *vertebral consumption*; though I am not so sure the schools will agree with you in the designation. The one case was in its incipient state, the other fully developed.

It occasionally happens that the matter proceeding from a diseased *vertebra*, instead of making its way out by the back, proceeds down the loins *internally*, till it reaches the groin, where it forms a tumour; this tumour is called by the profession *lumbar*, or *psoas* abscess. With the exception of opening the tumour to allow the collection of purulent or other matter to escape, this disease, like the cases just detailed, should be treated almost entirely *by such constitutional* measures as tend to the improvement of the health generally. It has been for some time the fashion to confine *all* patients with spinal disease to a horizontal posture; and a rich harvest makers of all kinds of beds and machines have derived from the practice. In the greater number of cases this treatment is erroneous from beginning to end. Constant confinement to one posture is sufficient of itself to keep the patient nervous and ill; while his own feelings and wishes are, for the most part, the best guide as to whether he should rise, walk, sit, or lie down. In this *he* has no theory—the doctor too often has nothing else.

Equally effectual have I found the chrono-thermal principle of treatment in that particular palsy of one or more muscles of the eye-ball, which give rise to *squint*, or *strabismus*, as the faculty phrase it. Parents who have children thus affected will tell you that the little patients some days scarcely squint at all. You see then that this affection, at the commencement at least, is in most instances an *intermittent* disease. Can the intermission here, like that of the ague, be prolonged to an indefinite period by bark, opium, &c.?—Oh, I could give you half-a-hundred instances where I have prolonged it to a cure by these remedies. In a case lately under my care, the squint came on regularly every alternate day at the same hour, and lasted an hour. The subject of it, a boy of eleven, after taking a few minute doses of quinine, never squinted more. In another case, as nearly as possible the same, I ran through almost all the chrono-thermal medicines ineffectually, but succeeded at last with musk. I was lately consulted in the case of a young gentleman affected with squint, who had also a tendency to curved spine. A few doses of quinine cured him of both. The subjects of all these cases had corporeal chills and heats,—showing clearly that the local affections were merely developments of remittent fever. Were medical men only to attend a little more to constitutional signs, they would not, I am sure, leech, blister, and cup away at localities, as they are, in general, too fond of doing. If properly treated at the commencement, squint is very generally curable by internal remedies; but when, from long neglect or ill-treatment, it has become *permanent*, the position and appearance of the eye may be made all but natural by a surgical division of the opposite muscle. If the squint be *partial* only, a surgical operation will make the patient squint worse than ever—and even in the case of complete squint, should the paralytic muscle upon which it depends recover its power after the operation, a new squint would follow of course.

There is yet another paralytic affection of the eye which I must explain to you. I allude to what is called *amaurosis* or nervous blindness. In this case, a non-medical person could not tell the patient was blind at all, the eye being, to all appearance, as perfect as the healthy organ. Now, this affection, in the beginning, unless when caused by a sudden blow or shock, is almost always a remittent disease. Some patients are blind all day, and others all night only. Such cases, by the profession, are termed *hemeralopia* and

nyctalopia, or day and night blindness. These, then, are examples of intermittent amaurosis; and they have been cured and caused, like the ague, by almost every thing you can name. You will find them frequent in long voyages,—not produced in that case by exhalations from the fens or marshes, as many of the profession still believe all intermittent diseases to be,—but by depraved and defective food, with exposure to wet, cold, and hard work, perhaps, besides. In the *London Lancet*, [8th Dec. 1827,] you will find the case of a girl, twelve years of age, who had *intermittent* blindness of both eyes, palsy of the limbs, phrenzy, and epilepsy, from all of which she recovered under the use of ammoniated *copper*—a chrono-thermal remedy. This case fully establishes the relations which these various symptoms all maintain to each other; and their remittent character, together with the mode of cure, explains the still greater affinity they bear to ague.

“The remedies which have been found most efficient in *permanent* nervous blindness, have been the chrono-thermal, or ague medicines, occasionally combined with mercury, or creosote. I will give you a case which I treated successfully by an internal remedy. Charles Emms, aged 25, stated to me that he had been completely blind of both eyes for upwards of *nine* years, four of which he passed in the Bristol Asylum, where, after having been under the care of the medical officer of that establishment, he was taught basket-making, as the only means of earning his subsistence. He had been previously an in-patient in the Worcester Infirmary, under Mr. Pierrepont, but left it without any benefit. Some days he perceived flashes of light, but could not even then discern the shape or shade of external objects. Before he became completely blind, he saw better and worse on particular days. When he first consulted me, his general appearance was very unhealthy, his face pale and emaciated, his tongue clouded, appetite defective and capricious, and he described himself as being very nervous, subject to heats and chills, palpitations and tremblings; his spirits were depressed. My first prescription, quinine, disagreed; my second, silver, was equally unsuccessful; with my third, *hydrocyanic acid*, he gradually regained his vision—being, after an attendance of four months, sufficiently restored to be able to read large print with facility. Such has been his state for upwards of two years. I need not say his general health has materially improved—his appe-

tite, according to him, having become too good for his circumstances. In confirmation of the value of hydrocyanic acid in *nervous* blindness, I may mention that many years after I first published this case, Dr. Turnbull detailed as a great *discovery* some cures which he made in similar cases by applying the vapour of this acid to the eye."

If patients who are subject to deafness be asked whether they hear better upon some days than others, the great majority will reply in the affirmative;—so that deafness is also for the most part a remittent disease. That it is a feature or development of general constitutional disorder is equally certain, from the chills and heats to which the great body of patients affected with it acknowledge they are subject. Deafness from organic change of the ear, is infinitely less frequent than that which arises from nervous or functional disorder. Hence the improvement to be obtained in the great majority of diseases of this organ, by simply attending to the patient's general health. By keeping in view the chrono-thermal principle, I have been enabled to improve the hearing in hundreds of cases. One old gentleman, upwards of 70 years of age, after having been all but quite deaf for years, lately consulted me for his case; he recovered completely by a short course of hydrocyanic acid. The like good effects may also be obtained by chrono-thermal treatment in ringing of the ears, &c. Indeed, very few people get much out of health without suffering more or less from noise in the ears; sometimes so great as to cause partial deafness.

Cases of loss of the sense of TOUCH, and also those of partial or general numbness, will, in the greater number of instances, be found to exhibit remissions in their course. So also will almost every instance of that exalted degree of sensibility known by the various names of *tic douloureux*, *sciatica*, &c., according to the locality of the various nerves supposed to be its seat. Look at the history of these diseases. What have your surgical tricks done for their relief,—your moxas, your blisters, your division of nerves? The only measures to which these diseases have yielded, have been the chrono-thermal remedies—bark, arsenic, iron, prussic acid, &c., the remedies, in a word, of acknowledged efficacy in ague. I shall here present you with a case from the *London Medical and Surgical Journal*, illustrative of the nature of *tic*, when involving the nerves of the face. The pain first supervened after a fright; it returned every day at two

o'clock, commencing at the origin of the suborbital nerve, extending along its course, and lasted from half an hour to an hour. Two grains of sulphate of quinine, given every two hours for three days, produced in so short a period a complete cure. The same prompt and favourable effects were observed in another case of frontal tic, that appeared without any known cause. Now, this *frontal tic* is commonly known by the name of *brow-ague*. Why, then, mystify us with *neuropathy*, *neuralgia*, and a host of other jaw-breaking terms, that, so far from enlightening the student upon the subject of medicine, do nothing but lead him into darkness and confusion. All these are mere varieties of ague; the place of pain making the only difference.

LOSS of the sense of TASTE is an occasional effect of constitutional disturbance, and so is depraved appetite. An example of what is called *bulimia* or *excessive* appetite, occurs in the lectures of Mr. Abernethy: "There was a woman in his hospital who was eternally eating; they gave her food enough, you would have thought, to have disgusted anybody, but she crammed it all down; she never ceased but when her jaws were fatigued. She found out that when she put her feet into *cold water*, she ceased to be hungry." What could be this woman's inducement to put her feet in cold water in the first instance? What, but their high temperature—the fever under which she laboured? A gentleman, who was fond of play, told me, that when he lost much money he was always sure to become *ravenously hungry*; but that when he won, this did not happen. The temperature of his body, as well as the condition of his brain, must have been different at these different times.

To the state of corporeal temperature we must also refer the various degrees of THIRST, from which so many invalids suffer. This, like HUNGER, when extreme, is a depraved sensation. If we have intermittent fever, so also must we have intermittent hunger and thirst among the number of morbid phenomena. Colonel Shaw, in his *Personal Memoirs and Correspondence*, has this remark: "I had learned, from my walking experience, that to *thirsty* men, drinking water only gives a momentary relief; but if *the legs* be wet, the relief, though not at first apparent, positively destroys the pain of thirst."

We have hitherto confined ourselves, as much as possible, to simple or "functional" diseases,—those forms of disorder

in which there does not appear any tendency to local disorganization or decay. Hereafter we shall enter into a consideration of those disorders which manifest more or less *change of structure* in their course. Such diseases are termed "organic" by medical writers, and to a certain extent they are more complicated than those we have just left. To a certain extent, too, they admit modification of treatment. In most cases of this kind, though not in all, it is my custom to prescribe one or more powers, having a general chrono-thermal influence, with one or more having a local bearing. I have necessarily, on occasion, combined remedies which may partially decompose each other. In continuing still to do so, I am justified by *successful results*, the only test of medical truth—the ultimate end and aim of all medical treatment. A charge of unchemical knowledge has been occasionally urged against me for this, by chemists and drug-compounders. But what says Mr. Locke?—"Were it my business to understand phisic, would not the surer way be to consult nature itself in the history of diseases and their cures, than to espouse the principles of the dogmatists, methodists, or *chemists*?" This charge, then, I am willing to share, with numerous medical men, whom the world has already recognized as eminent in their art. By such, the answer has been often given, that the human stomach is not a chemist's alembic, but a living organ, capable of modifying the action of every substance committed to it.



WE have hitherto derived our illustrations of the unity and *intermittent* nature of disease, almost entirely from such forms of disorder, as, by the profession of the present day, are termed FUNCTIONAL; that is to say, such as are uncomplicated with organic decomposition, or any marked tendency thereto. Now, in the commencement, all complaints are simply functional. I do not of course include those organic diseases that have been the immediate effect of mechanical or other direct injury—such as the passing of a small sword through the lungs or liver. I speak of disease in the *medical* acceptation of that term—disease in which one or more constitutional paroxysms occur before organic change be-

comes developed. Inquire the *sequelæ* of those agues for which the usual *routine* of medical treatment may have proved unavailing. Do not these comprise every structural change to which nosologists have given a name?—hemorrhage, or rupture of blood-vessels wherever situated,—diseased lungs, by whatever termed; with all the various visceral alterations which have obtained designations more or less expressive of the localities in which they become known to us—the enlarged, softened, or otherwise disorganized heart, liver, spleen, and joint—the indurations and other changes which take place in the several glands of the body, whether called scrofulous or consumptive, cancerous or scirrhus. When patients thus afflicted complain of the *ague-fits*, from which they suffer, their medical attendants too often point to the local disease as the cause, when, in reality, such local disease has been a mere feature or effect of repeated paroxysms of this kind. Even John Hunter, with all his acuteness, fell into this error, when he said, “We have ague, too, *from* many diseases of parts, more especially of the liver, as also the spleen, and *from* induration of the mesenteric glands.” It is only of late years that the better informed members of the profession have begun to suspect that these structural alterations, instead of being the causes of the “constitutional disturbance,” are the results. But this phrase, in most instances, they use without any very definite idea of its meaning—and when questioned in regard to it, they either confuse the matter with the mixed-up jargon of incompatible theories, or frankly confess that they entertain notions which they feel themselves unable by any form of speech to impart to others. “Constitutional disturbance,” when analyzed, will be found to be neither more nor less than an *excess* or *diminution* of the healthy temperature and motions of various parts of the body,—amounting, when the disease is *recent*, (or “acute,”) to the bolder features of INTERMITTENT FEVER—and in cases of longer standing (or “chronic”) coming at last to the more subdued symptoms of that universal disease. Between these two extremes you have every kind of intermediate shade,—which shade sometimes depends upon duration, sometimes upon individual constitution.

Every child of Adam comes into the world with some weak point, and this weak point necessarily gives the subject of it a *predisposition* to disease of one locality or tissue of the frame rather than another; but many persons, from accidental causes, have also their weak points. Of this kind

are such parts of the body as, after having been externally injured, get so well, that while you continue in health, you suffer no inconvenience; but as old age steals upon you, or when your general health gives way, you are reminded by certain feelings of weakness in the parts injured, of the accidents that have formerly happened to you, and that to keep the affected parts in tolerable strength, you must not play tricks with your constitution. Individuals so situated can predict every change of weather; they are living barometers, and can tell you what kind of a day it shall be, before they rise in the morning. They obtain their knowledge of this from the experience of their feelings in their old wounds and fractures. Now this is what you ought to be prepared to expect; the atoms of *repaired* parts always have a weaker attraction to each other than the atoms of the other parts of the frame—and they must, therefore, in the very nature of things, be more liable to be influenced by external agency—by every thing, in a word, that has the power to put matter in *motion*. Whatever, under ordinary circumstances, shall slightly shake or affect the whole body, must, under the same circumstances, be a subject of serious import to its weaker parts; and this argument also applies with equal force to the atoms of those parts of individual bodies, which, by hereditary predisposition, manifest a similar weakness in the attractive power of their atoms to each other. As the child is but an extension of the living principle of the parents, its frame must naturally, to a certain degree, partake of the firmness and faults which characterized its progenitors, whether mental or corporeal—resembling them, not only in external features, but copying them even in their inward configuration. Such similitude we see extending to the minutest parts, whether such parts be fully developed, or defectively, or even *superfluously* constructed. As instances of these last, I may mention, that I have known particular families, where the frequent repetition of six fingers to the hand has taken place in successive generations, and others, where the same members have been as hereditarily reduced beneath the correct human standard. Then in regard to hereditary *mental* resemblances, you will see children, whose father died before they were born, manifesting the same facility or stubbornness of temper, the same disposition to moroseness or jocularity, which characterized the author of their being. Friends and relatives will sometimes hold up their hands with astonishment at this mental likeness of children to their parents;

“he is just his father over again,” is a common and correct remark of the least observant. In the doctrine of *hereditary predisposition*, then, the profession and the public, I believe, are equally united in opinion; but whether they be so or not, is of very little import while you have eyes to look around you, and can judge for yourselves. I must, however, tell you, that in cases of hereditary predisposition, much will depend upon circumstances, whether or not such predisposition be actually and visibly developed in the individual members composing a given family. A person, for example, in whose family the heart or lungs is the weak point—by guarding himself against too rapid changes of temperature, and availing himself of a fortunate position in society as to pecuniary and other means, may so control numerous exciting elements of disease, as to pass through life happy, and comparatively healthy;—while his less fortunate brother, worn down by an accumulated weight of domestic and other trouble, shall not only suffer in his general health, but shall as surely have the weak point of his family’s constitution brought out in his individual person. We are all, then, more or less, the “sport of circumstances.”

Among the various diseases which, from their frequency, we justly recognize as the most prominent and important that affect the inhabitants of this country, I may mention spitting of blood, consumption, and glandular disorders. The rapid transitions of temperature, so characteristic of this climate, certainly predispose us to these complaints;—for while in the warmer countries of the South dysentery and abscess of the liver carry off the greater number of the various races that compose the population,—the natives of India who have died on our shores, have generally fallen victims to glandular and chest disease. Even the monkey acknowledges the baneful effects of such rapid thermal transitions on his respiratory organs. More than one half of this class of animals that come to this country, die of consumption of the lungs. Diseases of the chest and glands certainly become hereditary; but under that head you may include a great many others,—epilepsy, apoplexy, palsy, mania,—and perhaps every purely constitutional complaint which has obtained a name. Could the breeding of mankind be as closely watched and as easily controlled as the breeding of our domestic animals, incalculable advantages, moral as well as physical, might be the effect of judiciously crossing particular races with each other. The tendency to the particular passions and diseases which cha-

racterize nations and families, might, in this manner, be as certainly diminished, as the beauty of the face and form might be exalted in its standard;—for both depend greatly upon hereditary configuration, or upon that particular atomic association of certain parts of the body, which you find prevailing in families—other external modifying circumstances being, at the same time, kept in view,—such as climate, temperature, social and political relationship, &c. But be this as it may, whatever will agitate the whole frame of an individual,—whatever will in any manner touch the stability and strength of his corporeal *totality*, must to a certainty with much more severity affect the weakest point of his body, whatever that point be. This doctrine I mean now to apply to

APOPLEXY.

The great system termed the human economy is made up of numerous lesser systems, each having a fabric or material peculiar to itself. By anatomists these various fabrics are termed the tissues. Thus we have the osseous or bony tissue of the skeleton, the cartilaginous and ligamentous tissues of the joints; the glandular tissue, different in different systems of the glands, but without which there could be no *secretion*—no saliva—no bile—no perspiration, and the like;—the muscular and tendinous tissues, so necessary to locomotion;—the nervous tissue,—of two kinds,—one to convey impressions *from* the brain to all parts of the body, the other to convey impressions back *to* the brain. Then there is the vascular tissue, partly muscular in its nature, comprising the heart and its infinity of blood-vessels;—to say nothing of the cellular tissue, which, like a web or net, invests and insinuates itself into the whole tissues of the body. The tissue of the lungs and that of the intestinal tube are principally compounded of the others; so, also, are the lining membranes of the various cavities and canals that convey the secretions—*mucous* membranes, as they are termed—for the membranes that line shut cavities, such as the cavities of the chest and abdomen, are distinguished by the term *serous*. The cutaneous, or skin-tissue, performs the part of an outward envelope to all. Now, as there is seldom such a thing to be seen as a man or woman whose body is so perfectly made in its outward form as to stand the scrutiny of a sculptor or painter in all its parts, so, in the internal configuration of all bodies, will there be parts, as we have already seen, inferior

to other parts in strength and so forth. Some tissue, or portion of a tissue, may be at fault. Well, then, suppose the fabric of the *blood-vessels* of a part to be the least strongly constructed tissue of a given individual, can you doubt that any thing which might injure that individual's health generally, would, among other phenomena, develop such original weakness in that part of his vascular tissue, even where it had not been before suspected? Suppose you were to starve a person slowly, or to bleed him day by day, would you not in that case be sure to break down his whole health?—Would you not also weaken the coats of the blood-vessels generally by what so palpably weakened every tissue of the frame? Now, suppose one or more vessels of the brain to be the least strongly constructed parts of an individual body, would not such starvation or such blood-letting be sure to produce so great a weakness of the coats of these vessels as to give them a tendency to rupture, the consequence of which would be effusion of blood upon the brain,—in other words, *apoplexy*? I think you must, even in theory, come to that conclusion. But I will give you a fact, or rather a host of facts, which you will be glad to take in change for a thousand theories. The inmates of the penitentiary prison, by very gross mismanagement, were put upon a diet from which animal food was almost entirely excluded—they were all but starved—"An ox's head weighing eight pounds was made into soup for one hundred people, which allows one ounce and a quarter of meat to each person. After they had been living on this food for some time, they lost their colour, flesh, and strength, and could not do as much work as formerly." "The affections which came on during this faded, wasted, weakened state of body, were headache, vertigo, delirium, convulsions, APOPLEXY." Remember, this is not my statement—no distortion or corruption of words made by me as a party advocate. It is *literatim et verbatim* extracted from the official report of Dr. Latham, the physician who was deputed by government to inquire into the cause of the great mortality in the penitentiary. If you place any confidence in its accuracy,—if you believe Dr. Latham to be an honest man, there is only one conclusion you can come to, which is this, that the practice of starving and bleeding to prevent or cure apoplexy, is the most certain mode of producing this disease in persons predisposed to it, and of confirming it in such as have already shown the apoplectic symptoms. You seem startled at this, and no wonder—for some of you have

doubtless lost relatives by the practice. How then, you have a right to demand, must apoplexy be treated? That apoplexy, like every other disease, is a development of general constitutional disturbance,—that it is a remittent disease, and in many instances curable by the remedies so generally influential in the treatment of intermittent fever, according to the various stages of that complaint, I could prove to you by a multitude of evidence.

Dr. Graves, of Dublin, gives the case of a gentleman living in the neighbourhood of Donnybrook. This gentleman, Dr. Graves tells us, “had slept well till four o’clock in the morning, when he was awakened by a general feeling of malaise, shortly after which he complained of *chilliness*, some nausea, and headache. [Here then was the cold stage.] After these symptoms had continued about an hour, his skin became extremely *hot*, the pain of the head intense, and drowsiness was complained of, which soon ended in perfect coma, with deep snoring and insensibility; in fact, he appeared to be labouring under a violent apoplectic fit. He *seemed* to derive much advantage from bleeding and other remedies, and to my surprise was perfectly well when I visited him in the evening. The day but one after, at the very *same hour*, the very same symptoms returned, and were removed by the very same remedies. [So at least the doctor thought.] I must confess,” he continues, “that I could not explain in a satisfactory manner the perfect freedom from all cerebral and paralytic symptoms after two such violent attacks of APOPLEXY. But when a *third* attack came on, I then saw it was a case of the *TERTIANA SOPOROSA* of nosologists, [what jargon!] and I *prevented the return* of the fit by the exhibition of *quinine*.” The quinine, you see, proved at once an efficient preventive of the returning fits, while repeated blood-letting, whatever might have been its effect in shortening them, had not the slightest influence in that more salutary effect. But when Dr. Graves supposed that his bleedings did actually shorten the duration of the fits, may he not have been deceived by the approaching *remission* of the disease—may he not have mistaken this natural phenomenon of all disorder for the effect of his remedies? However that may be, I can say this much for myself, that since I gave up the practice of bleeding in apoplexy, I have found that disease in the young as generally curable as any other, and in the old much less fatal than when treated by the lancet.

That you may cure the disposition to

RUPTURED BLOOD-VESSELS OR HÆMORRHAGE

in other parts of the body, as well as in the brain, by cold affusion, I could give you an infinity of proofs. What is the old woman's practice in bleeding from the nose? To put a cold key down your back, and thus, by the sudden shock, change in a moment the whole corporeal temperature. The principle is the same in both cases, and the good effects of that measure ought long ago to have suggested to medical practitioners a better practice in apoplexy and other hæmorrhages than is at present the fashion with fashionable doctors. COLD WATER HAS MANY VIRTUES, BUT A GREAT DEAL DEPENDS ON THE MODE OF ITS APPLICATION.* The suddenness of the dash is the chief thing to be attended to in cases of this nature. So much, then, for the proper treatment of the patient during the fit of bleeding; but what is to be done to prevent its return? Practitioners, almost to a man, bleed and purge you. The following case may open their eyes; and as it is not taken from my own experience, but from a German Medical Journal of repute, it may perhaps carry more weight with it on that account. "A strong man, aged 27, suffered on alternate days from very violent bleeding at the nose, which continued from four to six hours, and could neither be stopped nor diminished by the usual styptics, nor by any of the other means commonly employed in similar cases.—Taking into account the remarkable *periodicity* of the bleeding, the treatment was changed for a large dose of sulphate of QUININE with sulphuric acid. During the twenty-one days following, the bleeding recurred but twice, and was then readily stopped. The patient subsequently continued quite well."—[*Med. Zeitung*, No. 33, 1836.]

In the case of a young lady afflicted with priodical *vomiting* of blood, for which she had been repeatedly bled with-

* Much is said now-a-days of HYDROPATHY, which, whether a novelty or not, ought rather to be called Hydro-*ВАН-У*. Hydropathy, on a right principle, is only a *fragmental* part of chrono-thermal means. Practised as it is by Priessnitz and his followers, on the old erroneous *humor-al* doctrine, it must occasionally injure those who submit to it. Of this I lately had an instance in the person of a female patient who had partially lost the use of her right arm and leg. The case was of a paralytic kind, and among other means for its relief, the patient had tried a hydropathic establishment, which, she declares, not only made her worse, but "all but killed her." Under a chrono-thermal course, I am happy to say, she has very nearly recovered the original power of the affected muscles.

out the smallest advantage,—or rather to the great injury of her general health,—I effected a rapid cure with a combination of quinine and alum. The same disease I have again and again cured by arsenic, opium, and prussic acid, &c.

You will now, I have no doubt, be prepared to question the propriety of the usual murderous treatment adopted for *spitting* of blood—pulmonary apoplexy, as it has been called. Is not the lancet, in almost every such case, the first thing in requisition, and death the almost as invariable result of the measure? What say the older authors upon this matter? Listen to Heberden, a physician who, for upwards of thirty years, had the highest and most extensive practice in London: “It seems probable,” writes this veteran in medicine, “from all the experience I have had of such cases, that where the hæmorrhage proceeds from the breach of some *large* vein or artery, *there* the opening of a vein will *not* stop the efflux of blood, and it will stop *without the help of the lancet*, when it proceeds from a small one. In the former case, bleeding does no good; and in the latter, by an unnecessary waste of the patient’s strength, it will *do harm*. But if the opening of a vein be intended to stop a hæmorrhage, by deprivation or revulsion, may it not be questioned whether this doctrine be so clearly established as to remove all fears of hurting a person who has already lost too much blood, by a practice attended by the certain loss of more?” With which reasoning I hope you are all, by this time, prepared to agree. But men who know nothing of the economy of the human system, will sometimes dispute this matter with you, by saying that their patients make blood so fast, that they must periodically bleed them, to keep down the disposition to hæmorrhage. These practitioners deceive themselves; they are deluded into this false and fatal practice by the returning *febrile* fit—a fit that will recur and re-recure at more or less regular periods, while there are blood and life in the body; and the more frequent the bleedings practised in the case, the more frequently will this febrile fit come on, and with it the very hæmorrhage which it is the object of their solicitude to prevent. Does it not stand to reason, that the more you debilitate the *whole body*, the more certainly must you weaken at the same time the already too weak tissue of the vascular coats, that tissue whose original weakness constitutes the tendency to hæmorrhage! Instead of being the consequence of any constitutional plenitude of the blood itself, spitting of blood is only a natural effect of real weakness

in the coats of the containing vessels of the lungs; so that not only is the theory of making too much blood absolute nonsense, but the measures which medical men have for centuries been putting in force, for the cure of hæmorrhagic diseases, have been one and all as fatal in their tendency, as the theory that led to them was in principle false. Look at the pale and ensanguined countenances of the unfortunate individuals who, whether for spitting of blood, apoplexy, or other hæmorrhages, have been subjected to such cruel discipline, and tell me if these poor creatures make too much blood?—Too much blood!—only place your finger on the artery of the wrist, and you may feel it jerking, and compressible, like that of a female who has suffered from repeated floodings. Even during the febrile paroxysm, you may see by the circumscribed flush of the face that this patient is actually dying of hectic or inanition. What fatal mistakes have not originated in the notion of making too much blood!—To bleed in the case of a ruptured blood-vessel, then, is positive madness. If you open a vein in the arm of any man, whether healthy or the reverse, and let blood, will the opening of another vein stop the flow of blood from the vein first opened? So far from that, both veins will go on bleeding till the patient either faint or die! Should not this fact have long ago opened the eyes of the profession to the fallacy of their practice! How can you doubt, for a moment, that the coats of the blood-vessels, like every other tissue of the body, *must be* equally implicated in the *general debility* that cannot fail to be produced by whatever abstracts *from*, or prevents the entrance *of*, the material necessary to the healthy organization of every part of the human frame? To bleed or starve a person having a hereditary predisposition to spitting of blood or apoplexy, is the most certain method to develope these diseases in their worst forms! Yet this is the daily practice of the most eminent physicians! one among many proofs, that in the medical profession, eminence is less frequently attained by *successful results* in practice, than by the dexterous employment of all those mean arts and petty intrigues with which mediocre but unscrupulous minds too often beat men of genius in the game of life. So far as practice is concerned, the eminent physician generally confines himself to the fashion of the day—the more especially if that fashion be profitable to the apothecary; for in such case he is sure to become the fortunate *puppet* of those whose bread depends,

not so much upon the cures they shall effect, as the quantity of physic they shall manage to sell! What a happy nation of fools must that be, which supposes that any class of mankind will put the interests of the public in competition with their own. Benighted and misguided people! you call upon men to relieve you from your sufferings, while you hold out to them the most powerful of temptations to keep you on your sick-beds! You pay for physic what you deny to talent—for a *long illness*, what you refuse to a speedy recovery! Do you think medical men angels, that you thus tamper with their integrity? Your very mode of remunerating them forces them to be corrupt—and that, too, at a moment when their numbers are so great, that could even one half of them live honestly, the other half must starve! Hear Mr. Abernethy on this subject:—"There has been a great increase of medical men, it is true, of late years; but upon my life, *diseases have increased in proportion*;—that is a great comfort!" To whom is it a comfort?—to the public or the profession?—When you call in the physician recommended by your apothecary, how can you be sure that he is not a confederate? or that, when the *farce* of a "consultation" is gone through, you are not the dupes of a petty intrigue to pick your pockets? Uncharitable man! some of you may possibly say, how can you thus malign the members of your own profession? When so many of *my* profession, and those not always of the lowest class, descend to practices which degrade medicine into the vilest of trades; when, like the Thugs of India, numbers of them silently and secretly enter into systematic collusions and conspiracies for the purpose of inveigling and plundering, under friendship's garb, the unfortunate victims who too confidently repose on their honour and integrity,

But to return to the subject of ruptured blood-vessels. You will find that in every case, except where it has been produced by mechanical or other local agency, this disease is the effect or development of general intermittent fever; the symptoms of which fever vary in their degree of severity with every case,—in one being bold and well marked, in another, so softened and subdued, as almost to escape the patient's own observation;—curable, too, like the simplest ague, by the cold dash, or an emetic given during the hot fit; and to be prevented from recurring by chrono-thermal treatment during the interval of remission. I could give dozens

of cases of every kind of constitutional hæmorrhage cured in this manner; but the details of one would be the details of all. Yes, I repeat, by the early use of emetics, the proper application of heat and cold in the different morbid conditions of the body constituting the *febrile fit*, and by the judicious exhibition of the chrono-thermal medicines during its remission, I have successfully treated every kind of hæmorrhagic disease. The same system of treatment has enabled me effectually to cure many cases of enlarged veins—varicose veins, as they are termed—and the mention of this recalls to my recollection the case of an aged female who had a painful *varicose ulcer*—that is, a sore with blood-vessels opening into it—for which I prescribed the internal use of arsenic, with almost immediate relief to her pain, and the subsequent cure of her ulcer. From the happy result of that and other similar cases, the surgical *mechanic* may learn that there are other and better modes of treating “varicose veins,” than by bandages and laced stockings. Well, then, I have said ~~and~~ I mean to say upon the subject of hæmorrhage, and I have anticipated something of what naturally belongs to the treatment of diseases of the CHEST. Of these I must now speak at some length.

It has ever been the policy of teachers and professors to affect to penetrate farther into a millstone than their pupils; and, seeing that for the most part such professors know as little of their particular subject as those they pretend to enlighten upon it, so far as their own reputation is concerned, they are doubtless right. The great millstone of the present day is the CHEST,—and Laennec’s bauble, the divining rod by which our modern sages pretend to have obtained their knowledge of it. If you believe them, a hollow piece of stick they have nicknamed “the *stethoscope*,” is the greatest invention of these times! By means of it you may discover every motion and change of motion that ever took place in the organs within the cavity of the chest, and some that never could take place in them at all. What an invaluable instrument must it be—that stethoscope! The enchanter’s wand was nothing to it! Aaron’s rod perhaps came the nearest to it! But, seriously speaking, just observe how gravely your hospital tyros hoodwink and hocus each other with the phrases “hypertrophy” here, and “atrophy” there; “caverns” in this place, and “congestions” in that—to say nothing of “rhoncus” and “râle,” “egophony” and “sybilus”

—and heaven knows what other sounds and signs besides—sounds and signs which, in the greater number of cases, have as much of truth and reality as the roar of the sea with which the child deludes his fancy when holding a shell to his ear!

Let me first speak to you of

DISEASES OF THE HEART.

Do not the subjects of every kind of heart affection tell you they are one day better, another worse? How shall we speak of diseases of this organ?—of palpitation and temporary cessation or remission of its action?—disorders constantly misunderstood, and as constantly maltreated. Complain but of flutter or uneasiness in any part of the chest, the stethoscope—the oracular stethoscope—is instantly produced. Astonished—in many instances terrified—the patient draws his breath convulsively—his heart beats rapidly—and the indications obtained by means of this instrument, at such a moment of doubt, anxiety, and fear, are registered and recognized as infallible. “Have we not had too much talk of heart-disease since the stethoscope has come so generally into vogue?” was a question asked some years ago by the late Dr. Uwins. Dr. James Johnson shall answer it; and for reasons which I shall by-and-bye make you acquainted with, I prefer his evidence here to that of any other physician. In one of the numbers of *The Lancet*, Dr. James Johnson is stated to have said at a Medical Society:—“It was a common error in young practitioners to consider the heart as organically diseased when its functions only were much interfered with, and *this error* has become *more general*, he was sorry to say, *since the STETHOSCOPE has come into use.*” Dr. Johnson confines his observation to *young* practitioners—himself not coming under that head—but I have seen men as old as he make the same mistake, and those, too, enjoying a great reputation for stethoscopic sagacity.

Patient after patient,—medical as well as non-medical,—have come to me with the *fatal scroll* of the stethoscopist—their hearts palpitating, their limbs trembling, as they gazed in my face, expecting to read there nothing short of a confirmation of their death-warrants; yet of these patients many are now living and well, and laugh, as I hope to make you laugh, at both the instrument and its responses. How little must that man know of his duty as a physician, who would

deprive a fellow-creature in distress of the balm of hope—how little can he appreciate the influence of the depressing passions on the bodily sufferings of the sick! Yet with these eyes have I seen, in the hands of the patient, the written announcement of his doom, an announcement which afterwards turned out to be utterly unprophectic and false. How unwarrantable in any case to intrust the patient with such a document.

Let the practitioner withdraw his eye, for a time, from a mere symptom; let him observe how other muscles of his patient palpitate at times, like the heart, and act, like that, convulsively—finding these symptoms to be remittent in every case, and complicated with others, all equally remittent, would he still persist in his small bleedings, his repeated leeches, his purges,—*measures of themselves* sufficient for the production of any and every degree of organic change he already fancies he has detected! Would he not rather reflect with horror on his past treatment, and endeavour, by another and a better practice, to enable his patient to escape the sudden death to which, in his imagination, he had devoted him? How many a physician, by such a prognostic, has obtained unmerited credit for foresight and sagacity, while he only taught the patient's friends to be prepared for an event *he himself was materially contributing to hasten!* Truly, in this case at least, prophecies do tend to verify themselves!

I have seen two stethoscopists examine a patient with supposed heart-disease, and come to the most opposite conclusions,—one declaring the organ to be enlarged, the other assuming, with equal confidence, that it was the reverse! The utter absurdity of attempting to distinguish, during life, one form of heart-affection from another, by any particular sign or symptom, is sufficiently proved by this one fact, that a mere functional variation of its motions will produce every symptom of a real change in the structure of the organ itself. But even could such distinction be effected to the nicety of a hair, the knowledge of it would *not* be worth a rush for any *practical purpose*—inasmuch as the remedies for every kind of chest disease come at last to the same agency, whether that agency be directly applied to the surface of the body, in the shape of cold or heat, or be externally or internally administered in the form of medicines that electrically influence the corporeal motions through the medium of the brain and nerves. By the chrono-thermal system of practice, I have successfully treated every kind of heart-disease which ever

came, or could come, under the notice of the physician—setting aside, of course, original malformation of the organ. I will give you some cases in illustration :

“A gentleman, aged 30, had been ill for a long time, particularly complaining of his heart, the action of which organ was generally below the healthy standard, and it also palpitated occasionally. So great was his mental depression, that the smallest trifle produced tears. The temperature of his body generally was below that of health, and he suffered much from coldness of feet—remissions he of course had, being better at particular times. As he did not improve in the country, he thought he would try a London doctor; so he came to town, and consulted the late Dr. Hope, a gentleman man who, though he wrote a thick tome, entitled “Diseases of the Heart,” was, I am sorry to say, altogether wrong in his treatment of them! The stethoscope in this case was, as usual, applied to the chest, and its annunciation was sepulchral. HOPE here told no “flattering tale,” for not only was the heart pronounced to be enlarged, but a fatal result was prophetically expressed. The treatment prescribed was not ill calculated to verify the prediction—*cascarilla* and *ammonia*,—with *aperients*! and a *bleeding* every month, or six weeks!! The patient’s health, as you may readily suppose, became worse and worse daily,—he became much emaciated in his person, and completely prostrate in mind. To sum up all, he had a tendency to fainting-fits; in which state, by the advice of Dr. Selwyn, of Ledbury, he came to me. You already guess the practice I adopted—*chrono-thermal*, of course. Yes, I ordered him first a combination of *prussic acid* and *creosote*, which I afterwards followed up by *arsenic* and *quinine*. I also prescribed a generous diet, with wine. Well, what was the effect of this? Why, notwithstanding the depletion to which he had been subjected, he improved daily, and in about six weeks had become so well as to be able to resume his profession—the law, which profession he now follows with ardour, and without a complaint of any kind.”

The healthy action of the heart is frequently disturbed by other diseases, while its deranged motion constitutes only one of their symptoms; the practitioner being misled, often prescribes remedies under these circumstances that can have no influence on the real seat of disease; this is consequently allowed to go on unmolested, and the palpitation or irregular action of the heart, which was originally symptomatic, be-

comes idiopathic, and consequently in most cases unmanageable. Diseases of the lungs, liver, stomach, bowels, spine, and nervous system, may be classed among the causes of heart-affections; while the passions, such as love, grief, envy, and despair, should not be overlooked.

Idiopathic affections of the heart are, in my opinion, of rare occurrence, comparatively speaking; they are generally unmanageable, and the individual thus afflicted drags out a miserable life. Post-mortem examinations frequently betray the existence of diseases of other organs with decided marks of having preceded the heart affection. Any obstruction in glands will often produce derangement of the circulation, and consequently, great alteration in the heart's action; these glandular diseases frequently owe their origin to some derangement in the respiratory apparatus, by which the blood, not being perfectly changed from venous to arterial, is unfit for the purposes of health; in this state it is returned to the heart, and sent by the route of the circulation to supply the different glands of the body. Its unfitness for this purpose soon produces glandular disease, and congestion of the venous system becomes the result. Derangement of the organs of digestion soon follows, debility, with all its consequences, takes place, and the heart is condemned unheard, or, like the innocent victim of justice, not listened to by those who nominally preside as judges. The physician may feel the pulse, and perhaps look at the tongue, but ridicules the use of auscultation, and consequently is ignorant of the state of things existing at the fountain of life.

We frequently find congestion in the venous system producing derangement of the digestive organs, which not being relieved by medicine alone, soon yields to its use when assisted by chrono-thermal measures.

Those physicians who are accustomed to think for themselves, and to apply to nature as the great and only unerring teacher, are aware of the frequency of such congestions and their cause. The injected state of the capillary vessels of the stomach and intestines, must be productive of important derangements of the action of these organs. It is essential, therefore, to restore them to healthy activity by general or local measures; and should these not suffice to bring them back to their natural functions, tonics may then be administered to correct any debility that may be left.

Corvisart mentions, among the various morbid appearances observed by him in those who died in consequence of disease

of the heart, the high vascularity of the stomach. To such extent does this at times proceed, that, as he correctly states, the stomach will be nearly filled with sanguineous clots of a deep red colour, extending also throughout the small intestines. I am induced to dwell upon this phenomenon, with which indeed my pathological inquiries have long made me familiar, principally from its singular importance in forensic medicine; although it is of no slight moment on other accounts.

“Dr. Ramadge gives an account of a very interesting trial occurring some years ago, the parties in which were the Rock Insurance Office, and the executors of a respectable banker. His death had been sudden, and on opening his body, appearances were presented, which induced the suspicion that the deceased had made way with himself. More than one hospital surgeon of eminence gave it as his opinion, that the individual in question had taken poison. Their authority would, in fact, have influenced the jury, had not a young medical practitioner, a former pupil of mine, decided the point at issue by counter-evidence. It was, indeed, evident to the pathologist, from the detail of the circumstances, that the deceased had laboured under some obstruction to the circulation, whence arose the congested state, and discharge of blood, which had misled the other medical witnesses.”

Now the phenomenon which I have just noticed, may be presented after death from another cause, which, however, produces precisely the same results as cardiac disease, namely, inflammation of the lungs. As an instance of this fact, I may adduce the *post mortem* examination of his late Majesty; and I recommend the considerations I shall have to make on this subject, to the especial notice of our honoured president, Sir Henry Halford. If I am wrong, he will correct me; and he cannot have a more graceful or loyal opportunity of making public those pathological inquiries to which, doubtless, his life has been unremittingly devoted.

From the report made after death, to which was appended the name of that truly eminent surgeon, Sir Astley Cooper, it would appear that this gentleman referred the phenomena presented on dissection, to disease of the heart.

This opinion is undoubtedly correct. Disease of the heart did produce some aberrations from healthy structure therein noticed. But, through tenderness, I presume, for his majesty's more immediate medical attendants, he omitted to mention, that the aggravated symptoms of this disease, which, as he

truly observed, "had existed for many years," were secondary, not primary causes, of such morbid phenomena. Accordingly, the president, knowing that Sir Astley's name is "a tower of strength," gave out afterwards that cardiac disease was the "*fons malorum*." Yet, such being his opinion, it is extraordinary that he should not have remonstrated against his majesty's frequent drives in Windsor Forest, in the severest weather, previous to increased indisposition confining him to his apartment. He must, of course, have been aware of the pre-existence of his cardiac complaint; since, although the president, I believe, does not employ auscultation, a careful exploration of their patient's chest must doubtless have been made by one or other of the remaining medical attendants. Still I do not find, from his diagnosis, (so far as this is to be gleaned from the bulletins,) that he had any suspicion of an affection of this organ previously to death. The said bulletins were indeed most "ambiguous givings out;" and were characterized, at the time, by Mr. Brougham, (the late chancellor,) in rather severe terms. I forget the particular expressions of which he made use, but their tenor was, that so deceptive and unmeaning were those official documents, he defied any man to lay his hand upon a single passage from which the prospect of the event, deplored by the whole nation, could have been gained.

Supposing, however, that he did entertain the belief of his majesty's labouring under some affection of the heart, I am totally at a loss to account for his apathy in permitting those repeated airings, of which the newspapers made at the time constant mention.

It is a fact, that on the sudden setting in of cold weather, numbers of elderly persons suddenly succumb to the manifestation of disease of the heart. This has long been observed in those establishments (at least I have noticed it) in which the aged are congregated together, as at our noble institutions, Greenwich and Chelsea hospitals. The reason is very apparent. Cold at once constricts the cutaneous capillaries, and thus operating on the deep-seated vessels, occasions a congestion, which the heart, called upon to exert fresh activity at a period when time, or disease, has enfeebled this vital organ, is unable to overcome. To use a technical illustration, an additional leverage is exerted, and the spring snaps.

Against the above account it may be objected, that dissection furnished evidence of cardiac lesion. The vascularity of the stomach, as I have already remarked, is no proof of the ex-

istence of disease of the heart ; but what did exist had, doubtless, been called into activity by the unsuspected disease of the lungs.

In fine, as no diagnosis was recorded, it is presumable that no diagnosis was made, at least none that had careful exploration of the chest, by auscultation and percussion, as its basis. The evils resulting from such omission, may be conjectured from the preceding remarks.

By way of corollary to the above, and as an example of how confined the knowledge of pathology is, or else of its difficult acquisition, I may mention that about two years previously to the demise of his majesty, I had had some preparations made, at a considerable expense, faithfully imitating the stomachs of persons who had died of the consequences of cardiac disease. These preparations were shown by the modeller to some of the most eminent in the profession, and in one case, to a gentleman who, he stated, was preparing to publish a work on the morbid appearances of the stomach in individuals destroyed by poison. They all pronounced the subjects from whom the preparations were modelled, to have lost their lives by poison, or some acrid substance taken into the stomach.

In the report of the autopsy, on the body of his majesty, it is stated, that the immediate cause of his death was the rupture of a blood-vessel in his stomach. To this I can give no credence. The effusion was, I make no doubt, poured forth from the muco-villous coat of the stomach. It is generally supposed that the *vasa brevia* supply a channel for sanguineous congestions by the communication they furnish with the splenic end of the stomach ; but in addition to this passage, I believe the vascular pores of this organ itself must facilitate the escape of effusion. This, however, is contrary to the opinion of Corvisart, who supposes that the liver unloads itself of its accumulated blood, through the intervention of the hepatic arteries and veins, and the *pori biliarii*, into the hepatic duct, and that the fluid conveyed by this means into the beginning of the duodenum, may, in part, flow back into the stomach. Now, frequently as I have examined the hepatic duct, both before and since my acquaintance with Corvisart's work, I have never been able to detect the presence of any sanguineous collection there.

The course of the disorder which terminated his majesty's life seems to be briefly this ; and I ground my opinions on the few hints to be gleaned from the president's bulletins, and the

details of the examination after death. Cold, I conceive, induced inflammation of the lungs, which was latent, but could have been readily discovered by an experienced auscultator. The absence of cough, till within a few days preceding his demise, by no means invalidates the above supposition, as experience has fully shown me; and the difficulty of breathing, so often mentioned in the bulletins, tends to confirm it.

Consecutive hydrothorax first occurred in the left side of the chest (between two and three quarts of water were found after death), and the compression of the lungs, produced by this effusion, might in some degree mask, to the inexperienced, the auscultative signs of pneumonia. Had proper means been seasonably employed, effusion could not well have occurred; and, as a proof of the inestimable value of auscultation, I must beg especial attention to the fact, that such remedies, critically applied, might not only have prevented the deposition of water in the chest, but had they been again resorted to at fitting periods, would have obviated the sanguineous effusion from the stomach. This latter, indeed, arose from the general venous congestion, brought on by the compression of the lungs just noticed.

In the outset of this digression, I have taken the liberty of calling Sir Henry's attention to it. Although, conjecturing from the "*aniles fabellas*," or short essays he has published on medical subjects, I am fearful that these are details which possess little attraction for him. In one of his prolusions, at the *conversazioni*, if I mistake not, held at the College of Physicians, he speaks of individuals having suffered from palsy of the kidneys. This is so extraordinary, that one would suppose the curiosity of the learned president would have led him to examine these organs, in order to satisfy himself whether or not they had undergone any change of structure. Doubtless he knew, without examination, the morbid condition, as well as functional derangement, of these poor palsied kidneys. It would, however, have been kind in him to have stated them for the benefit of individuals less favoured by nature.

Before dilating further on the president's multifarious endowments, it behoves me to apologize for having, although I trust in no irreverent spirit, invoked the names of royalty; yet, I am but following, although at immeasurable distance, "*non passibus æquis*," the steps of the president himself.—It is his delight, and I humbly hope the delight of his auditory likewise, to dwell upon the "last, long, lingering" scenes

of royalty. Seldom does one of those evening parties occur, at which science, tea, and coffee hold divided empire, but he favours his hearers with an account of the patience and resignation of those illustrious personages who have died under his hands.

How far the interests of medicine may be advanced by these reunions, at which the courtly president delivers his popular harangues, it becomes not me to decide. Judging from what have already appeared in print, I should conclude that I am no very serious loser by my absence from these high solemnities. I cannot, indeed, conceive how any scientific advantages can possibly accrue from meetings, at which are assembled "throned dominations, pryncedoms, virtues, powers," at which, in short, a number of individuals, profoundly ignorant of medicine, in company with those who, in virtue of their diplomas, do, I should conjecture, know something of the matter, congregate to listen to some popular essay on the gout, insanity, &c., or observations on the charms of a death-bed under the auspices of Sir H. Halford. Such meetings may tend to introduce some half-dozen sucking favourites of the Galenical Sultan's to promising patients, and gratify personal vanity at the same time. The non-professional hearer will take oratorical common-places for the dicta of an Hyppocrates, and the initiated will be wiser than to gainsay his *εσθα κτεροεντα*.

But seriously speaking, is this a state of things which can or ought to exist? Was the College of Physicians founded for no higher purpose than to furnish forth an evening's entertainment? Properly directed, it might become the central point around which the real talent of the kingdom might be collected. Bestowing countenance, and protection, on the young and zealous, and made the depository of every fresh accession of knowledge gained by the experienced, it might rise higher than personal views, and by enlarging the sphere of science, lessen the ills of humanity. But to effect this, or any thing approximating to it, the high places, with the images of Baal, must be overthrown. Wealth, and fortuitous success, must no longer give a patent right to the office of president. Fair and open competition should here, as on the continent, give the highest seat to the worthiest. The man who has at his disposal the most valuable situations in the reach of the profession, should have medical knowledge, no less than integrity, to direct his choice.

I fairly own, that when I regard the men, pre-eminent in

skill, and therefore alone pre-eminent in rank, who adorn the profession abroad, I feel not a little ashamed of the figure we make at home. The estimability of private character cannot compensate for the want of distinguished professional reputation in the nominal head of the medical schools of this country. Surely the ephemeral sheets published by Sir Henry could not, by his most obliged partizan, be compared, without a blush, with the masterly productions—translations of which form the richest part of our medical libraries. Did I know one offering laid on the shrine of science by the president, I would willingly give him the credit due. I attack not the man, but the system which imposes the man upon us. When I am informed of any one discovery, in either the theory or the practice of medicine, first communicated to the world by Sir Henry, I will proclaim him—a better man than many of his predecessors in the chair. Yet let me not be too precipitate in my judgment. His present publication may be merely the forerunner of some great posthumous work, which may call forth our regrets when its author is no more. The boon denied us now, may be vouchsafed to posterity; and future generations may hail, with reverence, that name by which at present

‘Derisor vero plus laudatore movetur.’”

The blood-letting might have been omitted, and chronothermal means used. I am unacquainted with any member of the medical profession on this side of the Atlantic, who betrays in practice so much ignorance of symptomatology or pathological anatomy. Had William IV. been surrounded by men devoted to medical acquirement, and possessed of less desire to relate the death-bed resignation of some patient of rank, perhaps he might have long enjoyed his rides in Windsor Park.

The treatment of the disease which closed the life of President Harrison, was severely criticised by some member of the medical profession in New York, and perhaps justly. In Philadelphia, we were informed that the president was ill with inflammation of the lungs, but we had no account of his being relieved; every mail brought us the sad tidings of his disease progressing from bad to worse, until finally his demise was announced.

I have met with many physicians who, having lost patients with acute disease attended with some irregularity of pulse,

concluded that no treatment could have resulted otherwise, in consequence of the existence of some latent affection of the heart. I have known certificates given, "*died of diseased heart,*" when the subject had enjoyed a long life of uninterrupted health, free from irregularity of the heart's action, until the commencement of the disease that had proved fatal. I do not wish to be understood to say, that diseases of the heart never occur; but I do say, they are decidedly more apt to be symptomatic than idiopathic.

I have attended a lady in this city for the last fifteen years, who, from derangement of the liver, has frequent attacks of dysenteric discharges from the bowels, and while this disease lasts, which is generally from two to three weeks, her heart beats with great irregularity, her pulse consequently intermits, she has frequent syncope—and this state of things exists as long as the bowels continue deranged: but when remedies triumph over disease, and this disordered state of the bowels is completely subdued, I find the fountain of the circulation moving on with the same healthy regularity that had existed previous to the attack.

I have at this time a young lady under my care, whose heart (according to the opinion of her former physician) was so diseased, that nothing could be done for her relief. When she became my patient, I gave her case all the attention it demanded; I examined the lungs, the heart, the stomach, the spine, &c., and gave a written opinion to her friends, sealed up, with this remark, that I would not pass judgment upon the discrimination of her former physician until some one of our city practitioners had seen the case. The selection was left to the family, and Dr. S. Jackson was their choice, who frankly stated, after auscultation, percussion, &c., that the heart was free from disease, and, in his opinion, its regularity could be established by attention to the spine, the nervous system, and the bowels. This statement corresponding with my written opinion, the seal was broken, and the family perfectly satisfied. The treatment for spinal irritation commenced, and the improvement progresses daily.

I consider diseases of the heart extremely rare, while inflammation of its covering (the pericardium) more frequently occurs. The disease is of the same nature as inflammation of the pleura, though often more violent; chrono-thermal medicines always remove this state of things. This kind of

inflammation often terminates by effusion, the fluid in the cavity of the pericardium is thus increased in quantity, the heart labours, its action becomes irregular, its vibrations yield a dull sound upon applying the ear, the pulse grows weak and intermits, while the individual is said to have disease of the heart: under these circumstances, if we direct a spare diet, daily exercise, and a compound of squills, digitalis, and elaterium, in small doses, the symptoms will soon change for the better, until finally the patient declares himself free from disease.

The heart itself is *sometimes* diseased in its organic structure; the labours of Lancisi, Morgagni, and Senac, threw much light on this subject: and many late writers have added useful information to this branch of medical science. The present mode of discriminating by auscultation, ensures a more perfect knowledge of cardiac diseases than the ancients practised: but the inexperienced ear will frequently hear sounds produced by healthy vibrations, that are often mistaken for disease. Corvisart made many discoveries in diseases of the heart, but they were for the most part confined to organic lesions: he probably made use of mediate auscultation: or perhaps his cases frequently terminated fatally, and lesions were discovered by autopsy. It was asserted by Vieussens at an early period in the last century, and soon afterwards by Thebesius, a German professor, that there were a number of small orifices in the texture of the heart which opened into the different cavities on both sides of it. The assertion of a fact so difficult to reconcile with the general principles of the circulation, was received with great hesitation; and although it was confirmed by some very respectable anatomists of the last century, it was denied by others. The subject was brought forward by Mr. Abernethy, (see London Philosophical Transactions for 1798, Part I,) who states, that he has often passed a coarse wax injection from the proper arteries and veins of the heart into all the *cavities of that organ, and particularly into the left ventricle. But it was only in subjects with diseased lungs that this was practicable.*

The existence of this communication between the coronary vessels and the great cavities of the heart, seems therefore to be proved. The easy demonstration in such subjects is ingeniously referred by Abernethy to the obstruction of the circulation in the lungs; and he regards the communication

as a provision enabling the coronary vessels to unload themselves, when the coronary vein cannot discharge freely into the right auricle.

I have met with but few cases of chronic disease of the lungs, where there was not more or less disturbance of the heart; a frequent and often irregular pulse is a common attendant on chronic pulmonary disease, even at a period in the day while fever is absent. When masses of tubercles exist in the lungs, or large abscesses, or tumours, causing obstruction in their circulation, we always find an irregular pulse: and by removing these causes, we soon discover improvement in the condition of the circulation.

Palpitations of the heart frequently exist without any organic affection; its violent commotion is often a source of great annoyance to the patient, and may frequently be heard some distance from the individual labouring under this symptom. I have at this time a patient under care, whose heart, in the beginning of her indisposition, could be heard pulsating ten feet from the bed side; this violent action subsided under the use of an infusion of digitalis, and a powder composed of bismuth, rhubarb, and ipecac, which was continued for three months, occasionally omitting the digitalis. Dyspepsia was in this case the sole cause, which, yielding to the above medicine and a well regulated diet, the palpitation was soon removed, and the patient returned to ordinary health.

Certain positions of the body, obstructing the free circulation in various parts, will often occasion derangement of the heart's action; and if not attended to, may often lay the foundation of disease. Clerks in banks and counting-houses are frequently subject to these disorders from leaning over, or upon, their writing-desks: and children, in many of our seminaries, frequently have curvature of the spine and deformity of the chest produced in the same way. The desks upon which they rest their arms should be nearly on a level with their shoulders, and their seats should always be supplied with high backs, upon which they should be directed to lean back, when occupied with study. No term in the day should exceed two and a-half or three hours; and large seminaries should always be provided with one large room as a place for exercise, where the pupil can be free from restraint, and jumping-ropes, horizontal bars, dumb-bells, &c., should be kept for their use. In this way we might hope to avoid many

diseases, and improve the rising generation. The heat of this apartment should be less than that of the school-room, the temperature of which should never exceed sixty-five degrees Fahrenheit. In mild weather the open air would be preferable for exercise. For a minute description of heart-diseases, I refer the reader to the works of Laennec.

I would remark in conclusion of this chapter, that individuals labouring under chronic disease of the heart, or enlargement, are much benefitted by attention to a spare diet, and in all cases by avoiding excitement of mind. Abstemiousness in food, rigid renunciation of stimulating liquors, and, above all, peace of mind, are indispensable to ensure recovery in all the affections of the heart. It is in the treatment of these diseases that the physician must add to the routine of his art, the higher offices of the philosopher and Christian. Without a knowledge of the world, and the workings of the human bosom, he will be often incompetent to counsel; without that faith, which alone "makes wise unto salvation," he will be unable to soothe, strengthen, and console; and he who has not those qualifications which enable him to become the moral teacher and the friend, may, in the majority of these diseases, as well "throw physic to the dogs" as prescribe for the body when it is the vassal of the mind.



ON BLOOD-LETTING.

THE heart being the fountain and centre of the circulation, I conceive it right and necessary, at this period of my subject, to speak of Blood-letting.

While with one set of practitioners medicine is reduced to the mere art of purgation, with another class it consists in the systematic abstraction of blood; every means being resorted to in the mode of doing this, from venesection, arteriotomy, and cupping, to the low practice of the application of the leech.

In the remarks which I am now about to make on the subject, instead of discussing the preferable mode of taking blood away, I shall bring before you many facts and arguments that may convince most of you of the perfect possibility of dispensing with the practice altogether.

“The imputation of novelty,” says Locke, “is a terrible charge amongst those who judge of men’s heads as they do of their *wigs*, by *the fashion*, and can allow none to be right but the received doctrine.” Yet, in the words of the same acute writer, “An error is no better for being common, nor truth the worse for having been neglected; and if it were put to the vote any where in the whole world, I doubt, as things are managed, whether *truth* would have the majority; at least while the authority of men, and not the examination of things, must be its measure.”

The operation of blood-letting is so associated, in the minds of most men, with the practice of physic, that when a very sensible German physician, some time ago, petitioned the king of Prussia to make the employment of the lancet penal, he was laughed at from one end of Europe to the other. This you will not wonder at, if you consider that the multitude always think “whatever is, is right;” but a little reflection will teach you, that there must have been a period in the world’s history when the lancet was unknown as a remedy; and that many centuries necessarily elapsed before it could even be imagined that loss of blood might alleviate or cure disease. Nations, nevertheless, grew and prospered. To what daring innovator the practice of physic owes the curse of the lancet, the annals of the art leave us in ignorance; but this we know, that its introduction could only have been during the infancy of medicine; when remedial means were yet few, and the mode of action of remedies totally unknown. It was the invention of an unenlightened, possibly a sanguinary age, and its continued use says but little for after discoveries, or the boasted progress of medical science. Like every other lucrative branch of human knowledge, the practice of medicine was at one time entirely in the hands of the priesthood. Might not blood-letting have been first introduced as a sacrifice or expiation on the part of the patient, for his supposed sins against an offended Deity? for that, till very lately, was the *ecclesiastical* cause of all diseases. I am inclined to this belief from the fact, that one of the kings of Spain made his peace with the inquisition, after a bitter quarrel with that body; they condemned him, as a penance, to lose a pound of his blood, which was afterwards burnt in public by the common hangman.

Of what is the body composed? Is it not of blood, and blood only? What fills up the excavation of an ulcer or an abscess? What reproduces the bone of the leg or arm, after

it has been dead, and exfoliation takes place in nearly all its length? what but the *living blood*, under the electrical influence of the nerves from the brain? How does the slaughtered animal die? Of loss of blood solely. Is not death, too, the result of badly treated uterine hæmorrhage? Is not the blood, then, in the very impressive language of the scriptures, the life of the flesh? How remarkable, that while the value of the blood to the animal economy should be thus so distinctly and emphatically acknowledged, blood-letting is not even once alluded to among the various modes of *cure* mentioned in the sacred volume. We have balms, balsams, *baths*, charms, physic, poultices even—but loss of blood, never! Had it been practiced by the Jews, why this omission? Will the men who now so lavishly pour out the life's blood dispute its importance in the animal economy? Will they deny that it forms the basis? that when the body has been wasted by long disease, it is by the blood only it can recover its healthy volume and appearance? Has not nature done every thing to preserve to animals of every kind

“The electric blood with which their arteries run?”—BYRON.

She has provided it with strong, elastic vessels, which slip from the touch, and never suffer their contents to escape, except where their coats have been injured by disease or accident. Misguided by theory, man, presumptuous man, has dared to divide what God, as a part of creation, united; to open that which the Eternal, in his wisdom, has made entire. See, then, what an extreme measure this is. Yet what is daily more readily submitted to, under the influence of authority and custom? If, in the language of the chemist Liebig, the blood be indeed “the sum of all the organs that are being formed,” how can you withdraw it from one organ without depriving every other of the material of its healthy state? Yet enter our almshouse or hospital, and see how mercilessly the lancet, the leech, and cupping-glasses are used in the treatment of the diseases of the poor. Look at the pale, ghastly faces of the inmates, and see the contrast between their complexion and that of the eager pupils and attendants thronging around their beds—those attendants with bandage and basin, ready at a moment's warning to take from the poor, already exsanguined creatures, whatever quantity of their life's blood solemn pedantry may prescribe as the infallible means of relieving their sufferings. Witness

this, and refrain, if you can, from exclaiming with Bulwer—
“When poverty is sick, the doctors mangle it.”

What are the causes which predispose to disease in this class of people? In the majority of cases defective food and impure air. By these has their blood been thinned and deteriorated; and for what does the so-termed man of science remove it—to make room for better? No. Goaded on by the twin-goblins “congestion” and “inflammation,” to deteriorate still further by starvation and confinement. These terms play in physic much the same part as others, equally senselessly misused, play in the common affairs of the world.

“Religion, freedom, vengeance, what you will,
A word’s enough to raise mankind to kill,
Some *party*-phrase, by *cunning* caught and spread,
That *guilt* may reign, and wolves and worms be fed.—BYRON.”

The first thing the surgeon or physician thinks of, when called to an accident, is how he shall most quickly open the floodgates of the heart, to pour out the stream of an *already enfeebled* existence. If you fall from a tree, house, or horse, are you not instantly bled?—or when stunned by a blow, is not the lancet in requisition? If you faint from great exertion or exhaustion, is it not the common practice to bleed you? Or suppose, from constitutional debility, you are subject to epileptic fits, does not the doctor declare there is nothing so proper as blood-letting—and what is the result?—a certain return of such fits.

The case of the inimitable Malibran may be familiar to many of you. She, who so often, by her varied and admirable performance, moved to tears and smiles, by turns, her whole audience. She was playing her part upon the stage, and entering into it with her whole soul, rivetting her audience to the spot “by the very intensity of her acting;” and when her powers were thus taxed to the uttermost, and when the whole house was about to pour forth their enthusiastic applause, she fainted and fell. A physician instantly leaped upon the stage—to administer a cordial, or loosen her dress? No!—to bleed her; to take life’s fluid from a weak, worn down, and exhausted woman!—and the result?—she never rallied from that unlucky hour. Had the practice stopped here, how many valuable lives might have been saved. Yet with all these lessons, I myself have often erred in the use of the lancet; but my error was more the fault of my teachers than my own. Reflection and experience have opened my

eyes, and now I use the lancet only when the vessels of the lungs become congested, preventing full and deep inflation by inspiration, and known by applying the ear to the chest, and marking the respiratory murmur; if this be very indistinct in an individual healthy a few days or hours before, take three, four, five, or six ounces of blood: this will relieve the venous plethora, and the volume of the vessels being thus diminished, that of the air-cells will increase. If moderate bleeding be not practised in such a case, you may have nature acting, and a ruptured vessel and spitting of blood the result: of two evils choose the least. But these cases are so rare, that in prescribing for 1400 persons in the last two years, I have only met with three cases. I have said three, four, five or six ounces, but the colour of the blood drawn will be your best guide, and if, after the flow of two, three, or four ounces, the dark and carbonized colour should change to lighter, or red blood enough has been taken for all purposes, and as this can only be known by one well skilled in the art of medicine, trust not the life of your patient in the hands of a bleeder, for no physician can know beforehand how much or how little will answer the purpose. The office of the lungs is distinct from the other organs of the body; the admission of the lancet here is not for the purpose of lessening the mass of blood, but simply to enable the lungs to do their office of respiration more perfectly, by removing that blood which cannot become arterial, and hence useless. Such cases are, as I have already said, extremely rare.

In every case of stun, or faint, the use of the lancet must be an additional injury; in all there is a positive enfeeblement of the whole frame, evidenced by the cold surface and weak or imperceptible pulse; positive exhaustion, which loss of blood, so far from relieving, too often converts into a state of utter and hopeless prostration. Some men recover after being bled freely and frequently; but these are not *cures*—I call them escapes!

“How few the diseases are which loss of blood may not of itself produce. If it cannot cause the eruption of small-pox, nor the glandular swellings of plague, it has given rise to disorders more frequently and more immediately fatal than either. What think you of cholera, asphyxia—Asiatic cholera as it has been called? The symptoms of that disease are the identical symptoms of persons bleeding to death; the vomitings, cramps, sighing, the long gasp for breath, the leaden and livid countenance, which the painter gives to the

dying in his battle-pieces, are equally the symptoms of cholera and loss of blood."

Among the numerous diseases blood-letting can produce, says Darwin, gout is frequent. John Hunter mentions lock-jaw and dropsy; Travers, blindness and palsy; Marshall Hall, mania; Blundell, dysentery; Broussais, fever and convulsions.

When an animal loses a considerable quantity of blood, says John Hunter, the heart increases in its frequency of beats and in its violence; yet these are the symptoms for which professors tell you to bleed. They tell you, also, to bleed in inflammation; yet, as I have shown you, this state is the effect of loss of blood. How do all the writers on inflammation define it? They say it consists in a distended state of the blood-vessels, and a consequent sluggish motion of their contents; and when thus weakened and distended, is not the most rational practice to give them support by pressure, cold applications, and tonics. If these distended vessels remain distended long, suppuration is the result. The blood changes into pus, and an abscess is the end—where you will always find loss of colour, debility, &c. But each of these states will be preceded by chill and fever, and would disappear if you cure such chill and fever by chrono-thermal medicines. But let physicians treat fever in their way, or the old way, by the lancet, emetics, nauseating doses, &c., and you will find their patients, if they should recover from such fevers, predisposed to, or actually have, abscesses, tumours, gatherings, &c., which the doctors will call critical, meaning a fortunate termination of fever. Suppose the lungs of their patients should be the weakest part, then perhaps they would be the seat of this so-called critical abscess; and the result? why then their doctor discovers he has mistaken the case—the patient is actually consumptive; and therefore I do contend that this disease is as often produced by improper medical treatment as from any other cause.

The long shiver of the severest ague, the burning fever, the *fatal* lock-jaw, the vomiting, cramps, and asphyxia of cholera, the spasm of asthma, and epilepsy, the pains of rheumatism, the palpitating heart, the faint that became death,—all these have I traced to loss of blood. Ask physicians why they bleed in ague, in fainting fits, in exhaustion or collapse?—they tell you it is to relieve congestion; and after a stun or fall?—it is to prevent inflammation. Now, although I have, in my early practice, bled often, I have never seen

the lancet prevent what is called inflammation, or relieve congestion. But have we never seen inflammation of a vein, *after* bleeding—inflammation caused by the very act? and have we not seen such inflammation end fatally? Have we not seen *leech-bites* become inflamed, after these reptiles had exhausted the blood of the part to which they were applied? And how came this about? Simply thus! however perfectly you exhaust any part of the body of its blood, you do not thereby prevent that part from being filled again with it: or rather, you make it more liable to be so filled, by weakening the coats of the containing vessels. The beneficial effect of blood-letting, where it has been beneficial in the cure of disease, relates solely to temperature. In the congestive and non-congestive stages of fever—the cold, the hot, the sweating stages—the lancet has had its advocates; blood-letting, under each of these stages, has changed existing temperature.—Why, then, object to the lancet? For this best of reasons—that we have remedies without number, possessing each an influence equally rapid, and an agency equally curative, without being, like blood-letting, attended with the insuperable disadvantage of abstracting the material of healthy organization. I deny not its power in certain cases, but I question its claim to precedence in all of these. As I have already said, in positive venous congestion of the lungs, the lancet may be *admissible* to a moderate extent; but these cases do not occur more than once in a hundred.

How often do we find the patient we have bled, cold in the morning, hot and feverish at night, and frequently with an aggravation of all the symptoms, demanding more bleeding; and if we bleed more, how often do we have the return of fever greater. Did the lancet ever cure fever, or any so-called inflammation, without the use of other remedies? And again—have not other remedies often cured inflammations and fevers where no bleeding was practised? Have you ever read or heard of the case of Dr. Dill, given in the London Medical Gazette? it runs thus—

“*Inflammation of the Brain.*”—(I give it to show the opinion and result of practice among physicians generally.)—Dr. Dill being threatened with an attack of high inflammation of the brain, I was called to see him (says Dr. Smith) before there was any pain in the head or back, *while he was yet only feeble and chilly*. The aspect of his countenance, the state of his pulse, which was slow and labouring, and the answers he returned to two or three questions, satisfied

me of the inordinate, I may say ferocious, attack that was at hand. I bled him *twenty* ounces; this blood did not look inflamed; severe pains in the limbs, loins, and head, immediately came on. The following morning I took away *sixteen* ounces more, which *somewhat* relieved the pains. The next evening I bled him *sixteen* ounces more, and this blood produced the buffy coat, or surface, upon standing a few hours in the basin, met with in inflammation." Now mark Dr. Smith's own account!—the first blood drawn showed no buff or inflammation—the last did; now, if the lancet can cure inflammation, how happened this after its use? He goes on to say—"During the night the pains returned, and in the morning, notwithstanding the eyes were dull and blood-shot, the face pale, and the pulse slow and intermittent, twelve leeches were applied to the temples, and as these did not relieve the pain, *sixteen* ounces more blood was taken by cupping; the pain now left him, but on the following day it returned with great violence. Typhoid symptoms now began to appear, and our system could not be carried on with safety any longer. What was to be done? Cold water and tonics we now used, and the symptoms were relieved, and by their continuation he finally got well." Most sincerely do we congratulate Dr. Dill on his escape—not from a dangerous disease, but from a *dangerous remedy*. What other remedy but the lancet would have been trusted so long, without the least good effect?—*None*.

Lord Byron anathematized medicine—the destructive art of healing. How truly it proved so in his case, you may learn from Mr. Moore's account of it, given in his last illness.

"Of all his prejudices," says Mr. Moore, "he declared the strongest was that against blood-letting. His mother had obtained from him a promise, never to consent to be bled, and whatever arguments might be produced, he said his aversion was stronger than reason. 'Besides, is it not,' he asked, 'asserted by Dr. Reid, in his *Essays*, that less slaughter is effected by the lance than the lancet; that minute instrument of mighty mischief!' On Mr. Millengen observing that this remark related to the treatment of nervous, but not to inflammatory complaints, he rejoined, in an angry tone, 'Who is nervous, if I am not? and do not those words of his apply to my case, where he says that drawing blood from a nervous patient is like loosening the cords of a musical instrument, whose tones already fail for want of sufficient tension. Even

before this illness, you yourself know how weak and irritable I had become, and bleeding, by increasing this state, will inevitably kill me. (Mark how he plead for life.) Do with me what else you like, but bleed me you shall not. I have had several inflammatory complaints during my life, and at an age when more robust and plethoric, yet I got through them all without bleeding; this time also will I take my chance.' After much reasoning, and repeated entreaties, Mr. Millengen at length obtained from him a promise that, should he feel his fever increase at night, he would allow Dr. Bruno (who was left with him) to bleed him.

"On revisiting the patient early next morning, Mr. Millengen learned from him, that having passed, as he thought, on the whole, a better night, he had not considered it necessary to ask Dr. Bruno to bleed him. What followed, I shall, in justice to Mr. Millengen, give in his own words:—'I thought it my duty now (he says) to put aside all consideration of his feelings, and to declare solemnly to him how deeply I lamented to see him thus trifle his life away, and show so little resolution. His pertinacious refusal had already caused much precious time to be lost; but few hours of hope now remained, and, unless he submitted immediately to be bled, we could not answer for the consequences; it was true, he cared not for life, but who could assure him that, unless he changed his resolution, the uncontrolled disease might not operate such disorganization in his system, as utterly and forever to deprive him of reason! I had now hit at last upon the sensible cord, and partly annoyed by our importunities, partly persuaded, he cast at us both the fiercest glance of vexation, and throwing out his arm, said in the angriest tone: "There, you are, I see, a set of butchers,—take away as much blood as you like, but have done with it." We seized the moment, (adds Mr. Millengen,) and drew about *twenty* ounces. On coagulating, the blood presented a strong buffy coat; yet the relief obtained did not correspond to the hopes we had formed, and during the night the fever became *stronger than it had been hitherto*, the restlessness and agitation increased, and the patient spoke several times in an incoherent manner.'"

Surely this should have convinced the most schoolbound of the worse than inoperative nature of the measure. Far from it, however, in this case. On the following morning, 17th of April, the bleeding was twice repeated, and blisters applied to the feet. Well might Mr. Moore exclaim, "it is

painful to dwell on such details." For our present purpose, it will be sufficient to state, that although the treatment removed some rheumatic pains he had suffered from, it was at the expense of his life. He died on the 19th, three days after the first bleeding.

ASTHMA.

THIS term, though indefinite, still continues to be employed by the scientific as well as the uneducated! though asthma not unfrequently exists under the name of phthisic, a term often used in some parts of the country. "Difficulus respirare," is perhaps as significant a name as we can give asthma under its varied forms. A name can be of little importance to an individual suffocating with asthma, and yet a name will frequently relieve a patient or destroy the peace of a whole family.

Among nosological writers, names have produced much confusion, and as a necessary consequence, have led to a similar result in practice. What one nosologist considers a cause, another describes as an effect; and medicines highly extolled by one physician, are often decried by another.

Attempts have been made by writers from the earliest history of medicine to distinguish asthma from other diseases of the chest, and this end was supposed to be attained by terming a slight difficulty of breathing dyspnœa, and laborious respiration asthma. The moderns recognize two primary species—the spasmodic and the humoral.

The parenchyma of the lungs is seldom, if ever, affected by the disease, while the mucous membrane will invariably be found to be its seat, having its remote cause in the digestive organs primarily, disordering the nervous system, and through this connection, affecting the lining membrane of the bronchial tubes. In this way the system is continually predisposed to attacks, and when exciting causes occur, such as wet feet, exposure to a damp and cold wind, or a location in a low and marshy section of country, the disease will be produced. Or derangement of the nervous system, proceeding from other causes, may produce asthma, independent of disordered di-

gestion. A remarkable case of this kind occurred to me in 1837. A gentleman in Pittsburgh, having received a severe blow upon the back, near the sixth dorsal vertebra, from the falling of a brick while passing under a scaffold erected in front of a new building, was immediately seized with great difficulty of breathing, strongly resembling spasmodic asthma. His physician pursued the best treatment for his relief, which was soon obtained; he was bled freely, and repeatedly leeches on the contused part of the back; purgatives and anti-spasmodics were used with a mild diet: under this treatment the patient soon recovered.

At the expiration of six weeks from the accident, his breathing became oppressed, and now assumed the decided character of asthma, which yielded to the application of 40 leeches to the spine, and large doses of gum *sœtid*. His third attack was as punctual, as to time, as the second had been, six weeks having again elapsed: this third attack occurred while on a visit to our city, and I was called to visit him during the paroxysm. He gave me the above history of his case, and declared his digestion had never been out of order in the least. Upon examination of the spine, I was at once convinced of the fact, that the shock received by the sympathetic nerves, had been sufficient to occasion all the inconvenience from asthma which this patient suffered; and as he had been repeatedly leeches, I presumed all the benefit that could be obtained from this remedy, the patient had experienced. I, therefore, applied moxa about three inches above and below the tender spot on the back, and slight galvanic shocks, with eight drops of Fowler's solution, to be taken night and morning. This attack subsided in half an hour after the application of the moxa and galvanism, when the patient observed that he had found the right thing at last. These sores were kept open with Savin ointment, and the solution continued with galvanism for twelve days. He returned home in the third week after my treatment commenced, and has had but one slight attack since that time; this occurred at the expiration of the first six weeks from his visit to our city. After a lapse of five months, he suffered the sores to heal.

Asthma, in my opinion, is originally spasmodic; becoming humoral either from being connected with some latent inflammation, or from long continued habit. There is doubtless a third species, namely, from *gout*, which will generally be found to be hereditary. This we should try to fix in some part less necessary for the functions of life.

Sauvage has employed the *suspirium*, used by Celsus and Seneca, as a general term to designate asthma. Independently of this authority, it has perhaps a claim to admission into the medical vocabulary from being identified with the person of Virgil; and this, moreover, through the pleasant observation of Augustus, who, alluding to the asthma of the epic poet, and the weak eyes of Horace, when seated between them at table, observed that he was “inter suspiria et lachrymas,” (between sighs and tears.)

The treatment I have found most beneficial, has been that which was required for the correction of disorders which may be its cause. Derangement of the liver, of the uterus, of the bowels, stomach, spine, or brain, with injuries of the bony walls of the chest, predispose to, while irregularity in sleeping, eating, clothing, and weather, excite the disease. These causes can all be removed by proper medical treatment, and great care on the part of the patient.

The dyspnœa requires, during an attack, some relief, which will always be obtained by taking small doses of the tincture of lobelia and ether, and inhaling a mixture of oxygen and ethereal vapour.

My practice in asthma has invariably been, to remove the predisposing cause of the disease; when this is accomplished, I have generally found its exciting causes were harmless.—My experience teaches me that the remedy most successful is the regular use of my asthmatic elixir, a chrono-thermal remedy.



OF CONSUMPTION.

DESCRIPTION OF THE LUNGS.

THE human body, properly so called, is divided transversely into two distinct cavities, by a thin, fine membrane, which is termed the diaphragm. The superior cavity contains the lungs, heart, &c., and is termed the thorax, or chest. The lungs, called also the lights, are enclosed in two distinct sacs, or bags, by the pleura, so that the two principal lobes of the lungs have no direct communication with each other. As both lungs are seldom affected, except in the advanced stage

of the disease, Nature has kindly arranged them in such a way as to have no immediate connection with each other, so that a disease of the one may not immediately affect the other. Besides, it appears that every minute lobule of the same lobe is so admirably contrived as to perform its function independent of the others, so that each vesicle, or air-cell, continues to return and receive its portion of air, until it is actually destroyed. Accordingly we find, on dissection of consumptive subjects, parts of the lungs destroyed, whilst the remainder are comparatively sound. To return:—these sacs meet near the middle of the chest, and by their adhesion form a perpendicular membrane called the mediastinum, but separating again, a third sac is formed, which is termed the pericardium, or heart-case.

The lungs, in a healthy state, are extremely light and spongy, and are composed of numerous air-cells, blood-vessels, lymphatics, or vessels containing a watery fluid and cellular membrane, which does not appear to be vascular or irritable. The blood-vessels of the lungs differ in some respects from those of the other parts of the body, inasmuch as the arteries of the lungs contain venous, or dark red blood, while the veins contain the arterial, or bright red blood, which is transmitted by them to the heart, from which it is conveyed by the arteries to the various parts of the body. The small branches of the pulmonary arteries form a beautiful network of vessels on the internal membrane of the air-vesicles.—During expiration, the air-vesicles are collapsed, consequently the blood-vessels become tortuous, and the blood is prevented from passing. In inspiration, the air-vesicles being dilated, the tortuous vessels are elongated, and a free passage afforded to the blood. The coats of these vessels are so thin as to suffer a *chemical action* to take place between the air in the vesicles and the blood in the vessels. Besides the veins and arteries already mentioned, they are furnished with another distinct set of vessels, whose sole office appears to be the nourishment or support of the lungs.”

The air-cells, or vessels, are extremely small tubes, branching off from the windpipe, very nearly in the same manner the twigs and branches of a tree do from the main trunk.—In health, the air passes freely from the windpipe to the air-cells, so that every time we draw a full breath, or inspiration, the air-cells are filled or distended. The lymphatic vessels are distributed on the surface of the lungs; their office is to absorb the lymph, and convey it into the thoracic duct, the

common trunk of the absorbent system, where it is mixed with the chyle, and both are immediately afterwards carried into the current of the venous blood, near the heart. Like the chyle, the lymph contributes to repair the losses of the blood, which is first subjected to the action of the lungs, in combination with the chyle and venous blood, and the whole compound is converted into arterial blood. Like the chyle, too, the lymph bears a strong analogy to the blood in its composition and properties. The nerves are very small branches furnished, or proceeding principally from the *par vagum*, or eighth pair and great intercostal.

The windpipe, or *arteria asperia*, is a long cylindrical tube, composed of alternate cartilaginous and fleshy rings, defective behind, through which the air is conveyed to and from the lungs in breathing; it is furnished with a membrane on its internal surface of exquisite sensibility, which, in the healthy state, is continually lubricated by a thin, bland mucus, secreted by a number of small glands situated behind the rings, and prevents irritation. As we shall have to notice this membrane again, when we come to treat of its connection, or sympathy with the skin, we shall now proceed to the consideration of the functions supposed to be carried on by the lungs; we say supposed, because, strange as it may appear, physiologists are not yet agreed as to the precise nature of their office; as a variety of conjectures, for most of them amount to nothing more, have been offered on this subject, we shall only notice that which appears the most probable, that it is in the lungs the blood is vivified, decarbonized, or, as some term it, oxygenized, by which a certain quantity of oxygen is abstracted from the atmospheric air, and at the same time, a part of the noxious morbid matter generated in the system is thrown off; and that the principal uses of respiration is to relieve the body of a certain matter perspirable only from the lungs, which, if entirely retained, is incompatible with existence, and if retained in part, is productive of disease, and this is said to be effected by a number of small ducts leading from the pulmonary arteries to the air-vessels, where it is dissolved and carried off by the air during respiration. This theory, which we believe is that which is most generally considered orthodox, is only true in part, as we shall presently show, when we come to treat of the functions of the skin, and the intimate connection, or sympathy, existing between it and the mucous membranes of the lungs, liver, &c.

OF THE SEROUS AND MUCOUS MEMBRANES.

The air passages, &c., are lined by an extremely elastic and extensible membrane, termed *serous*, which is analogous to the cuticle of the external skin, and being, like that, possessed of less sensibility, serves to defend the more highly organized mucous membrane, over which it is placed, from injury. The serous membrane is said to consist of condensed cellular tissue, in which there cannot be detected the least trace of a vessel. They are moistened with a watery fluid, from whence they derive their name.

The mucous membranes line all the cavities which open upon the surface of the body. They are also composed of a modification of cellular tissue, which bears a close analogy to the skin, or outward covering of the body, and is by many supposed to be a continuation of it, as in the lips, nostrils, eyelids, &c., they pass into each other. "The mucous membranes are more highly organized than the serous. They are of a loose, spongy texture, and of a reddish colour, and are largely supplied with blood-vessels and nerves. They are furnished with numerous small glandular bodies, called mucous glands, or follicles. In a healthy state, these membranes are always covered with a slimy substance, which is secreted by them, and from which they derive their name. These membranes sheath and protect the inner surfaces of the body, as the skin does the outer; and, by means of the mucus secreted by them, to screen those surfaces from the contact of irritating substances, which may either be introduced from without, or generated within the body." The mucous membrane also enters into the structure of the different organs which are concerned in the assimilation of the aliments, in respiration, and the secretion and excretion of the various fluids. They may also be considered as the basis of the glands, into the substance of which they everywhere penetrate.

OF TUBERCLES.

When you see a person harassed with cough, and losing his flesh, and if, at the same time, he complain of shortness of breath and pain of the chest, and begins to expectorate a muco-purulent-looking matter, you may certainly set his disease down as *consumptive*; for not only is his general health in that case manifestly wrong, but his lungs are more or less implicated,—and what does it signify in which of their tis-

sues?—what does it signify whether it be their mucous membrane, their glands, or their interstitial substance. If his general health, from the time he becomes your patient, improves, he will naturally live as long as it continues to do so,—if not, and if it as progressively continues to grow worse, he must die! Any further discussion of the matter, *quoad hoc*, resolves itself into the interminable question of tweedle-dum and tweedle-dee.

“Can consumption be cured?” asked Mr. Abernethy, adding, in his own sarcastic manner, “Odd bless me! that’s a question which a man who had lived in a dissecting-room would laugh at. How many people do you examine who have lungs tubercular which are otherwise sound. What is consumption?—It is *tubercle* of the lungs—then if those tubercles were healed, and the lungs otherwise sound, the patient *must get better*; but, if the inquirer shift his ground and say, ‘It was the case I meant of tubercles over the whole lungs,’ why, then, he shifts his ground to no purpose, for there is no case of any disease which, when it has proceeded to a certain extent, can be cured.”

The next question is, what *are* tubercles? I take this to be the true answer, and I wish it well considered, for it is, or I should rather say it *was*, until I took the liberty of enlightening the profession, totally at variance with their notions; some of them even *now* believing tubercles to be parasitical animals! For the requisite lubrication of the mucous membrane of the cells and other air-passages of the lungs, there must be a certain amount of secretion. To supply this secretion, there *must* be a glandular apparatus; and accordingly a number of minute and almost imperceptible *glands* in reality intersperse the entire tissue of the lungs—the pulmonary tissue, as it is called—but abound more particularly in the *upper portion* of it—that identical portion in which pathologists imagine they have detected the *commencement* of consumption. But what they call the commencement is nothing more than an **EFFECT** or development of general constitutional disorder. If it be the beginning, it is the beginning of the end—the end of previous repeated febrile paroxysms of greater or less intensity. During such constitutional disorder, and particularly during the course of severe fevers—such as a long remittent fever, the fevers termed small-pox, measles, and the like, these minute *pulmonary glands* become diseased, there being a previous *predisposition* of course; in other words, these glands being the original weak point of

individuals having the consumptive tendency. TUBERCLES, THEN, ARE DISEASED PULMONARY GLANDS. How many people have traced the consumption of their children to the small-pox or measles—but would any man in his senses say the consumption was the cause of these fevers? Here it must have been the effect, and so also it may be the effect of any other kind of fever, and in no case can it be the cause of such fever—though, as in the giving way of any other part of the body, the local disease may, in the course of time, aggravate and keep up the febrile state. The affected gland is in this instance at first almost microscopically minute, and as the disease advances, it swells and becomes of a reddish gray colour, or it may at once take on a suppurative action—it may become an *abscess* varying from the size of a pea or less to that of a walnut or more, or it may go on enlarging to any extent without suppurating or becoming an abscess at all—the function of the affected lung in this case being, nevertheless, as completely disturbed as if it did take on the suppurative state; but in most cases of consumptive disease, both kinds of disorganization go on at the same time, one gland or cluster of glands suppurating, and sooner or later bursting, and discharging their contents into the air-passages, rendering the lungs at the same time more or less cavernous and hollow—another gland or cluster of glands swelling and coalescing so as to fill up and solidify the air-cells of the part they occupy. These at least are among the principal changes to be found in the lungs of persons who die of consumption, and they are all, as I have already said, more or less gradually produced in the course of repeated *paroxysms* of general remittent disorder. The matter expectorated by the patient consists of the contents of the tuberculous abscess, and more or less mucus, sometimes mixed with blood; while the cough is at one moment produced by a lodgment of matter in the air-passages, at another it is an effect of the cold air coming in contact with the ulcerated surface of the diseased lungs,—though almost every patient has it *periodically* spasmodic. To understand this subject in all its bearings, you have only to observe the more palpable changes which take place in the glands of the *neck* of certain patients. These glands, in the *healthy* living subject, can neither be seen nor felt; but apply any general influence that shall excite *fever* in an individual predisposed to glandular disorder,—such as starvation, exposure to cold, or the abuse of mercury, and what do you find? Why, these very glands gradually enlarge

and form tumours, which tumours, as in the case of tubercles of the lungs, are sometimes of a solid kind, and when examined after death, have the same reddish-gray appearance, but more frequently, like them, terminate in abscesses, the contents of which, so far as mere likeness is concerned, are the identical contents of pulmonary tubercles, or *vomicæ*, as these tubercles are sometimes called. In the one case, the patient is said to have the "evil," or "scrofula," in the other, phthisis or consumption;—the difference of place, and the degree of importance of this in the animal economy, making the only difference between them. In still farther proof of the correctness of this explanation, I may mention, that Louis and others have detected *tuberculous* matter in various other *glandular* parts of the body of patients who have died consumptive. If it be objected that they have also detected it in the *bones*, I answer, bones, like every other part, have a glandular apparatus.

We now come to the question of cure, and from what we have already said, you must be aware, that however curable pulmonary consumption may be in the commencement, in the later stages—that is, where a very considerable portion of the lungs is destroyed—it cannot possibly be cured, though even in this case, the disease, by proper management, *may sometimes* be arrested. But here, instead of confusing you with fine-spun differences and distinctions, the delight of the schoolmen, I shall try to explain my meaning to you by *similitudes*; for similitudes, in the words of Fuller, are indeed "the windows that give the *best light*." Many, doubtless, have had a certain portion of a tooth slowly *consumed* by disease, which disease, [*tooth-consumption?*] by some change in your manner of living, or otherwise, has all of a sudden stopped, and the remaining sound portion of that identical tooth has continued to be useful to you for years! Such arrest of the consumption of a tooth I have often myself obtained by quinine internally administered; and Dr. Irving of Cheltenham, some time ago, detailed to me two cases in which he succeeded with that remedy. Well, then, with medicines of this class, and sometimes, even without any medicine at all, the same thing may take place in the lungs; and I have known persons reach a good old age, who had portions of their lungs destroyed, but who, by proper medicine, and attention to the temperature of their chambers, preserved the sound parts from going into further decay. Such persons, at greater or less intervals of time, may even be free from the

graver symptoms of consumption, and only commence to expectorate during some change of weather, when they have slight febrile attacks, but these will leave them again on the return of warm weather.

I have no wish to puff myself off as the only person in the world who has cured consumption; for, as I shall shortly show, this disease has been cured by others, though I am not so sure that the persons who cured it knew the principle upon which their remedies acted. Its real nature, I am satisfied, no author has ever explained *before me*;—and my explanation is now, I believe, pretty generally admitted to be the correct one. The same power that may set a ship on the right course, improperly applied, will set it on the wrong. This is exactly the case with medicine; the same power that has cured a disease in one person, may cause or aggravate it, according to circumstances, in another. How frightful, then, that such powers should be daily wielded by men who have not the smallest idea of the principle upon which their remedies act? No wonder we have such contrary estimates of the value of remedies in pulmonary consumption. A case of this disease, which *was cured*, I will now give; it is from the pen of the patient, himself a physician,—I believe the late Dr. Currie of Liverpool, who wrote the *Life of Burns*,—and it is given by Dr. Darwin, in his *Zoonomia*.

“J. C., aged 27, with black hair, and a ruddy complexion, was subject to cough from the age of puberty, and occasionally to spitting of blood; his maternal grandfather died of consumption under thirty years of age, and his mother fell a victim to this disease, with which she had been long threatened, in her 43d year, and immediately after she had ceased to have children. In the severe winter of 1773–74, he was much afflicted with cough, and being exposed to intense cold in the month of February, he was seized with *peripneumony*, [inflammation of the *pleura*, now called pleurisy.] The disease was violent and dangerous, and after repeated bleedings, as well as blisterings, which he supported with difficulty, in about six weeks he was able to leave his bed. At this time the cough was severe, and the expectoration difficult; a fixed pain remained in the left side, where an issue was inserted. Regular hectic [*habitual* or *wasting fever*] came on every day, about an hour after noon, and every night heat and restlessness took place, succeeded towards morning by general perspiration. The patient, having formerly been subject to ague, was struck with the resemblance of *the febrile parox-*

ysms to what he had experienced under that disease, and was willing to flatter himself it might be of the same nature; therefore he took bark in the interval of the fever."

The relationship existing between consumption and ague is not only established by the remissions and exacerbations of the above case, but also by the remedies that proved successful in its treatment,—horse-exercise and change of air having cured agues which had resisted every kind of internal treatment, bark among the number;—so that bark is no more a specific for ague, than for any other disease. Were we to judge solely from the experience of the case I have just given, in which the bark not only failed, but actually aggravated the symptoms, you might be led to conclude that it ought never to be exhibited in consumption; but you will please to remember, that the same is every day the effect of its employment in ague,—in which latter disease we therefore dismiss it for arsenic, opium, iron, or some other chrono-thermal agent, which may better answer the peculiar habit of the patient, and which we cannot know till we try. Never, like weak-minded persons, take your estimation of any medicine, or system of medicine, from its success or failure in one or two cases.

In the 13th volume of the *Medical Gazette*, you will find the detailed case of a man labouring under consumption, for whom Mr. Maclure, the gentleman who narrates it, prescribed generous diet and quinine. Dr. Marshall Hall examined the patient with the stethoscope, and pronounced an unfavourable prognostic. Even after commencing the quinine, and when a considerable improvement had taken place in the appearance of the patient, Dr. Hall still held that the case would be fatal; "again the stethoscope was consulted—again it uttered the same sepulchral responses; and according to it, the poor patient ought by this to have been moribund, his pulse, good looks, muscular firmness, appetite, and his high spirits notwithstanding. I need hardly add," says the narrator of this case, "that our judicious friend the doctor was much surprised, as well as gratified, to witness his appearance"—alluding to the change after the cure had taken place. Justice to Dr. Marshall Hall compels us to say, that he was any thing but gratified with this result; for in another number of the same journal, not only does he speak daggers at Mr. Maclure for publishing the case, but he goes into a very learned discussion as to whether the cessation of symptoms were not a *SUSPENSION* rather than a *CURE*. For our present

purpose, it is quite enough that he admits *suspension*; and if this suspension continued for a series of years, it is scarcely worth while inquiring whether the patient was cured or not. In fact, the matter would resolve itself into a mere dispute about words.

By chrono-thermal medicines I am satisfied I have cured or arrested many cases of consumption,—some of them, too, in apparently very advanced stages. The stethoscopists will of course question this, and ask how I could know, without using their instrument. I shall therefore give you a case of this kind in which it was employed, not by myself, but by men who have the reputation at least of being wonderfully quick in the use of it:—A pianoforte maker, aged 36, came to me much emaciated: he complained of shiverings, chills and heats, night-sweats, cough, and expectoration of matter, tinged with blood occasionally; he informed me that he had been a patient at a provincial dispensary, from which, after having for some months taken much medicine, and been repeatedly blistered, he was discharged as incurable. The stethoscope, he informed me, had been consulted in his case by Drs. M. and A., both of whom told his wife he was in the last stage of consumption, and there was no hope. I prescribed hydrocyanic acid, three times a day, and ordered him to take a pill, containing a combination of opium and quinine, at that period of the day when he should find himself most free from the symptoms of his disease. From that day he began to recover his flesh and spirits; his pulse, which was 120, gradually fell to 80, his appetite improved daily, his expectoration diminished in proportion, and in about three months he returned to his work, without any complaint whatever. I must not omit to add that I ordered him to apply a galbanum plaster to his spine, in which he had suffered from chills, and which it effectually stopped. A year afterwards I saw him again, when, in the presence of several friends, he told me he was quite well, and was still at his work, and expressed to me his gratitude for my successful efforts in his favour. Now, some will say this case was consumption, and some not,—for when the patient dies, nobody disputes it, but when he gets well, every body does;—some again may say that the disease might break out again at some future period, say five or six years after,—which I am ready to grant, and what is more, to admit, may happen after a cure in any disease whatever: and so may a fractured bone

that has united and been cured in the best possible manner, become, in the course of years and constitutional change, dis-united again; as you may find, if you will read the accounts of the diseases of the sailors who accompanied Lord Anson in his voyages.

A maid-servant, 25 years of age, the subject of consumption, had been an out-patient at the same dispensary for several months, during which she had been bled, leeches and blistered, but as she found herself daily getting worse, she came to me; she was then spitting blood, and muco-purulent matter; her pulse was quick and small; she had chills and heats, and night-sweats, with severe cough. I prescribed hydrocyanic acid, as in the above case, with opium and quinine during the remission; with this treatment she recovered completely, and though several years have now elapsed, she has had no return of her disease.

When I first entered into private practice, I was much abused for giving prussic acid, and that, too, by individuals who afterwards ordered it in their own prescriptions! "We old practioners," I have been told by some of these very enlightened persons, "don't like your iodine,—your prussic acid,—your creosote,—and your new medicines. We have known injury to follow their use." And what remedy in the world, in the hands of blockheads, may not do the same!—Iodine, prussic acid, and the new medicines, are only valuable in the hands of those who know the principle of their application; like fire or hot water, they are not to be left at the mercy of fools or children, inasmuch as, like either of these agents, they may warm you in one degree, and destroy you in another. Moreover, they will not agree with all patients in any dose; but who they are to agree with, you cannot, of course, know till you try, and therefore you will suit your patient's constitution as best you can—for, in the words of Lord Bacon, "a wise physician doth not continue still the same medicine to a patient, but he will vary if the first medicine doth not apparently succeed—for of those remedies that are good for the jaundice, stone, agues, &c., *that* will do good in one body which will *not* do good in another—*according to the correspondence the medicine hath to the individual body.*" Is not this matter of every day's experience? How can we tell, before we try, whether opium will set a person to sleep, or keep him awake all night? or that prussic acid will aggravate consumption in one case and cure or amelio-

rate it in another? I shall afterwards prove that the reason of the difference of effect of all remedies, is the difference in the electric condition of the brain of different patients. But whatever be the true explanation of the facts, they show, at least, the utter impossibility of foretelling, in numerous cases, by what remedial agency you can accomplish a given object—and they must also demonstrate to all who have even the very least pretension to common sense, the imposture daily practised by the charlatan, when he puffs his nostrum as a universal and infallible remedy. But so far as regards prussic acid, its good effects in numerous cases of consumption are unquestionable. Magendie, among others, “asserts and maintains,” that with this acid he has cured individuals “having all the symptoms of incipient phthisis (consumption), and even in a more advanced stage.” Dr. Frisch, of Nyborg, in Denmark, has also employed the remedy successfully in consumption. But prussic acid is equally influential as a remedy for ague, and I have administered it with the most perfect success in cases of that disease, after they had resisted quinine and arsenic. I have cured with laurel-water (the virtues of which depend upon the prussic acid it contains) many cases of obstinate ague. The principle upon which this acid acts in both diseases, I need not say is one and the same—namely, by its power electrically to influence the motion and temperature of certain parts of the body, through the medium of the brain and nerves. People who have accidentally taken an overdose, will tell you they felt as if they had had an *electric shock*. Whatever produces a sudden impression upon the whole frame causes such shock. Whatever acts upon it more slowly does the same *in effect* as galvanism or electricity slowly and gradually applied. How otherwise can you influence the body in disease

“With drugs or minerals
That waken motion!”—SHAKESPEARE.

The action of such substances, I need not say, is any thing but *mechanical*. What, then, can it be but *electrical* or *galvanic*? To call it chemical or magnetic, is only an admission of my position, for these have been proved by Mr. Faraday to be mere modifications of the same great principle. We can now understand how galvanism and electricity may be directly and advantageously employed in every disease which has obtained a name, ague and consumption among the number.

Before I quit the subject of consumption, I may mention that, in many cases of the disease, I have derived great benefit from arsenic and silver, and also from subcarbonate of potass. In four or five cases which resisted many remedies, a combination of stramonium and belladonna arrested for a time, though it did not ultimately cure, the complaint. In many cases about which we are consulted, the disease may have proceeded so far as to make cure impossible—in other cases, which might seem to admit of this desirable end, circumstances over which we have no control will prevent it. Do you think it possible to cure a person of any grave disease if he were everlastingly on the eve of bankruptcy,—or who lived in an atmosphere which disagreed with his health generally,—or who had a wife continually scolding him and making him miserable? In such cases need I say it will be difficult to give even a temporary benefit in consumption.

There is a phrase at present so much in fashion, that were I all at once to say it was absolute and indisputable nonsense, many would, in all probability, stare with astonishment. Did any of you ever hear of *brain-cough*—or *ear-cough*—or *eye-cough*?—No. But you have, of course, heard two doctors discussing, with the greatest gravity imaginable, whether a particular complaint was incipient consumption or “*stomach-cough* ;” as if people in these days coughed with their stomachs instead of their lungs! Only let a fashionable physician give currency to this kind of false coin, and it will pass for genuine, till some suspicious character like myself shall submit it to analysis at the mint of common sense,—and then—what then?—Why people will scarcely even then believe the evidence of the whole of their five senses put together—for as some one says, when the gullible public once get hold of a lie, they become so enamoured of it, that nothing but death will make them part with it. Who first introduced the phrase “*stomach-cough*,” I do not know ; but Dr. Wilson Philip, at all events, insists that “indigestion or dyspepsia is the remote cause of a variety of consumption ; and in proof of this, he tells us he has cured it with minute doses of mercury. Now, if that were any proof of the origin of a disease, every disease in existence might be termed a “*stomach affection* ;” for I know very few chronic complaints, however grave, which I have not myself cured by the same medicine ; aye, and have seen aggravated by it, too. In the latter case, of course, the complaint could not be a “*stomach disease*.”

Direct your attention, says Dr. Philip, to the digestive organs, and you will improve the subject of "*dyspeptic-phthisis*." And so you may, if you direct your attention to any other part of the body of a consumptive patient,—for what part of the body of such a patient performs its functions correctly? In this disease the feet and hands feel cold and hot by turns, the skin one moment harsh and dry, is at another bedewed by a cold and clammy sweat. Are these *causes* or *coincidences*? May you not as well say—cure the consumption, and the digestive powers will improve, as, cure the indigestion, and you will stop the consumption? Medical men constantly talk of indigestion as an essence or entity, having features separate and distinct from all other disorders. Can any person, I ask, be the subject of any disease without his digestion being more or less implicated? What becomes of your digestion in *fever*—or when you get bad news just as you are about to eat your dinner? Though you were as hungry as a hawk a moment before, your appetite would leave you then. Have we a *brain*, or have we not? Give a man a blow on that, and see what becomes of his digestion? How much the workings of this organ have to do with the functions of the stomach, we have a lesson in the play of Henry the Eighth. Mark what the fiery monarch says to Cardinal Wolsey, when surprising him with the proofs of his treachery—

“——— Read o'er this,
And after, this; and then to breakfast,
With what *appetite* you have.”

Do you doubt that the *breathing* of a man thus suddenly and unceremoniously surprised, would be as much affected at such a moment as his appetite? See, then, the absurdity of placing naturally *coincident* circumstances in the light of cause and effect! Shakspeare knew the influence of a passion upon the *totality* of the body better than half the faculty, and I am not sure that he could not have prescribed to better purpose than them all put together. Do you think that in cases of this kind he would have troubled his head about the digestive organs, or that he would have said, like many of the great doctors of the day, “we must put the stomach and bowels to rights!” Certainly not; he would have made the brain his first care;—he would have first tried to soothe and comfort that, and then he would have expected

the appetite to return. Now, that is what ought to be done in all complaints, indigestion and consumption included.—Every organ of the body is of importance in our economy—but the brain is *so* important an organ, that people cannot live a moment without it; and whatever affects it, for good or for evil, equally for good or for evil affects every other part of the body,—the lungs as much as the stomach. Through the medium of the brain and nerves only can mercury or any other medicine influence the diseases of these two last-mentioned organs, whether advantageously or the reverse; and, as I have already told you, mercury can do both,—according to the correspondence and fitness it hath for individual bodies, and the scale or degree in which it may be administered.—But upon the subject of appetite the greatest nonsense prevails, even in the profession. You hear that such a one is ill—very ill,—but, thank heaven, his appetite still keeps “good.” How, then, is it that the patient continues day by day to waste and become skeleton-like? It is because that man’s appetite, so far from being “good—nay excellent,” is *morbidly voracious* and craving, having as much resemblance to the appetite of health as the diabetic flow of urine has to a useful—that is, a moderate secretion—from the kidneys.

No man can possibly be the subject of disease of any kind without his digestive organs partaking in the general *totality* of derangement. Whatever can improve the general health in one case may do the same in the other. Now, though the chrono-thermal remedies, judiciously administered *during the remission*, may of themselves singly cure almost every kind of disease,—yet it is my custom to combine and alternate them, as I have already said, with such medicines as experience proves have more or less affinity to the particular parts of the body most implicated in a given case,—mercury, iodine, and emetics, for example,—inasmuch as the cure may thereby, in many instances, be at least accelerated. The well-ascertained influence of mercury and iodine on the glandular and assimilative nerves, naturally points to those two medicines as being the most proper for consumption; and I feel it my duty to state to you that I have often availed myself of their beneficial influence in that disease. That they can produce it in cases where they prove constitutionally injurious, you will scarcely doubt, when you consider that whatever may injure the health of persons predisposed to chest-disease, may as certainly bring out that weak point of their frame.

Instances produced by both, more particularly mercury, I have too often been compelled to witness.

Medical practitioners, when detailing the most strikingly remittent phenomena, in general manage so-to word them that you cannot distinguish whether they be remittent or not. The more intelligent non-medical writer will often convey in his unsophisticated English the precise bearings of a case.—Take an instance from Captain Hall's narration of the illness of the Countess Purgstall :—"Our venerable friend," he says, "though she seemed to rally, and was certainly in as cheerful spirits as ever, had gotten a severe shake; her nights were passed in coughing, *high fever*, and sharp rheumatic pains,—but in the *day-time she appeared so well*, that it was scarcely possible to believe her dying, in spite of her constant assertion to that effect."—[*Schloss Hainfield.*] Now, in such a case as this, would not the responses of the stethoscope differ materially according to the time they were taken? The indications obtained through its medium could not possibly be the same by night as by day.

Connected with this subject, I may mention that when, in 1836, I first published in this country my sketch of the chronothermal doctrines, the *Fallacy of the Art of Physic as Taught in the Schools*, in which it appeared, was pretty severely handled by the medical critics. Dr. James Johnson, in his *Medico-Chirurgical Review*, and Drs. Forbes and Conolly, the editors of the *British and Foreign Medical Review*, sounded their respective tocsins of scurrility. Not content with misstating and misrepresenting the matter of my volume, they resorted to personal abuse of myself; and the open contempt in which I held their wooden idol, the stethoscope, fired them with a common indignation,—for, while Drs. Conolly and Forbes, with rare courtesy, made this a reason for pointing out to me "the advantages of common sense over the want of it," Dr. James Johnson, in an equally polite manner, charged me with "profound ignorance and inveterate prejudice."

This language I at one time determined to treat with silence; but when I reflected how few, comparatively speaking, are aware of the manner in which the medical criticism of the English metropolis is managed, and that the Reviews in question are only part of the corrupt machinery by which mediocrity and mendacity have been too often enabled to usurp the place and grasp the emoluments which of right should belong to genius, I took an opportunity of answering the conductors of both publications through the medium of

the *Lancet*.* To that answer one only of the parties, Dr. James Johnson, put in a replication, but whether he gained or lost by the line of conduct he pursued, I leave to his warmest advocates to decide. Drs. Forbes and Conolly to this hour have never attempted to invalidate either my facts or reasoning, though in a recent number of their periodical, they have taken care to repeat their abuse of me—a sure sign that they still smart under the effects of the castigation they received at my hands.

Having already proved the utter inutility of the stethoscope in diseases of the heart, as confessed by Dr. James Johnson himself, I shall now enter into some investigation of its merits, in the detection of pulmonary consumption.

Permit me, I said to my very polite critics, to ask you a very plain question.—Since this instrument first came into fashion, have you or any other physicians been able to bring this or any other disease of the chest to a more favourable termination than formerly? Hitherto, I never could obtain but one answer to this question, and that answer was always a negative. But softly, you will say—has it not taught us to *discriminate* and *distinguish* one disease from another? Admitting for the present, that such is the fact, (which, however, I shall shortly disprove,) of what use, I again ask, is such discrimination, such change of one kind of verbiage for another, if it lead to no difference or improvement in practice—if our remedial measures, for all shades and variations of pectoral disorder, come at last to the same agency? What is it but a vain waste of time in splitting straws, to attempt to distinguish by some nice auricular sign, severe disease of one tissue of the pulmonary substance from another, if the proper treatment of every kind of lung disorder be the same? If you reply, it is a satisfaction to know whether the disease be curable or not, I give you for rejoinder the fact, that where the symptoms are so grave as to be with difficulty distinguished from tuberculous consumption, the disease, in that case, may either, like consumption, under certain circumstances, admit of cure, or, like the same disorder in its very advanced stages, as certainly terminate in death.

“Rush, Portal, and the most judicious physicians,” says Dr. Hancock, “have constantly regarded consumption to be

* For an exposure of the profligacy of these and other London Medical Reviews, see the various London medical periodicals—the editors of which, in their hatred of each other, very often disclose the secret tergiversation of their respective colleagues.

a disease of the constitution, not consisting merely of ulceration or loss of substance in the lungs—of course not to be disposed of by stethoscopes or any auricular mummery. Hence too, we see the reason that consumption formerly, in the times of Morton, Sydenham, Bennet, and others, was not regarded as an incurable disease." Let us, however, for argument's sake, allow that a knowledge of the exact amount of lung-decomposition could be turned to some useful or practical account; are my critics so certain that the stethoscope is adequate to the detection of this? Andral, an authority to whom "pathologists" on all occasions implicitly bow, candidly admits its deficiency. "*Without other signs,*" he says, "the stethoscope does NOT reveal with certainty consumption and inflammations of the heart." And Dr. Latham, who has taken no small pains to advocate its employment, admits that the best auscultators even—the technical term for those who use it—have been led to a wrong prognostic by it. "To MOST patients," he adds, "I fear it is a TROUBLE and DISTRESS." Now this is just the reason why I repudiate its assistance;—whatever troubles and distresses the patient must not only alter all the movements of the heart and lungs, so as to neutralize the whole indications presented by them; but must actually aggravate the state of his system throughout, and, by consequence, instead of tending to the relief of the part most implicated, must further increase its diseased state. Well, then, as the information obtained from the stethoscope must, from the nature of things, be as hollow and empty as the toy through which it proceeds—and as the discovery of the degree of organic change, even could it be known to a nicety, can in no instance lead to practical improvement, I am content to judge of it from the patient's general appearance, the number of his respirations, and the sounds emitted, when he speaks, breathes, and coughs, as appreciable by the naked ear. From an instrument whose employment troubles and distresses the majority of patients, I look for no superior information; for, I repeat, whatever troubles and distresses people's brains, will assuredly trouble and distress their bodies, particularly the weaker parts of them.

We are all liable to trust too much to our ears. Depend upon it, it were better, in diseases of the chest, as on most other occasions, to examine things with our eyes. When we are consulted about disorders of that cavity, our business is to watch well the countenance of the patient, to mark whe-

t her his breathing be hurried, or the reverse; whether he has
 l ost flesh or begins to gain it; and from whatever part of the
 l ungs the matter expectorated may proceed, we can be at no
 l oss for the proper principle of treatment;—our eyes will soon
 t ell us whether he gets better or worse, and whether a particu-
 l ar medicine should be continued or changed for another.
] In the case of any very material change in the lungs, such as
 ; an abscess, cavern, or solidification of a part of their substance,
 i f large, such local disease will get smaller as the general
] health improves,—if small, it will grow larger should that
 ; get worse. More than this,

“———There need no words, nor terms precise—
 The paltry jargon of the *physic schools*,
 Where pedantry gulls folly;—we have eyes.”

With these, then, let us recur to nature, and we shall have no need to ask of professors and other great persons whether consumption, and other chest-affections, be remittent disorders or not. When once satisfied of that, we may be sure that chrono-thermal medicines will be of infinitely more avail for their cure than all the discussion and discrimination of all the doctors that ever mystified disease by their vain nosologies! What cares the patient about the alphabetical combination by which we baptize his disease, if we cannot make him better; and if we succeed in curing him, what does it signify, whether we call it one name or another? Is it not enough to know that the worst feature of the disease was in the chest, and that our treatment was judicious? So far as result is concerned, the wise physician, even when despairing of success, will do well to guard himself against a too decided prognostic in any case. How often have I heard patients, who had formerly suffered from chest-disease, boast that they had lived to cheat their doctor of the death to which he had theoretically doomed them,—aye, and that doctor a stethoscopist!

Case 1.—The following correspondence illustrates the efficacy of the mode of treatment adopted by Dr. Rose.

Dear Sir:—Perhaps the following copy of a letter, addressed to me by a former patient of yours, W. Hatch, Esq. of Miss., may not be unacceptable to you. It is not transmitted as an extraordinary case of the success of your system of treatment, but that it may be added to the number of those, scattered throughout our country, who, abandoned to die by distinguished physicians, have found in you a welcome deliverer from a premature grave. Having passed several

weeks in the house with Mr. Hatch, in Philadelphia, while he was under your care, and becoming interested in his case I watched its progress with great solicitude.

I doubt not, that the sentiments expressed, will be as agreeable to yourself, as the narrative has been gratifying and instructive to yours, respectfully,

W. W. HALL, M. D.

Dear Sir:—The interest with which you have regarded my case, since I became the patient of Dr. Rose, of this city leads me to believe that a free statement, from the appearance of the first alarming symptoms, up to the present time, would not be uninteresting to yourself, while it affords me an opportunity of expressing the high estimation in which I hold the character of the distinguished physician just named, and the system of treatment originated and perfected by him, for arresting and eradicating a disease so terrible, so steady, so surely fatal, as that of consumption of the lungs. Having no part of a medical education, I shall strictly confine myself to a statement of facts, in ordinary language.

Whilst ascending the Ohio in a steamboat, in June, 1842, in company with part of my family, on a northern tour, I was without any apparent cause, suddenly attacked with hemorrhage of the lungs, which caused me to abandon my trip, and return to my residence in Mississippi. I immediately consulted my family physician, a gentleman who stands at the head of his profession. On a minute examination, he assured me that there was a predisposition to consumption, rather than an actual attack. After following his directions for some time, the hemorrhage gradually disappeared. The succeeding fall and winter were passed in only tolerable health. As the warm weather approached, I began to feel, towards the evening of each day, a general weakness, which gradually increased. Expectoration of a whitish colour appeared, and in April of the present year, all the symptoms becoming daily more alarming, my physician was requested to repeat his examination, and give a candid opinion, which was, that my lungs were affected,—I could not be cured,—might live many years, but it was uncertain.

Within two weeks after this, a severe attack of hemorrhage came on at night while in bed. By the sedulous care of my medical attendant, I was relieved in a few days, but was left in such a weak condition as to be unable to leave my chamber. My physician now recommended a trip to the sea shore as soon as it could be undertaken. This course was adopted

On my arrival at Philadelphia, on the 20th of June last, I had occasional fever and night-sweats. Any exertion in conversation produced weariness and hemorrhage. My voice was not natural and full, but hollow and incomplete. Rest at night much broken, slight cough, pain, sometimes in the breast, at others between the shoulders, shortness of breath, digestion impaired and bowels constipated. Having taken lodgings at the Franklin House, I accidentally heard of Dr. Rose, as a very skilful physician in diseases of the lungs, and was prevailed on by a friend, to call upon him, although contrary to my intentions, as I considered it useless to consult any one. Accordingly I repaired to his residence in Arch street in a carriage, being unable to walk so far. Having no hope of a cure, I merely asked him, after he had examined me, if he could give me any relief; he very promptly replied, he could cure me. This announcement at the time did not afford me that satisfaction which it would have done, had I not thought him mistaken. Being, however, interested in his conversation, and pleased with his manners, I determined to give his remedies a trial, especially as they appeared to be at least innocent, while his views seemed rational. These impressions were confirmed on reading a book which he had published on the curability of consumption, and I now began to feel gratified that I had made his acquaintance.

After using the remedies ten days, expectoration increased, but was made with more ease; it then began gradually to diminish, and at the present time has almost entirely disappeared. My strength has regularly improved. In one month, my chest had increased more than an inch in size; and in another, over half an inch more. Fever and night-sweats entirely disappeared in thirty days; and for two months I gained in flesh one pound per week. My digestion is now better, and my skin clearer, than it has been for ten years. My breathing is full, my voice strong and clear, and I am able to walk several miles a day without inconvenience. Although I have exposed myself to night air, to damp, and even wet, rainy weather, I have not taken the slightest cold. Exposure to heat affects me more, and cold less, than formerly.

And now, sir, from the great change which has taken place in my system, I think I am warranted in believing, that by continuing the remedies some time longer, my health will be entirely restored.

In closing this communication, allow me to express for Dr.

Rose the grateful feelings of my heart, and a sincere wish that his life may be long, prosperous, and happy; and that it may prove as great a benefit to thousands of suffering people, as it has been to your friend and obedient servant,

W. HATCH.

In view of the above case it may be asserted with great safety, that there can be no good reason why others having similar symptoms, may not, by the same treatment, experience in their own persons the like happy results.

Case 2.—J. B. S——, aged forty-two years, applied to me in December, 1833, for the relief of a severe neuralgic pain of the heart, attended with much palpitation, and constant cough. He stated that he had been directed by his physician to observe perfect rest, to eat no animal food, and to take of Lugol's solution five drops night and morning.

His symptoms (for which he supposed he was using the best remedy) increased, and he became alarmed for his own safety; after persevering for several months without relief, I was consulted.

I found, upon examination of the chest, that the summit of the left lung was the seat of an abscess, occasioned, no doubt, by a severe inflammation of that part, which he stated had existed a few weeks before the palpitation of the heart commenced.

I assured him at once that the heart was free from disease, although its motion was somewhat out of order, and commenced a different treatment.

I directed one of my prophylactic pills to be taken nightly, and the application of my liniment to the spine, immediately over the fifth dorsal vertebra, and a ride of half a mile in an open carriage in the morning of every fine day; on the fourth day of this treatment, my patient called at my office some little improved in spirits, with rather less frequency of pulse. The expectoration was still very great, but the cough less frequent; the pills had improved the state of his digestion, and the uneasy feeling he had complained of for many months, was in a great measure removed. I directed the left side of the thorax to be bathed night and morning with the irritative liniment, and the pills to be continued. On the twelfth day of my treatment he called again, to say the soreness had all left him; upon applying my ear over the upper portion of the left lung, I found distinct pectoriloquism; I now furnished him with a small tube, directing him to

breathe through it as long as he could at one period, without being oppressed, to continue the pills and liniment, and to call in a few days again.

On the following day he left the city, and remained at his brother's residence, in Delaware, for two months; at the expiration of this time he returned, when the change for the better prevented my immediately recognizing my patient.

He stated that the cough had left him gradually, his expectoration was gone, and that he was now able to leave for the West—which had been his determination a year previous, had not his heart affection prevented it. (Still harping on the old palpitation.) Two years after I received a letter from J. B. S——, informing me his health was never better, and that he had married and transferred his heart *affection*.

Case 3.—A young lady, the daughter of a very respectable grocer in this city, who had for many months suffered from weak digestion, and consequent debility, for which she had taken various remedies without permanent benefit, became consumptive; after many proofs from various symptoms of the existence of phthisis, I was called to visit her in consultation with her uncle, her attending physician, who gave it as his opinion that she could not survive six weeks; and observed that I had been called to satisfy her brother. I replied, as I was then in the house, perhaps he was already satisfied, and that I conceived the next step of importance was to examine the case. I found the patient much emaciated, with some cough and night-sweats, and upon applying my ear to the chest, discovered the existence of a small cavity at the summit of the right lung, while I also detected a dry crepitous rattle, with bubbles, manifested by auscultation—the certain proof of emphysema. This state arose from a spasmodic affection of the throat, which the patient had been subject to for more than a year. There existed much oppression, and upon being informed that this symptom had come on suddenly, after a distinct sound in the chest, resembling the tearing of parchment, I concluded in my own mind that a rupture of some of the air-cells had taken place, and that in time cicatrization would happen through the consequent dilatation of the parenchyma. I, therefore, supposed a favourable prognosis existed, and of course differed in opinion from the attending physician. I supplied this patient with a large quantity of prophylactic pills, one of which I directed to be taken morning, noon, and night; from the existence of spasms

in the throat, preventing free respiration, I concluded there was little use for an inhaling tube. And I am happy to add, that this young lady now enjoys perfect health.

Case 4.—Mrs. M. W——, aged forty-two years, applied to me in 1834, in consequence of a continued hacking cough, which had been existing for four months, notwithstanding the use of all the known remedies, or cough-mixtures: upon examination of the chest by percussion, I at once discovered the right lung was perfectly useless to her, and that its greater portion was occupied by an abscess. Believing surgery might afford some relief, I proposed a consultation with my friend Dr. J. Randolph, which was acceded to; the doctor made the same examination, and agreed with me at once in opinion. The patient was very desirous that something should be done to relieve her breathing, and was willing and anxious to have an operation performed; there being great emaciation, and very great debility, we concluded to support her strength with a portion of rich soup and malt liquor daily; this she took freely for three or four weeks, and recovered some strength, the bowels keeping tolerably regular for some time; this did not continue long, however, and at the expiration of about four weeks from our first visit, constipation took place, and all purgative medicine swallowed produced no operation. The use of a terebinthinate injection had a better effect. A large tumour was now distinctly felt immediately under the right false ribs, and in a few days this became very prominent, yielding fluctuation by percussion. She now repeated to me her desire for an operation, and begged me to puncture this large gathering (as she called it). I promised this should be done, and on the following day requested my friend Dr. S. G. Morton to be present at the operation.

Dr. Morton examined the tumour, and we jointly concluded that an operation was not only safe, but justifiable.

After providing bandages, compresses, &c., I proceeded by making a small incision through the skin, immediately over the most prominent point of the tumour, and then changing my scalpel for a small trocar, I gently pressed this instrument through the muscles and into the enlarged liver, the seat of the abscess; upon withdrawing the trocar and leaving the canula, (with which this instrument is generally sheathed,) thin unhealthy pus flowed freely through it. This continued until six quarts had been discharged, without any signs of

syncope being produced. I should not mention this large quantity, had not Dr. Morton been present, who can vouch for the authenticity.

The respiration and general unfavourable symptoms continued to improve, the cough completely leaving her for three weeks. At the expiration of this time, the oppression and cough returned, and she sunk rapidly, living one month after the operation, from which no ultimate benefit could be promised, although demanded for relief.

Autopsy, assisted by my friend Dr. Morton, twelve hours after death:—the right lung, as had been anticipated, was nearly destroyed by ulceration, except a small portion, which was found shrunk up under the right clavicle, while the cavity of the pleura of the right side was filled with the same kind of matter which had been discharged by the operation a month previous. The heart was found to be perfectly natural, although this patient had suffered much from palpitation; the left lung appeared healthy, with the exception of its upper lobe, which was hepatized; the cavity of the pleura of this side contained about four ounces of serum. The right lobe of the liver was found greatly distended, and upon being punctured, discharged as much thin matter or pus as would make up (with the quantity found in the chest) the same amount discharged at the time of the operation; the liver was only a sac containing this fluid, its walls not thicker than four lines, its upper portion adhering to the diaphragm, and opening into the right pleural sac by a sinus; accounting for the great relief the patient had experienced in her breathing after the operation.

The health of this patient had been declining for many years from leucorrhœa; this circumstance led me to examine particularly the state of the uterus; and from the situation in which I found this organ, I concluded our general remedies for that disease must frequently be very inefficient; I determined from this hint to change the practice somewhat, and my success in the treatment of uterine diseases since that period will always prevent my regretting a desertion from the old plan of treatment generally pursued.

Case 5.—Miss E. S., aged 17 years, in the spring of 1835, after long exposure to a cold and damp easterly wind by riding in an open carriage, was taken with a chill which proved to be the commencement of pneumonia. Medical aid was soon called and a proper treatment at once directed;

she was bled freely, and as often repeated as the nature of the case required. Evacuants were used freely and properly, and a slow convalescence was brought about.

Some days after her physician left her, she complained of a slight pain in the right side, for the relief of which her parent administered a large dose of calomel, which operated slightly, and was not followed by any other medicine; the following day she had some fever and a return of her cough; the breast was rubbed with a stimulating liniment, and a blister applied. The consequent inflammation of the cuticle and general soreness produced, prevented full motion of the chest, and the patient soon complained of much oppression in breathing. This created some alarm, and her physician was again called in, who, imbibing some of the views of the patient, directed a large plaster of Burgundy pitch, sprinkled with Spanish flies, to be applied to the back and shoulders. This effectually prevented all healthy respiration or full inflation, and the best selected internal treatment was consequently of no avail; the lungs were supposed to be diseased, and I was called in consultation. I could not explore the chest on my first visit, in consequence of the very great inflammation and soreness of the whole surface of this part, occasioned by the blisters, liniments, plasters, &c. But finding the bowels still slow, with a slight degree of ptyalism, I directed one of my pills to be given morning, noon, and night, (the composition of which I made known to the attending physician,) with ten grains of nitrate of potash as often, all the plasters to be removed, and the chest bathed frequently with a little cool brandy. The application of brandy to surfaces inflamed in this way, or by blisters alone, is perhaps one of the most soothing and comforting we can direct.

The nitre, the prophylactic pill, the removal of all external irritants, had a most charming effect. On my next visit, the lively countenance, the cheerful expression, the desire to be questioned, that she might answer for herself, told all that I could wish to hear.

Her fever had left her, the skin felt naturally moist, the tongue looking much more like health, the eye lively, and the irritable state of the throat much subdued. The peristaltic action of the bowels improved, and so much improvement in the state of the skin over the thorax, that I was now able to examine the state of the lungs by percussion, auscultation, &c.

I found immediately under the left clavicle, the respira-

tory murmur could not be heard; this part gave a dull sound on percussion, and the difficulty of breathing was much increased by lying upon the left side. As there was some pain produced by a deep inspiration in this part, I directed my liniment, to be applied to the back in a small compass over the fifth dorsal vertebra, and the pills to be continued. On my next visit I found very little uneasiness or pain in any part of the chest, by full inflation, and less inconvenience produced by change of position. I now furnished a small tube for inhaling, with the general directions in manuscript, ordering at the same time a continuation of the pills morning and evening, and a moderate diet of small portions of venison, (one ounce,) and one cracker, morning, noon, and night, with one wineglass of good ale after the mid-day meal; the daily use of dumb-bells, and a brisk walk up and down the chamber several times through the day. With these directions, and a promise on her part to continue them faithfully, I left my patient under the care of her attending physician.

At the expiration of six weeks, she called at my house in a carriage to report her health; there was now distinct respiratory murmur heard in every part of the chest, and I agreed with her in opinion, that further treatment was unnecessary.

This young lady still continues to enjoy uninterrupted health, without the least appearance of ever having had lung affection.

Case 6.—In March, 1835, I was consulted by Miss M. R —, aged twenty-two, for a painful affection of the chest, attended by considerable cough and expectoration of blood, mixed with frothing yellow matter. She stated that she had lost her mother and sister with the same disease, and believed she herself was going rapidly; upon exploring the chest I found the summit of each lung was obstructed by tubercles, several existed on the sides of the neck, and many under the scalp; she experienced much inconvenience from these small tumours, when her bonnet pressed them; I proposed their removal, which she acceded to, and commenced a general treatment: I directed her to leave the city, to use daily a pair of dumb-bells, to make full inspirations frequently through the day, to swing by the hands from the lower limbs of peach or apple trees, (which I knew she would find on the farm she had chosen for her location.) I provided her with my syrups, and a large box of prophylactic pills; she continued at the farm, and most of the day, (in fine weather,) in the orchard swinging upon some of the horizontal limbs. The

expectoration gradually diminished, her strength returned, her chest and hips expanded, she became robust, and still enjoys good health; her chest in August, 1844, when I last examined it, showed no marks of disease. I then for the first time since I had made it, observed that I had kept my promise, and that with common prudence she might enjoy a long life.*

I had left one of the small tumors on the head, for the purpose of seeing whether the internal use of medicine could produce its absorption; upon searching for it after she returned to the city, I could discover no trace of this tubercle.

Case 7.—Mrs. S. W——, aged thirty-nine, applied to me in May, 1835, for advice in her case. She stated that for eighteen months previous, her health had been declining, with continued cough, much expectoration of bloody matter, and hectic fever. She had been for six months under the care of two very able physicians, whose treatment corresponded with that of others under the same circumstances: as she had received no benefit from medicine, and as dropsy had taken place, which, in her opinion, was to end her suffering, she gave up all hopes of recovery; but as her cough and expectoration had diminished, while her strength had increased, and her chills, fever, and night-sweats had completely left her, she consulted me for the cure of her dropsy. This I observed might be accomplished, but that, in my opinion, she owed her recovery from cough to this disease. This opinion I formed from the fact of there being no œdema, which led me to conclude the dropsy was encysted, while the abdomen was as large as is generally met with in the last months of gestation. I had no doubt that the relief from her pectoral affection was owing entirely to the support the diaphragm and lungs received from the existence of this disease.

I therefore advised her to continue without medicine, and to let me know immediately, if any of her old symptoms of cough or expectoration should take place. In October, 1835, I was again called to visit this patient, when she requested that I would do something for her dropsy, as she had no return of cough or spitting, and thought that dropsy had done all it could for her, and that now she would like to do without it, if possible. Having some suspicion of large hydatids

* I have never known my prophylactic syrup fail in removing tubercles, (or curing scrofula,) when used in time.

in the uterus, I proposed an examination per vaginum, and soon discovered that the views I had of her case were well founded. The uterus was as large as we generally meet with at the ninth month of gestation; I proposed the introduction of a common sound, through the os uteri, which was acceded to, and by making a few rotatory movements, broke the sac containing the fluid, and in a few moments my patient was relieved from all her distress from dropsy. I directed her to lie with her head and shoulders low, and to keep constantly applied round the lower part of the abdomen a broad bandage moderately tight; my object was to support the diaphragm as much as possible. She soon recovered without the use of any medicine, and now continues in perfect health.

Case 8.—A. W——, aged thirty-two, consulted me in November, 1836, for the relief of a troublesome cough, with scanty expectoration of matter streaked with blood, which had existed for several months. He had been frequently leeches on the throat, and as often blistered. He had also inhaled iodine for a long time by the advice of his physician, and had tried a short sea voyage without relief. Upon exploring the chest, I found the parenchyma healthy throughout. He complained, when exposed to the atmosphere of heated rooms, of a deep-seated pain and sore feelings at the upper part of the sternum, (or breast bone,) which was much increased by inhaling a very cold air, but was greatly lessened when the weather was temperate. He had avoided all stimulating drinks, and animal food, dressed warm, and particularly protected the chest and neck. This I directed he should remove as soon as possible, and bathe the part night and morning with cold salt water; I supplied him with my solution of gold, and ordered him to touch the fauces with a soft camel's hair pencil, moistened with the solution, night and morning; to commence the daily use of the Lisbon diet drink, and one of the compound prophylactic pills to be taken nightly. At the expiration of one week A. W—— called at my office much improved, his expectoration had diminished very considerably, his soreness of throat nearly gone. He continued to mend from this time, and after this treatment had lasted two months, he considered remedies unnecessary. This patient continues to enjoy perfect health.

Case 9.—Miss E. D——, aged twenty-four, came from the state of Maryland to consult me in the month of September, 1840; she complained of great soreness of the throat, with en-

larged tonsils, and continued cough, except a few hours after the use of a cough mixture, which always produced sleep.

The upper lobe of the right lung yielded a dull sound upon percussion, and she complained of a deep-seated soreness when pressure was made on the ribs over this part. Her cough was very constant, but without expectoration; her pulse frequent and tense, the tongue coated except near the end, which was of a deep red, her cheeks occupied by a hectic blush, lips thick and protruding. In fact all the marks of incipient tubercular consumption, commencing in a constitution loaded with scrofula. The indications in this case were plain; to soften and cause absorption of the tubercles, to remove the hectic, and change the diseased action into healthy. Laennec it would appear by reference to his work on diseases of the chest, places little confidence in remedies said to possess the power of softening tubercles; I am by no means astonished at this. By a perusal of his writings, it will clearly be seen that this "great author," like many of his predecessors, introduces to the reader a variety of remedies, the utility of which in his mind is doubtful; without attempting to account for their failure, or proposing a better means of cure.

He classes under the head of empirical remedies, mercurial salivation, emetics, (which have been highly recommended by many distinguished practitioners in imitation of a sea voyage;) why they should select the most unpleasant part of a sea voyage, has I must acknowledge, always appeared strange to me: and from what I have already said in relation to the advantages of a sea voyage, it must appear evident that I place little reliance on the mere effect produced on the stomach. Laennec also places under the head of empirical means, charcoal, mushrooms, red cabbage, wolf's bane, crabs, oysters, frogs, vipers, electricity, opium, cicuta, cinchona, hydrocyanic acid, the seeds of the phellandrium aquaticum, &c., &c. How the opinions of Laennec have been received by those practitioners who have relied on opium, cicuta, hydrocyanic acid, mercury, &c., I know not.—But to return to my subject; I directed this patient to use all the out door exercise practicable, to throw off corsets and all restrictions to a free motion of the muscles of the body or limbs, to have a double ladder erected in the chamber, and a single large sized rope suspended from the top round; on this ladder she was to perform all the evolutions and calisthenics in her power, to climb the rope to the top by the use of the hands and arms alone, to use dumb-bells twenty minutes night and morning,

and ride or walk out whenever the weather would permit; I directed as medicine the daily use of my prophylactic compounds, and every evening ten grains of the nitrate of potash. To rub the upper portion of the right side of the chest with an ointment of iodine nightly, and use the inhaling tub every four hours, for twenty-five minutes at each time. I prohibited all animal food, except wild meats, and these were to be used but once in twenty-four hours. With a continuation of these directions, I visited my patient every three or four days, perceiving improvement at every visit. Much change in the skin, and whole expression, was soon remarked by all her friends; the thickness of the lips began to diminish, the hectic left the cheek, the tongue lost its morning dryness, the stoop and disposition to approximate the shoulders was soon changed to an erect and broad expansion of the chest, and at the expiration of four months she left the city in good health. I frequently see the relatives of this patient, and learn from them the pleasing fact that she still enjoys most excellent health.

Case 10.—S. M.—, aged thirty-three, called on me in February, 1837, with bloody expectoration, mid-day chills, evening fever, and nocturnal perspiration; much emaciated, considerable cough, and great loss of strength, most sensibly felt early in the day from the constant perspiration of the night. I directed my liniment to be applied over the fifth dorsal vertebra, and a tonic alterative pill every night. At the end of one week he called at my office free from pain or soreness in any part of the chest, and upon exploration with the ear, I could distinctly perceive the existence of a cavity near the right lung with clear pectoriloquism; the corresponding portion of the left lung yielded a dull sound by percussion, while the respiratory murmur was very dull and indistinct. The night sweats still continuing, without perceptible chill, or much fever preceding. Having frequently met cases that were relieved of this unpleasant symptom by a remedy often used in the practice of my late and highly esteemed friend Dr. Joseph Parish, whose medical career was noted for success, I determined upon its trial in this case. I therefore directed the whole surface to be spunged every night with a strong solution of alum in hot water, to which had been added a small portion of brandy; ordering at the same time the regular use of my prophylactic pills and a full inflation of the lungs through the inhaling tube, which I had provided for this patient, made of glass, two feet in length, having a calibre one and a half lines in diameter. The soreness originally

complained of never returned sufficiently to demand notice—the expectoration diminished gradually, the bathing or sponging was used for two weeks, when the night-sweats had completely subsided. The prophylactic pills were used for three months, and the inhalation continued at intervals for two; at the expiration of this time the lungs became voluminous, the pectoriloquism was no longer heard at the summit of the right lung, while in the left the respiratory murmur was now distinct: October, 1841, continues to enjoy good health.

Flattered by my success, I determined to test my genius, if any I possessed, to the construction of better inhaling tubes; these I subsequently contrived of various material; of gum elastic stomach tubes, of large catheters, of lead, and of wood. They answered my purpose tolerably well, until a friend of mine returned from a visit to Europe, who supplied me with breathing tubes from the maker employed by the celebrated Dr. Ramadge. In many respects these tubes are superior to any I have ever used, and I have had a large supply constructed by a mechanic in this city for general use. There is one great advantage in having a maker at hand, the length of tubes may be increased or diminished, while the calibre can be made to suit the peculiar state of the lungs, or age of the patient; much attention to this is required when tubes are used.

Case 11.—In February, 1839, I was called to visit the daughter of a respectable merchant of New York whose health had been declining for more than eighteen months; she complained of constant pain about the middle lobe of the right lung, with palpitation of the heart, and much oppression in breathing: she had been confined to the house for more than six months, by the advice of her former physician, but not to her bed. She had taken many mixtures for her cough, which was very troublesome, but without relief. She complained of some soreness upon pressure being applied to the fifth, sixth, and seventh dorsal vertebræ: this led her parents to believe the cough and emaciation was occasioned by a disease of her spine, for which I was consulted. Upon examination of the spine I could not perceive any derangement in its column, but had no doubt that the state of the lungs communicated through the nervous system, their increased sensibility to this part. The locality of pain is deceptive, and often will mislead a superficial observer; we have often seen cases of severe hemiplegia, treated with blisters, setons,

emetics, narcotics, &c., without relief, at once cured by the extraction of a decayed tooth, which had not attracted the attention of the patient or perhaps occasioned the least uneasiness. Upon exploring the chest, the cause of this soreness of the spine was soon discovered; there existed about the middle of the right lung a space of about six inches in circumference occupied by tubercles, a circumstance sufficient in my opinion, to account for the derangement of the motion of the heart, as well as the existence of all the unfavourable symptoms. There were several small moveable tumors in the direction of the absorbents on the right side of the neck, which the patient stated, had existed for more than twelve months; the skin was always dry and the temperature above the natural standard of health.

I commenced the treatment, by causing all the articles of dress (corsets, tight frock bodies, &c.,) to be removed, and to use no garment that could in the least impede a full inflation of the chest, or prevent the arms from being raised perpendicularly above the head; I had my liniment applied to the portion of the spine complained of, and directed one of the prophylactic pills to be taken morning, noon, and night; to rid the system more perfectly of all the scrofulous tendency, I directed at the same time my prophylactic syrup every four hours, and a bath daily of salt water at a temperature of eighty degrees Fahrenheit. This treatment was continued for one week with decided improvement, and at the expiration of that time, finding less cough and pain in the chest, I added to the remedies the use of the inhaling tube, a double ladder, dumb-bells, &c.

In about six weeks from the commencement of the treatment, the small tumor on the neck subsided, the pain left the breast and back completely, the respiratory murmur was distinctly heard throughout the chest, and the patient now took daily exercise on horseback. She continued under my care for three months longer, when she returned to her native city in perfect health. I frequently hear from this patient, who continues to be active and well.

I might go on with my history and treatment of cases, but my time is too much occupied at present in practice, to allow sufficient leisure to put them in form for publication. I shall therefore keep the manuscript account of each case of Consumption always in my note book, which will be found upon my office table, with the name and residence of most of my patients.

In the treatment of consumption, many remedies that are worse than useless, are still recommended by some physicians, such as the removal of tonsils, the use of blisters—sometimes perpetual—emetics, cathartics, expectorants, demulcents, narcotics, alterative mercurials, astringents, tonics, balsams, inhaling iodine, sea voyages, southern climate, &c. &c. But as I have used all these, and witnessed their full trial in the hands of others, I conceive myself fully prepared to pass judgment, and declare them utterly inefficient.

Exercise of the body and lungs, by inhalation, by gymnastics, or by the common pursuit of business (where this is sufficient), regulation in diet and digestion, attention to the healthy action of the skin, and all the secretions, by the daily use of remedies I shall style prophylactics, will soon accomplish what the patient may look for in vain from the use of medicines already tried and justly condemned.

These prophylactic compounds will be constantly kept, by some of our most respectable druggists, accompanied with full directions.

In conclusion I would remark, that in the foregoing very brief sketch of the pathology and treatment of a disease hitherto considered as admitting of little more than palliative remedies, I aim at no literary fame. The harassing engagements of a laborious profession leave but little leisure or inclination to cultivate the graces of composition. My object will be fully accomplished, if by the labour, anxiety, and intense application of many of the best years of my life, I have succeeded in disarming of its terrors one of the most formidable diseases to which flesh is heir; and of infusing into the hearts of despondent and weeping relations the cordial—*hope*. Justice must cede to me the merit of having contributed largely to effect this important and most desirable consummation; and I fully acquit myself of the charge of arrogance or presumption, when I assert my ability to control and cure a large majority of the cases of clearly developed *pulmonary consumption*.

For proof of the curable nature of consumption, see plates, with description, in front of this book.

GLANDULAR DISEASE.

I will just shortly observe, that complaints of this kind, whether involving some large gland, such as the liver, pancreas, or spleen,—if the last mentioned viscus be indeed a

gland,—or taking place in the glandular apparatus of canals, the lachrymal or biliary ducts, the eustachian, salivary, and urinary passages, for example,—such disorders may all be advantageously treated by the various chrono-thermal medicines. Disorders of the smaller glands, whether situated in the neck, arm-pit, or groin, or in the course of the mesentery, are for the most part termed “scrofula,” and by some practitioners presumed to be incurable,—than which nothing can be more erroneous, unless it be the system which renders them so;—namely, the application of leeches to the tumours, and the purgatives so unsparingly employed by many in their treatment. All these various diseases are features or effects of remittent fever; by controlling which with the chrono-thermal agents, they may all, in the earlier stages, be at once arrested, and some, even of a chronic character, perfectly cured by a combination of these remedies with prophylactic syrup and pills. I could give cases innumerable in proof of this.

CONSUMPTIVE DISEASES OF JOINTS.

“Very much akin to the consumption of the lungs are various diseases which, from their external manifestations, have been too long left under the exclusive dominion of the Surgeons, namely, those destructive affections of the joints, which so often bring the subjects of them to the amputating table. I forget the particular operative eminent who thanked God he knew nothing of physic! Such a confession was very proper for a butcher—for the barber-surgeons of former ages;—but the medical man who, by well-directed remedies, prefers the honest consciousness of saving his patient from prolonged suffering and mutilation, to the spurious brilliancy of a name for “Operations,” will blush for the individual whose only title to renown was the bliss of his boasted ignorance, and a mechanical dexterity of hand, unenviably obtained by an equally unjustifiable waste of human blood. It is truly atrocious in the legislature of this country to permit the present hospital system,—a system that only encourages ignorance, presumption and heartless cruelty. No man in his senses would put himself under the care of an “Hospital Surgeon,” if he knew that scarcely one of those self-conceited creatures is in the very least acquainted with physic. What would some of these supercilious mechanics say to the following cases?

Case 1.—Harriet Buckle, seven months old, had what is called a scrofulous elbow. The joint was much enlarged, red, painful, and previous to the probe, with discharge. The patient was the subject of diurnal fever. Notwithstanding the assurance of the mother that amputation had been held out as the only resource by two “hospital surgeons,” under whose care the child had previously been, I confidently calculated on success. A powder containing calomel, quinine, and rhubarb, in minute doses, was directed to be taken every third hour. The case was completely cured in a fortnight, without any external application.

Case 2.—A young gentleman, aged 11 years, had enlarged knee, with great pain and heat, which came on in paroxysms. Leeches, blisters, and purgatives had all been ineffectually tried by his “hospital surgeon,” who then proposed amputation; the boy’s mother hesitated, and I was called in. I prescribed minute doses of quinine. From that time the knee gradually got better, but a stiff joint was the result,—anchylosis or adhesion having taken place before I was consulted.

Case 3.—Another young gentleman, aged seven years, son of Lord C—, was brought to me with his knee as large as a young child’s head; abscesses had formed about the joint, and were still discharging when I first saw him. I prescribed chrono-thermal treatment; and notwithstanding that his limb had been condemned to the knife by his Brighton “hospital surgeons,” I obtained a complete cure—a partial anchylosis only remaining. He had also been a patient of Sir B. Brodie before I was consulted.

Case 4.—A boy, aged 6, began to lose flesh, to walk lame, and to complain of pain of knee, stooping occasionally to place his hand upon it when he walked. There was some alteration in the appearance of the hip of the same side when I was requested to see him. I adopted a similar treatment as in the above case, and the child rapidly recovered his health, with the complete use of his limb. He had been previously seen by a surgeon, who rightly pronounced the case to be hip-disease.

Case 5.—A girl, aged 12, had enlarged ankle, with an open ulcer leading into the joint. Amputation, according to the mother, was looked upon as the inevitable termination of the case by two “Hospital” surgeons, under whose care the patient had been for twelve months previously to my seeing

her. With small doses of quinine and ———, the girl regained her health, and the ankle got well in six weeks.

The curious in Nosology (or the art of naming diseases) might demand the technical terms for the various affections. Will they be content with the simplicity of JOINT CONSUMPTION? Truly in surgical authors they may find verbiage enough to distinguish them all, such as "scrofula," "white-swelling," "*morbis coxarius*," "the evil," &c., but whether or not these words be explanations, I leave to more learned heads than mine to decide.

There is not a disease, however named, or by whatever caused, of which the most perfectly periodic examples might not be given, and the only difference between diseases in this type, and the more apparently continued forms, is, that the periods of the latter are less perfect, and the stages of their curriculum less marked than in the former. No physician will doubt that a purely periodic disease, whatever be its nosological name, partakes of the nature, and is more or less amenable to the treatment successfully followed in ague. Why then deny that the same disease, when less obviously periodic, partakes of that variety of ague misnamed continued fever, since all disorders like it have remissions and exacerbations, more or less perfect in character, throughout their whole course? What are such diseases but varieties of the more purely intermittent type? And what are the remedies found to be most beneficial in their treatment, but the remedies of most acknowledged efficacy in simple ague.

Remission and paroxysm are equally the law of what are termed local diseases, as of the more general symptoms which are supposed to be the exclusive province of the physician. John Hunter seems to be the only surgeon who has remarked this:—"exacerbations," he says, "are common to all constitutional diseases, and would often appear to belong to many local complaints." They belong to all. They may be observed even in the case of disease from local injury; and here I may give an instance in illustration of this, contained in a letter to me from Mr. Radley, of Newton Abbot, Devon, a gentleman well known for his improved method of treating fractures. Mr. Radley writes thus—"Many thanks to you for the 'unity of disease,' which contains in it more of the true philosophy of medicine than any book I have ever yet seen. There are some passages that threw me into an ecstasy of delight on reading them. On the other side I send

you a case strikingly illustrative of the truth of your new doctrine, and one that was presented to me in my own favourite class of subjects. It was not elicited by inquiry, but thrust most unexpectedly upon my notice; and had not your work prepared me for such a fact, I will be so candid as to say the fact would have been lost upon me:—G. Manning, aged 42, fractured the tibia on the 2d instant. It was a simple fracture, with much contusion. To soothe the pain, he had solution of morphia after the limb had been laid on a pillow. When three days had elapsed, he still complained of pain, and on my inquiring when he suffered most, ‘why, sir, ’tis very curious to me, for the pain comes every twelve hours *quite regular*, about midnight, when it lasts one hour and a half or two hours, and again in the middle of the day.’ The patient is now doing well under *bark*.”

Every surgeon of experience is aware of the severe and occasionally fatal operations resorted to for the purpose of obtaining a reunion of fractured bones in particular constitutions,—of the setons which have been passed between their ends, and of the knives and saws by which they have been scraped and pared,—those horrible local means for constitutional causes. Dr. Colles of Dublin, indeed, introduced a constitutional mode of treating such cases; but it was confined to one medicine, mercury, and that failing in other hands, it has not been generally followed. Several years ago, while in medical charge of Her Majesty’s 30th Foot, in the East Indies, it was my fortune to obtain the most satisfactory result, in the case of a soldier of that regiment, by the exhibition of quinine. The man had remittent fever,—the true constitutional reason why fractured bones refuse to unite under ordinary means.

Inquire of the subject of goitre or other tumour; question the unfortunate persons who ask your advice in cases of cancer; such as suffer from abscess or ulcer, or those even who consult you for the true aneurismal tumour of an artery, and each and all will admit that they are one day better, another worse; that their swellings at intervals decrease; that their ulcers become more or less painful; that the size of both varies with the variations of heat and cold, damp or moisture of the weather; that their diseases are often materially influenced by a passion, or by good or bad news; that in the commencement, at least, there are days, nay hours of the same day, when they have a certain respite from their pain and suffering; and that they all experience in their bodies the

thermal variations which we call fever,—some referring these last to the head or back, while others associate them with the chest, loins, arms, or feet. Can any one doubt the advantage of pursuing a chrono-thermal system of practice in such cases?

For the present we must pause. Our next business shall be to explain the meaning of the word inflammation, and to expose the terrible errors daily committed in the treatment of cases so called.

WHEN medical men hear that I am in the habit of treating all kinds of disease without blood-letting, they generally open their eyes with a stare, and ask me what I do in inflammation. Inflammation?—who ever saw any part of the body on fire, or in flames? for the word, if it means any thing at all, must have something like that signification. To be sure, we have all heard of “spontaneous combustion,” but I confess I never saw it, and what is more, nobody that ever did! What, then, is this inflammation—this term which our great modern doctors so dogmatically assure us is the head and front of every corporeal disorder? It is a metaphor merely—a theoretical expression, which, torture it how you please, can only mean a quicker motion and a higher temperature in the moving atoms of a given structure than are compatible with the healthy organization of that structure. When you find a considerable degree of heat and swelling, with pain and redness in any part, that part in medical language is inflamed. Now, what are these phenomena but the signs of approaching structural decomposition? During the slighter corporeal changes, the coincident variation of temperature is not always very sensibly perceptible; but whenever there is the least tendency to decomposition, this thermal change is sure to be one of the most prominent features. The phenomena of inflammation, then, very closely resemble, if they be not indeed identical with, the chemical phenomena which take place preceding and during the decomposition of inorganic substances. Now, when this kind of action proceeds unchecked, the result in most cases is a tumour, containing purulent matter, which matter being a new fluid product, differs entirely in its appearance and consistence from the original tissue, in which

it chanced to become developed. This tumour we call abscess. And how is it to be cured? In most instances, the matter, after working its way to the surface, escapes by an ulcerated opening of the integument, while in others, an artificial opening must first be made by the knife of the surgeon. In either case, the part in which the abscess was situated, generally recovers its healthy state by the reparative powers of nature. But there is yet another mode in which a cure may be effected, namely, by absorption; that is to say, the matter of the abscess may be again taken up into the system by the inscrutable chemistry of life, become once more a part and parcel of the healthy fabric of the body!—being thus again reduced to the elements out of which it was originally formed. How analogous all this to the operations of the chemist, who, by means of the galvanic wire, having first reduced water to its elemental gases, again converts these, by electrical means, into the water from whose decomposition they are produced.

Such, and many more chemical operations, nature daily performs in the animal body; and that she does all this through the electric or galvanic medium of the BRAIN and NERVES, cannot possibly admit of dispute, when you come to consider that under the influence of a passion (the most unquestionable of *cerebral* actions), large abscesses, and even solid tumours, have often completely disappeared in a single night. There is not a passion,—grief, rage, terror, or joy,—which has not as effectually cured abscesses and other tumours, as the most powerful agents in the *materia medica*. The writings of the older authors abound in instances of this kind. But there are yet other terminations to the inflammatory process. For example, after having proceeded to a certain extent, in the way of change, but still falling short of actual purulent decomposition, the atoms of the inflamed part, by the renewal of a healthy condition of the body generally, or by the direct application of cold or other agency, may again, with more or less quickness, subside into the degree of motion and temperature characteristic of their natural revolutions. This termination is called *resolution*. When the inflammatory action is more than usually rapid, the result may be the complete death of the part implicated,—a black organic mass being left in the place of the tissue which it originally composed. This last we term *mortification* or *gangrene*.

But, medical men extend the term inflammation to some other morbid processes, which, under the various names of

gout, rheumatism, and erysipelas, we shall hereafter explain to you. A great many books have been written upon the subject of inflammation, but I must own I never found myself one whit the wiser after reading any of them. Their writers in almost every instance, use language which they do not themselves seem to have understood, otherwise they would have confined themselves to one sense instead of including under the same term states the most opposite. Were I to tell you that the word "inflammation" is used by many writers when a part is more than usually *cold*, you would think I was laughing at you; yet there is nothing more true, and I will give you an instance.—A carpenter had his thumb severely bitten by a rattlesnake; and the effects of the venom are thus described by one of the most learned of living medical writers, Mr. Samuel Cooper:—"The consequence was that in ten or eleven hours, the whole limb, axilla, and shoulder became very *cold* and enormously swollen up to the neck; in fact, the surface of the whole body was *much below* the natural temperature. The swelling you know is produced by that kind of INFLAMMATION which is called diffuse *inflammation* of the cellular tissue."—[MR. S. COOPER'S *Lecture in MED. GAZETTE.*] Was there ever such an abuse of words—such an abandonment of common sense as this? The arm was "*very cold*"—"much *below* the natural temperature,"—yet it was *inflamed*—on fire!

Restricted to the sense in which I have already spoken of the term, namely, heat, swelling and pain, "inflammation," like "*fever*," or any other abstract word, may be used as a "counter to reckon by," and, like almost every other phenomenon of disease, it is a development of previous constitutional disturbance. I do not speak of immediate local inflammation produced by a chemical or mechanical injury—leaving that to the surgeons to elucidate or mystify, according to their particular inclinations; I talk of inflammation from a general or constitutional cause. Has an individual, for example, exposed himself to a cold draught, or to any other widely injurious influence, he shivers, fevers, and complains of pain, throbbing, and heat in the head, chest, or abdomen, phenomena gradually developed according to the patient's predisposition to organic change in this or that locality. Phrenitis, pneumonia, peritonitis, (technical terms for inflammation of the brain, lungs, and membranous covering of the bowels,) are consequences or features, not causes of the constitutional disorder. But are the symptoms of inflamma-

tion in such parts equally intermittent with the diseases of which we have already treated? Listen to Lallemand:—"In inflammation of the brain," he tells you, "you have spasmodic symptoms, slow and progressive paralysis, the course of the disorder being *intermittent*." So that inflammation, like almost every other morbid action, is for the most part a feature or development of intermittent fever. Dr. Conolly, in his Cyclopædia of Medicine, says, "diurnal *remissions* are distinguished in every attack of inflammation." Now, if you prefer the evidence of another man's eyes to your own, this statement ought to be more than convincing, for it comes from the enemy's camp.

To return to inflammation. Whether the particular condition so called, be termed erysipeloid, gouty, rheumatic, scrofulous, it is still remittent; and if you question the patient, he will in almost every case admit that it was preceded or accompanied by cold or hot fits, or both. May not inflammation, then, yield to bark—to quinine? The late Dr. Wallace of Dublin maintained the affirmative, dwelling more particularly on its good effects in that disorganizing inflammation of the eye, termed iritis, in which disease he preferred it to all the routine measures which, on the strength of a theory, medical men have from time to time recommended as anti-phlogistic. During an attack of ague, he tells us, iritis with inflammatory affection of other parts of the eye, occurred in the person of a patient under his care. "For the former complaint, namely, the intermittent fever, he administered bark; by the exhibition of which, he was surprised at seeing the *inflammatory affection of the eye*, as well as the fever, *disappear*." This was the case which first led him to suspect the fallacy of the blood-letting system in inflammation of the eye. Now I shall tell what first led me to entertain similar doubts of its efficacy. A medical officer of one of Her Majesty's regiments serving in India, couched a woman for cataract. The next day, the eye having become inflamed, according to received practice he bled the patient; but scarcely had he bound up her arm, when she fell as if she had been shot, and lay, to all appearance, dead. With the greatest difficulty, he succeeded in recovering her from this state; but it was not till four long hours had passed, that he felt he could safely leave her with ordinary attendants; for during the greater part of that time, when he ceased to chafe her temples or otherwise call up the attention of the brain by the application of stimulants to the nose, mouth,

&c., she relapsed into a death-like swoon. More than once he was even obliged to inflate her lungs to keep her from dying. But in this case the blood-letting did not cure the inflammation, for the next day the eye was more painful than ever, and the poor woman, after all the blood she had lost—and who will say that she was not bled enough?—did not recover her sight. It is now many years since that case came under my observation, and it made an impression on my mind I shall never forget. Had that woman died, would not everybody have said that the gentleman who bled her had killed her? and very justly too, though he, good man, only conscientiously put in practice what he had been taught to consider his duty. We see, then, that blood-letting, even to the point of death, is no cure for inflammation; and that it cannot prevent its development, I shall furnish ample evidence before I finish this subject. Meantime, I will tell what can do both—bark and opium. These are the remedies to give before an operation, and they are also the remedies best adapted for the relief of inflammation after it has come on;—and their beneficial influence will be more generally certain in the latter case, if you first premise an emetic, and wait till its action has ceased before you administer them.

“The Peruvian bark,” says Heberden, “has been more objected to, than any of these medicines (bitters) in cases of considerable inflammation, or where a free expectoration is of importance; for it is *supposed* to have, beyond any other stomach-medicine, such a strong bracing quality, as to *tighten the fibres* (!) still more, which were already too much upon the stretch in inflammation, and its astringency has been judged to be the likely means of checking or putting a stop to expectoration.” All this appeared much more plausible when taught in the *schools of physic*, than when I attended to fact and experience. The unquestionable safety and acknowledged use of the bark, in the worst stage of inflammation, when it is tending to a mortification, affords a sufficient answer to the first of these objections; and I have several times seen it given plentifully in the confluent small-pox, without lessening in any degree the expectoration.

Some time ago, I was called to see a young gentleman, who had a swelling under the arm-pit, extending to the side. The skin was red and hot, and the tumour so painful as to have deprived him of all rest for the three previous nights. Though suppuration appeared to me to have commenced, I at once ordered quinine, and begged him to poultice the

tumour. By these means, he was perfectly cured in three days, the swelling having, in that period, completely disappeared. The subject of this case was, in the first instance, attacked with shivering and fever, which had repeatedly recurred, but disappeared under the use of the quinine. Matter, I have no doubt, was absorbed in this instance, but so far from this absorption producing shiverings,—which, according to the doctrine of the schools, it ought to have done,—the very reverse took place.

I shall now give one of many instances of indubitable and palpable inflammation—if the word have a meaning at all—as a proof of the value of opium in the treatment of this affection.

Case.—An old officer, Major F., 89th foot, who had previously lost one eye by acute ophthalmia, notwithstanding a vigorous antiphlogistic discipline, had the other attacked in a similar manner with great pain, redness, and throbbing. I found him leaning his head over a chair-back, his face indicative of intense agony. For ten nights, he assured me, he had been unable to tolerate any other position, and it was only towards morning, when overcome by suffering, that he could, at last, obtain anything like repose. The pain came on at bed-time in an aggravated degree, and remitted principally in the afternoon. Three grains of opium, which I directed him to take half an hour before the recurrence of the expected paroxysm, procured him a whole night of profound sleep, and his eye, in the morning, to his astonishment, was free from pain, and only slightly vascular. He had been repeatedly bled, leeches, purged, and blistered, without even temporary benefit—indeed, the gentleman who attended him in the first place, plumed himself upon the activity of his treatment.

But how, some may ask, can pleurisy and pneumonia be cured without blood-letting? What are pleurisy and pneumonia?—Any rapid tendency to atomic change in the substance of the lungs, from the real pain and presumed increase of temperature at the same time developed, is termed pneumonia—vulgo inflammation of the lungs. A similar tendency to change in the atomic relations of the membrane (pleura) which covers the outer surface of the lungs, or of that portion of it which is continued over the inner surface of the chest, is called the pleurisy. Now, authors have thought it a fine thing to be able to tell pleurisy from pneumonia, but the thing is impossible; and what is more, if it were possible, so

far as treatment is concerned, it would not be worth the time we should spend in doing it. Such distinctions only lead to interminable disputes, without in the least tending to improvement in practice. This much, however, I do know,—both diseases are developments of intermittent fever, and both may often coexist at one and the same time. And in the Medical Gazette there is an excellent case of the kind, which, as it in a great measure illustrates the chrono-thermal doctrine and treatment in both, I shall give in the words of its narrator.—“The patient’s symptoms were difficult respiration, dry cough with stringy expectoration, pulse full. The disease commenced with an intense *fit of shivering*, followed by *heat* and a severe cough. Every day at noon there was an *exacerbation* of all the symptoms, commencing with very great shivering, cough, and *intolerable pain in the chest*, a *fit of suffocation*, and finally *perspiration*;—at the end of an hour the paroxysm terminated. Ammoniacal mixture was first given, then two grains of *quinine* every two hours. The next day the fit was scarcely perceptible; the day after, there was no fit at all. An observation worthy of remark is, that the symptoms of PLEURO-PNEUMONIA,—which continued throughout in a very slight degree, it is true, in the intervals of the paroxysms—disappeared completely, and in a very short time, by the effect of the sulphate of quinine.”

Who are the persons most subject to inflammatory disease of the chest? Medical theorists answer, “strong, healthy labourers, and people much exposed to the air.” How these gentlemen deceive themselves! If I know any thing at all upon any subject, I know that the fact in this case is just the reverse. The subjects of chest-disease in my experience have been almost all persons of a delicate habit, many of them confined to badly ventilated rooms, and the greater number broken down by starvation, blood-letting, or previous disease. M. Louis of Paris, a physician, who for many years has made chest-disease his study, speaking of his consumptive patients, who became the subjects of inflammatory disease, has this observation:—“As we have already remarked in speaking of *pneumonia*, the invasion of *pleurisy* coincides in a large proportion of our patients with *the period of extreme weakness and emaciation*.”—Dr. Cowan’s translation of Louis.

Now, what is the usual treatment of pleurisy and pneumonia? Does it not almost entirely consist in blood-letting, starving, and purging—with blisters and mercury sometimes? But what are the results?—relapse or repetition of the parox-

ysm from time to time,—long illness,—weakness ever after, and death too often. Even in these cases of extreme emaciation, M. Louis applies leeches! Contrast the case I have just given you from the Medical Gazette, with the case and treatment of an individual, whose omnipotent power of setting a theatre in a roar may be still fresh in the recollection of many—the celebrated Joe Grimaldi. The very name excites your smile!—but upon the occasion to which I refer, the poor clown, instead of being in a vein to move laughter, very much wanted sympathy. “Monday, the 9th of October,” says Mr. Charles Dickens, “was the day fixed for his benefit, but on the preceding Saturday, he was suddenly seized with severe illness, originating in a most distressing impediment in his breathing. Medical assistance was immediately called in, and he was bled until nigh FAINTING. This slightly relieved him, but shortly after he had a relapse, [return of the paroxysm?] and four weeks passed before he recovered sufficiently to leave the house. There is no doubt (continues Mr. Dickens) but that some radical change had occurred in his constitution, for previously he had never been visited with a single day’s illness, while, after its occurrence, he never had a single day of perfect health.” If you reflect that medical relief was immediately called in, you may be inclined, like myself, to ascribe poor Grimaldi’s damaged constitution, not so much to the effect of the original disorder, as to the sanguinary treatment adopted in his case. Whether or not he had the additional medical advantage of being starved at the same time, I do not know; but lest it might be inferred that his continued illness was owing to the neglect of this very excellent part of antiphlogistic practice, I may just hint that there have been such things as inflammation of the lungs, brought on by starvation. Witness the verdict of a coroner’s jury, in the case of a pauper, who died not long ago in the ————. “That the deceased died from inflammation of the lungs, produced by exposure and want.” The verdict in question was only in accordance with the evidence of the surgeon of the work-house.

In acute disease of the chest—whether involving the pleura simply, the interstitial substance of the lungs, or the mucous or muscular apparatus of their air-tubes, the first duty is to premise an emetic. So far from acting exclusively on the stomach, medicines of this class have an influence primarily cerebral, and may therefore act powerfully upon every mem-

ber and matter of the body. By emetics you may change the existing relations of the whole corporeal atoms more rapidly and effectually than by any other agency of equal safety in the *materia medica*. Every kind of chest-disease being a mere feature or development of fever, whatever will relieve the latter will equally relieve the former. The value of emetics in the simpler forms of fever, few will be sufficiently bold to deny; and the quickness with which the same medicines can alter the state of an inflamed part may be actually *seen* by their effects on the eye, in the inflammatory affections of that organ. You have only to *try* them in chest-disease to be satisfied of their inestimable value in cases of this kind. Instead, therefore, of talking of the temporary good that has occasionally been done by the lancet in inflammations of the chest, call to mind the many deaths you have witnessed where it had been most freely used,—to say nothing of the long illnesses which have been the lot of such as have escaped the united bad effects of chest-disease and loss of blood. Whatever salutary influence, as a present means of relief, blood-letting may produce, it is infinitely inferior to what you may obtain by emetics.

Do people at this time of day require to be told that you may purge a *healthy* man to death!—that by any class of purgatives, whether vegetable or mineral, you may so disturb every action of the body—may so alter every corporeal structure and secretion, that no one shall be of natural consistence or appearance! By the eternal use, or rather *abuse*, of any purgative you please, in a previously healthy body, you may so change the alvine secretions, that they shall take the form of any “impurity” you fancy—and for this impurity of *your own creation* you may, day by day, and week by week, purge and purge till you have brought your patient to the state of inanition which constitutes, as I shall explain to you, the disease termed “ship-scurvy.” See, then, the effect of that *humoral* doctrine! But even this kind of folly appeared too *simple* to some teachers, and these taxed their invention to make nonsense *compound*. Who has not heard of *rheumatic-gout*?—and who will be so bold as to deny its existence? Yet what is it but a self-evident absurdity? Its literal meaning is “fluid-fluidity.” You might as well call an injury from fire “an *ignes-eous* burn!” Does such jargon convey the most distant idea of the true motions which take place in the body in the course of any one disease? How then can you

wonder at men of observation laughing at the whole medical profession? It is only a *fool* or a *physician* who could be duped for a moment by such puerility; and Lord Stowel was right when he hinted a man might be *both* at forty. "When youth made me sanguine," says Horace Walpole, "I hoped mankind might be set right. Now that I am very old, I sit down with this lazy maxim, that unless one could cure men of being *fools*, it is to no purpose to cure them of *any* folly, as it is only making room for some other." This, I believe, was said in regard to religious doctrines—but that it applies equally well to medical doctrines, may be seen from a statement of Sir William Temple:—"In the course of my life," he says, "I have often pleased or entertained myself with observing the various and fantastical changes generally complained of, and the remedies in common vogue, which were like birds of passage, very much seen or heard of at one season, and disappeared at another, and commonly succeeded by some of a very different kind. When I was very young, nothing was so much feared or talked of as rickets among children, and consumptions among young people of both sexes. After these the spleen came into play, and grew a formal disease. Then the scurvy, which was the general complaint, and both were thought to appear in many various guises. After these, and for a time, nothing was so much talked of as the ferment of the blood, which passed for the cause of all sorts of ailments, that neither physicians nor patients knew well what to make of; and to all these succeeded vapours, which serve the same turn, and furnish occasion of complaint among persons whose bodies or minds ail something, but they know not what; and, among the *Chinese*, would pass for mists of the mind or fumes of the brain, rather than indispositions of any other parts. Yet these employ our physicians more than other diseases, who are fain to humour such patients in their fancies of being ill, and to prescribe some remedies, for fear of losing their practice to others that pretend more skill in finding out the cause of diseases or care in advising remedies, which neither they nor their patients find any effect of, besides some gains to one and amusement to the other. As *diseases* have changed vogue, so have *remedies*, in my time and observation. I remember, at one time, the taking of tobacco, at another, the drinking of warm beer, proved universal remedies—then swallowing of pebble-stones, in imitation of falconers curing

hawks. One doctor pretended to help all heats and fevers by drinking as much spring water as the patient could bear; [Priessnitz's plan?] at another time swallowing up a spoonful of powder of sea-biscuit after meals, was infallible for all indigestion, and so preventing diseases. Then coffee and tea began their successive reigns. The infusion of powder of steel has had its turn; and certain *drops* of several names and compositions. But none that I find have established their authority, either long, or generally, by any constant and sensible successes, but have rather passed like a *mode* which every one is apt to follow, and finds the most convenient or graceful while it lasts, and begins to dislike in both these respects when it goes out of fashion. Thus men are apt to play with their healths and their lives as they do with their clothes; which may be the better excused, since both are so transitory, so subject to be spoiled with common use, to be torn by accidents, and at last to be so worn out. Yet the usual practice of physic among us runs still the same course, and turns in a manner wholly upon evacuation, either by blood-letting, vomits, or some sorts of purgation; though it be not often agreed among physicians in what cases or what degrees any of these are necessary, nor among other men whether any of these are necessary or no. Montaigne questions whether purging ever be so, and from many ingenious reasons. The Chinese NEVER let blood." You now see the correctness of a remark of the late Dr. Gregory, that medical doctrines are little better than "stark-staring absurdities."—And God forgive me for saying it, but their officers, for the most part, have been very nearly allied to those charlatans and impostors who

"—— wrap *nonsense* round

In pomp and darkness, till it seems profound;

Play on the hopes, the terrors of mankind

With changeful skill; * * *

While Reason, like a grave-faced mummy stands

With her arms swathed in hieroglyphic bands."—MOORE.

As for the Schools, at this very moment the whole *regime* of medical teaching is a system of humbug, collusion, and trick—embracing intrigue and fraud of every kind, with the necessary machinery of periodical journals and reviews, by which the masters are enabled to keep down truth, and mystify and delude the student and country practitioner at their pleasure. In physic, now as formerly, the very clever world

“—— bows the knee to Baal,
And hurling lawful GENIUS from his throne,
Erects a shrine and idol of his own,—
Some leaden Calf—”

who, by virtue of his puppet position, maintains a reputation and a rule in matters medical, to which neither his merits nor his learning in the very least entitle him;—nevertheless he reigns the Æsculapius of the day, and it is only in the next age that

“—— the vulgar stare,
When the swoln bubble bursts and all is air!”

But what do the Faculty of our own time mean by the term

GOUT?

What do they mean by it! You may ask them that indeed. Crabbe, who studied physic, but left the profession in early life to take orders, when describing some of the doctors of his day, among other things, tells us,

“One to the GOUT contracts *All* human pain,
He views it raging on the frantic brain,
Finds it in fevers all his efforts mar,
And sees it lurking in the cold catarrh.”

Gout, then, may be any thing you please; for, according to received opinion, this offspring of Nox and Erebus, this *vox et preterea nihil*, takes shapes as many and Protean as there have been authors to treat of it. This much I may venture to say, that nothing will so soon help a man to a chariot as to write a book with Gout for its title—for being supposed to be a disease peculiar to aristocracy, every upstart is fain to affect it. You cannot please a mushroom squire or a retired shopkeeper better, than by telling him his disease is “gout”—“gout suppressed”—“gout retrocedent”—“gout” in this place, or “gout” in that! And what is gout?

“—— Of all our vanities the motliest—
The *merest* word that ever fooled the ear,
From out the schoolman’s jargon.”—BYRON.

In sober seriousness, is there such a *disorder* as gout?—As a “counter to reckon by,” you may use the word; having first so far made yourselves acquainted with its real meaning that nobody shall persuade you that it is in itself any thing but a piece of hypothetical gibberish, invented by men who

knew as little of disease and its nature as the tyros they pretended to illuminate. When a lady or gentleman of a certain age complains to you of a painful swelling in some of the small joints of the hand or foot, you may say, if you please, that such patient has got the gout. If the same kind of swelling should appear in the knee or hip-joint, or take the shape of an enlarged gland or a rubicund nose, you must then change your phrase; and you may easily exhaust a volume in pointing out the differences between them. But as neither this kind of disquisition, nor the baptizing your patient's disease by one name or another, can in the very least help you to cure it, I may just as well explain to you that this swelling, like every other malady incident to man, is not only a development of constitutional disease, but comes on in fits or paroxysms. Now you will find this fit in one case perfectly periodic and regular in its recurrence; in another less determinate as to the time of its approach. The result of repeated paroxysms, as in other diseases where great heat and swelling take place, must be a tendency to decomposition, and in this instance the product, for the most part, is a deposit of chalky or earthy matter. In that case nobody will dispute the name you have given to the disorder; but should the result of the decomposing action be purulent matter, or ichor, instead of chalk or earth,—which neither you nor any body else can know beforehand,—you must not be astonished if a rival practitioner be called in to give the disease another soubriquet,—to christen it anew by some other phonic combination, full as indefinite as the first, and which may thus serve you both to dispute about very prettily from one end of the year to the other, without either of you becoming a whit the wiser! You see, then, that the only difference between what is called “gout,” and what is called “inflammation,” is, that the result of the morbid action in the former case, is earthy instead of purulent deposit, a *solid* instead of a *fluid* product. Now this difference may be accounted for partly by hereditary predisposition, and partly by the age of the respective subjects of each. Young plants contain more sap than old ones; the diseases of both must, therefore, in some points vary; for though in the blood of the old or middle-aged man we find the same elemental principles as that of infancy and youth, from these being in different proportions, the result of decomposition must, *mutatis mutandis*, be different. What are the CAUSES of gout?—One writer says one thing, another, another. Dr. Holland,

physician extraordinary to the queen, is among the latest who has written upon the subject, and he says the cause is a "morbid ingredient in the blood;"—nay, he says, "it cannot be denied." Still, not only do I presume to dispute the dictum, but I challenge him to bring forward a tittle of proof in support of it. His whole doctrine of gout, I apprehend, is a fallacy; for if you inquire, the patient will tell you that he took too much wine the night before his first fit; or that he had got wet; or had been exposed to the east wind; or had been vexed by some domestic matter.—From which you see the causes of gout are any and every thing that may set up any other disease,—small-pox and the other contagious fevers of course excepted. A paroxysm of gout has been actually brought on by loss of blood, and also by a purge, for which statement, if you will not believe me, you may take the authority of Parr and Darwin. What, then, is the remedy? If you ask me for a specific, I must again remind you there is no such thing in physic; and what is more, the man who understands his profession would never dream of seeking a specific for any disorder whatever. No, the remedies for gout are the same that cure other diseases—namely, attention to temperature during the fit, and the exhibition of the chrono-thermal or ague medicines during the remission;—for we have seen that, like the ague, it is a periodic disorder, and such is the description of it given by Sydenham, who was half his life a martyr to it,—to say nothing of Dr. Samuel Johnson's explanation of it in his dictionary. That it comes on like the ague, with cold shiverings, the experience of almost every case will tell you; but as your minds may be too much occupied with school theories to mark that fact for yourselves, I will give it to you in black and white, in the words of Darwin. Speaking of some cases of the disease, he says, "The patients, after a few days, were both of them affected with cold fits like ague-fits, and their feet became affected with gout." To meet it in a proper manner, you must treat the disease purely as an ague. With quinine, arsenic, opium, and colchicum, I have cured it scores of times, and truth obliges me to say, I have sometimes failed with all. Now what can I say more of any other disease? Every day you hear people talk of the "principle" of a thing, but really without knowing what they are talking about. The true meaning of the word principle is *UNITY*—something simple or single, to which you may specially refer in the midst

of an apparently conflicting variety. That a perfect unity of type pervades all the variations of disease is indisputable, and of the correctness of a unity or principle to guide your treatment, there is as little doubt. What, then, are all your school-divisions but “*flocci, nauci, nihili, pili!*” I shall now give you a case or two which may perhaps suffice to show you my treatment of gout.

Colonel D——, aged 60, had a fit of gout which came on every night, and for which leeches and purgation had been ineffectually prescribed before I was called in. I ordered a combination of quinine and colchicum, but as this did not stop the fit, I changed it for arsenic, after taking which the patient had no return.

Captain M——, aged 56, had a fit of gout, which recurred every night during his sleep. I prescribed arsenic without effect; I then gave him quinine, which acted like magic. The same gentleman, twelve months after, had a recurrence, but was much disappointed, on resuming the quinine, to obtain no relief. I then prescribed arsenic, which, though it failed the year before, this time perfectly succeeded!—a lesson to such as would vaunt any remedy as a specific for any disease.

The influence of the passions in causing or curing gout is well known. One of many cases so cured comes just at this moment to my mind. A clergyman was laid up with a severe attack of the gout; his wife having heard of the effect of *surprise* in cases of the kind, dressed up a large *hare* in baby-clothes, and brought it to his bed-side, telling him how fearfully changed their child had become. The old gentleman eyed the animal with a look of terror, sprung out of bed, and complained of his foot no more.

Now, as gout, like ague, is a remittent disease, and curable in the same manner,—whether by mental or physical agency,—what right have we to assume that its cause is a “morbid ingredient in the blood,” any more than that the cause of ague is? Still, we shall suppose for a moment that it is the effect of a “morbid ingredient in the blood;”—what, then, let me ask, is this morbid ingredient doing all the time of remission? Does it *sleep* or *wake* during this interval of immunity?—and how comes it that arsenic, quinine, and colchicum, so often neutralize its effects—while purgation and blood-letting, in too many instances, produce a recurrence? In a word, is not this “morbid ingredient in the blood” a mere

crotchet of Dr. Holland's brain—a goblin—a phantom—that, like other goblins and phantoms, disappears the moment the daylight comes in.

Having stated my reasons for dissenting from Dr. Holland's hypothetic view of the cause of gout, it may not be out of place here to request your attention to some points of infinitely greater importance, upon which that physician and myself, by some curious fatality, maintain a remarkable coincidence of opinion. I quote the following passages from his *Medical Notes and Reflections*.

“Has sufficient weight been assigned in our pathological reasonings to that principle which *associates together* so many facts in the history of disease, namely, the tendency, in various morbid actions, to distinct INTERMISSION of longer or shorter duration, and more or less perfect in kind?” “The subjection of so many diseased actions to this common law, establishes RELATIONS which could not have been learned from other sources, and which have MUCH VALUE even *in the details of PRACTICE*.”

Again, he says, “It will probably be one of the most certain results of FUTURE research, to *associate together*, by the connection of causes of common kind, diseases now regarded as *wholly distinct* in their nature, and *arranged as such* in our systems of nosology. This remark applies very widely throughout all the *genera* of disease.” “We can scarcely touch upon this subject of FEVER (particularly that which our present knowledge obliges us to consider as of *idiopathic* kind), without finding in it a *bond* with which to associate together numerous forms of disease, but withal a *knot* so intricate, that *no research has hitherto succeeded in unraveling it*.”

Now what does *idiopathic* mean? It means *peculiar* or PRIMARY—in opposition to SYMPTOMATIC disease, or disease of long standing. The profession, then, according to Dr. Holland—and he is quite right—have been all perfectly in the dark in regard to the *beginning* of any disease. The “knot” they have for so many centuries been trying to unravel, I hope he, they, and every body else will now consider as completely untied, but *not*, as I shall in a few minutes prove, in consequence of Dr. Holland's *prediction*.

When speaking of the influenza and other epidemics, Dr. Holland says, “I may briefly notice the singular analogy to the milder forms of typhus and intermittent fevers which these epidemics have occasionally presented.” Why he puts typhus

BEFORE intermittent fever, I know not, that except where badly treated, the influenza seldom takes the typhoid shape. However, Dr. Holland admits he has prescribed bark in influenza with very great advantage.

On the subject of temperature, the same physician thus speaks:—"The patient may almost always choose a temperature for himself, and inconvenience in most cases, positive harm in many, will be the effect of opposing that which he desires—his feeling here is rarely that of theory, though too often contradicted by what is merely such. It represents in him a definite state of the body, in which the alteration of temperature desired is that best adapted for relief, and the test of its fitness usually found in the advantage resulting from the change. This rule may be taken as applicable to all fevers, even those of the exanthematous kind." By which term medical men understand small-pox, chicken-pox, measles and scarlet-fever. Some include the plague.

Dr. Holland asks:—Is not depletion by blood-letting still too general and indiscriminate in affections of the brain, and especially in the different forms of paralysis? I believe that the soundest medical experience will warrant this opinion. The vague conception that all these disorders depend upon some inflammation or pressure which it is needful to remove, too much pervades and directs the practice in them—and if the seizure be one of sudden kind, this method of treatment is often pursued with an urgent and dangerous activity." "Theory might suggest that in some of these various cases, the loss of blood would lead to mischief. Experience undoubtedly proves it, and there is cause to believe that this mischief, though abated of late years, is still neither infrequent, nor small in amount." It is now the fashion of the *eminent*s and their herd of followers to say, "Oh, there has certainly been too much bleeding," and "Oh, we don't bleed as we used to do;" but it is not so convenient for them to tell who opened their eyes to their errors.

Now, if any one is disposed to question by whose influence this abatement of mischief was principally brought about, I may suggest that, from numerous letters I have received from medical men, long before Dr. Holland's volume first appeared, my writings must at least have in something contributed to it. Dr. Holland's work, from which I quote, was published by Messrs. Longman & Co. in 1839. Mark that date, and mark also, if you please, that it was in the year 1836—THREE years before—that the *same publishers* brought

out the *Fallacy of the Art of Physic as taught in the Schools*,—wherein I stated—

1. “We hope to prove, even to demonstration, that FEVER, remittent or *intermittent*, comprehends every shape and shade which Disorder can assume.”

2. “That many cases of disorder have been observed to partake of the nature of *remittent* fever, and to derive benefit from the modes of treatment adapted to that periodic distemper, we are perfectly aware. But we have yet to learn that any author, ancient or modern, *has detected that TYPE and advocated that TREATMENT in every shade and variety of disease.*”

3. “That attention to *temperature* is the end of all medicine.”

4. “That *blood-letting* might be advantageously dispensed with in all diseases, even in *apoplexy.*”

Some of you may have read an anecdote of Dennis the critic. Having invented a new mode of producing *theatrical* thunder, he submitted his discovery to the managers; but their high-mightinesses only affected to laugh at it. Some weeks afterwards, he went to see a play, in which there was a thunder-scene. “Now, thought Dennis, is my turn—now I can afford to laugh at *their* thunder as much as they laughed at mine;” but judge his surprise, when, instead of the farcical squall he expected, his ears were saluted with a thunder as terrible and true as the “hurly-burly” of his own invention. Perceiving, in an instant, the trick that had been played him, he cried aloud, “By G—! that’s *my* thunder!” This, or something like this, always excepting the irreverent adjuration, was the sentiment that escaped me when I first perused the passages I have read to you from the *Medical Notes and Reflections*. “These are *MY* doctrines,” I said; “aye—the identical doctrines which Dr. James Johnson, physician-extraordinary to the king deceased, two years before, stigmatized as a *pyrexia*-mania, or *fever*-madness. How will he receive them now—now that they are patronized at *second-hand* by an F. R. S., and a physician-extraordinary to the QUEEN that reigns?” That was my exclamation—and how did he receive them? Oh! he praised Dr. Holland to the skies; said he was this, and said he was that; and concluded by telling us that “it was impossible to lay down his book without an acquiescence in the decision of the public, which has placed him in the first rank among the practical physicians of the capital;” adding, moreover, that “his bear-

ing toward his brethren is fair and open, and his *candid* mind, instructed by *liberal reading*, and polished by society, is willing to allow their *meed of merit* to all." But not a syllable did Dr. James Johnson say in condemnation of Dr. Holland's prophecy, that "FEVER" would one day be found to be "the *bond* with which to associate together numerous forms of disease;"—nor did he remind him that when that prophecy was actually *fulfilled* by me to the letter, YEARS BEFORE Dr. Holland took the trouble to make it, he, Dr. James Johnson, ridiculed it as a fever-MADNESS!—If, in the course of his "liberal reading," the author of the *Medical Notes and Reflections* NEVER saw the *Fallacy of the Art of Physic, as taught in the Schools!*—NOR the review of it by his patron Dr. Johnson;—NOR Dr. Conolly's equally honest criticism of it!—NOR the controversy in the *Lancet*, to which the former gave rise!—NOR heard in "society" the remarks made by the laughter-loving part of the profession, when that controversy was concluded—NOR met with the UNITY OF DISEASE!—NOR the many reviews that were written upon it!!—you must acknowledge the *coincidence* to be curious—startling!!!—And, further, you must admit that this coincidence affords another of many proofs of the truth of a DISCOVERY, which, when Dr. Holland—with the candour, I am willing, in common with Dr. Johnson, to allow him—takes into account dates, facts, and other similar trifles, I hope he will, in return, permit me now, henceforth and forever, to call MINE!

RHEUMATISM.

Like gout, the word rheumatism conveys nothing beyond the expression of the false theory which first gave rise to it. But as we are compelled, by long custom, to retain this among other equally unmeaning terms, I may tell you, that the profession of the present day class under it numerous affections of the great joints, particularly such as have come on suddenly, and are attended with much pain and swelling. It will be found that these, in every case, have been ushered in by fever fits. The young and middle-aged are more liable to rheumatism than the extreme old. Like the gout, it is a remittent disorder, and Dr. Haygarth, long ago, wrote a work illustrative of the value of bark in its treatment. My own practice is to premise an emetic; this I follow up with a combination of quinine and colchicum. If that mode of treatment fail, I have recourse to opium, arsenic, guaiac, with silver, turpentine, copaiba, arnica, montana, aconite, or sul-

phur—or combinations of them—all of which remedies have succeeded and failed in ague as well as in rheumatism. In most instances of acute rheumatism, the first combination will be found to answer perfectly; though, in cases of long standing, you may have to run from one medicine and combination of medicine to another, before being able to bring about this desirable termination;—and it is my duty to confess to you, that in some cases, particularly where either much depletion, or much mercury, or both, have been employed—as, I grieve to say, they too often are in the primary treatment—you may fail with every means you may devise.

Under the head of rheumatism, medical men also include certain muscular pains, which occur in various parts of the body, but which are unattended by any apparent morbid structural development. With nitrate of silver and prussic acid, I have often cured these pains; and with the cold plunge-bath, I have sometimes succeeded after every other means had failed. Of my mode of treating *acute* rheumatism, I will give two examples.

A young man, aged 25, had been suffering severely from rheumatism for four or five days before I saw him. At this time the joints of his wrists and ankles were much swelled and exquisitely painful; his heart laboured, and was in such pain as to impede his breathing; his tongue was foul and furred, and he had been occasionally delirious. I ordered an emetic, which was some time in operating, but when it did, the relief was signal. I followed this up with pills containing a combination of quinine, musk, and colchicum, and in two days he was sitting up, with scarcely any swelling remaining in the affected joints; in two days more he had no complaint. Not a drop of blood was taken in this case.

A gentleman, aged 30, after exposure to wet and cold, had a shivering fit with fever, in the course of which almost every joint in his body became swollen and very painful. He was bled, leeches, blistered, and took mercury, to no purpose, before I was called in. I ordered him a combination of quinine, colchicum, and opium, which agreed so well with him, that in three days I found him free from every symptom but weakness, which I presume was as much the effect of the former sanguinary treatment, as of the disease; at any rate, he had certainly suffered very severely. But, like every other disease incident to man, rheumatism may not only be cured without loss of blood, but without any physic at all; and in evi-

dence of this, I will read to you an extract from the writings of Sydenham: "As to the cure of rheumatism," he says, "I have often been troubled, as well as you, that it could not be performed without the loss of a great deal of blood, upon which account the patient is not only much weakened for a time, but if he be of a weakly constitution, he is most commonly rendered more obnoxious to other diseases for several years, when, afterwards, the matter that causes the rheumatism [Sydenham, like Hippocrates, was a disciple of the humoral school] falls upon the lungs, the latent disposition in the blood being put into motion by taking cold, or upon some slight occasion. For these reasons, I endeavour to try for some other method different from bleeding, so often repeated, to cure this disease; therefore, well considering that this disease proceeded from an inflammation, which is manifest from the colour of the blood, which was exactly like that of pleuritis. I thought it was probable that this disease might be as well cured by ordering a simple, cooling, and moderately nourishing diet, as by bleeding repeated, and those inconveniences might be avoided which accompanied the other method; and I found that a whey diet, used instead of bleeding, did the business. After last summer, my neighbour Matthews, the apothecary, an honest and ingenious man, sent for me; he was miserably afflicted with the rheumatism, accompanied with the following symptoms. He was first lame in the hip for two days, afterwards he had a dull pain upon his lungs, and a difficulty of breathing, which also went off in two days' time, [both remittent,] after which his head began to pain him violently, and presently the hip of the right side, which was first seized; and afterwards, according to the usual course of the disease, almost all the joints, both of the arms and legs, were afflicted by turns. He being of a weak and dry habit of body, I was afraid that by taking away much blood, his strength, before but infirm, would be wholly vanquished; especially the summer being so far spent, it was to be feared winter would come before he could recover his strength, weakened by frequent bleeding, and therefore I ordered that he should feed on nothing but whey for four days. Afterwards I allowed him, besides the whey, white bread instead of a dinner, namely, once a day, till he was quite well. He being contented with this thin diet, continued the use of it for eighteen days; only I at last indulged him with bread at supper too; he daily drank eighteen pints of whey,

made at home, wherewith he was sufficiently nourished. After these days, when the symptoms did no more vex him, and when he walked abroad, I permitted him to eat flesh, namely, of boiled chickens, and other things of easy digestion; but every fourth day he was dieted with whey, till at length he was quite well; the inconveniences mentioned above being quite remedied by this method, with which he was grievously afflicted ten years before, bleeding being then used by my order for his cure, and often repeated. If any one shall condemn this method because it is plain and inartificial, I would have such a one to know that only weak people despise things for their being simple and plain; and that I am ready to serve the public, though I lose my reputation by it. And I will say that I do not at all question, were it not for common prejudice, that the said method might be accommodated to other diseases, the names whereof I conceal at present, and that it would be more beneficial to the sick than the common pomp of remedies that are used for people when they are just dying, as if they were to be sacrificed like beasts."—But

THE STONE?

You will doubtless ask me whether or not I look upon that also as an effect of intermittent fever? To this question I have only to say, that stone must be admitted to be a result of morbid urinary secretion. Can any secretion become morbid without the previous occurrence of constitutional (in other words, intermittent febrile) change? Certainly not; then, without such change, how could stone become developed at all?—moreover, are there not times of the day, when the subject of it is better and worse, and this not altogether to be referred to the period of micturition. A "*fit* of the stone" is as common an expression as a fit of the ague. Drs. Prout and Roget, who have paid much attention to calculary diseases, state, while medicines styled lithontriptics exert but little influence in such cases, tonics have almost universally ameliorated the condition of the patient;—and what are the medicines usually termed tonics, but the remedies for ague?

Whether gout and rheumatism be remittent diseases or not, or whether they be remarkable for the changes of temperature and action, termed fever, nobody but such as prefer books of nosology to the book of nature and common sense, would be so ignorant as to question. Whether they be varieties of the same disease, is another thing; but this I know, they are

both first-cousins to ague, and by treating them as such, the practitioner may save himself a world of trouble, and the patient a world of pain, which neither might escape, in adopting the doctrine of the "pathologists," that these are inflammatory diseases, and only to be subdued by leech, lancet, and mercury to salivation. Laugh at the pathologists, and laugh too at their disputations, which being all about nonsense, can never possibly come to a satisfactory conclusion.

The calculary (*gritty*) or stony concretions which are occasionally deposited in the different joints during gout, suggested to medical men, even at an early period, the analogy subsisting between that disease and stone. During constitutional disorders, calculus may be developed in any tissue or structure of the body. Salivary concretions are common; of pulmonary calculi I have seen two instances: in one case they were expectorated by a consumptive female, who died; in the other by a gentleman whose lungs being otherwise organically uninjured, recovered his health completely by attending to the temperature of his chest, and by the occasional use of hydrocyanic acid and quinine, which I prescribed for him. This patient had previously consulted two of the best employed medical men in London, one a physician, the other a surgeon, neither of whom held out a hope for him but in a warm climate. Dr. Chalmers and Sir B. Brodie, for these were the practitioners the patient previously consulted, showed in this instance, at least, their good opinion of attention to temperature. How often the liver, gall-bladder, and kidney are the seat of stone, I need not tell you. Taking place in the course of an artery, calculus is erroneously termed ossification. I wonder it never occurred to authors to call it the gout! seeing that there is, at least, this resemblance betwixt them, that both generally become developed after middle age has marked the subjects of them with her seal.

There are not wanting authors who have traced an analogy betwixt rheumatism and

CUTANEOUS DISEASE—OR

Disease of the skin—and as all disorders are cousins-german to ague, we must give them full credit for their powers of observation—stating, at the same time, our readiness to help them out to a still more comprehensive view of the relationship which subsists between "the various genera of disease."

What a fine thing to be able to master the cloud of ridicu-

lous distinctions and definitions by which Drs. Willan and Bateman have contrived to disguise the whole subject of cutaneous disorder;—to distinguish, for example, psoriasis from lepra—erythema from erysipelas, diseases only differing from each other in being acute or chronic, or from being more or less extensively developed; all, too, depending upon the same constitutional unity and integrity of state—all more or less amenable to identical agency! Most truly, then, has my Lord Bacon remarked, “*Divisions* only give us the husks and outer parts of a science, while they allow the juice and kernel to escape in the splitting.” What! I shall be asked, is erysipelas or rose nothing more than a result of ague—erysipelas, for which, according to Mr. Lawrence we must make incisions in the skin at least a foot long—gashes not quite so short, but quite as deep as sabre wounds! Hear what Sir James Mackenzie says when describing his own case; and the accuracy of his description will scarcely be questioned, if it be remembered that previously to entering upon his legal career, Sir James had not only studied but taken his degree in physic:—“We had an unusually cheerful day,” he says, “but just as I was going to bed I was attacked by a *fit of shivering*, which in the morning was followed by a *high fever*, and in two days by an erysipelas in the face. The disease went through its course mildly, but it is liable to such sudden *turns*, (fits?) that one is always within six hours of death.” For the value of quinine or bark in this disease I could cite many authorities, but the candour of Mr. Travers entitles his evidence to a preference. At a meeting of the Medico-Chirurgical Society, he is reported to have stated that in “a great many instances (of erysipelas) he had found the most decided benefit from the use of *Bark* and other *tonics*, and which at the commencement of the disease, he had often seen highly useful in the practice of others, even in cases where *he would have employed the antiphlogistic treatment*, if the patient had fallen into his own hands.”—*Lancet*.

Every medical man of experience knows that erysipelas is very often epidemic; in other words it prevails at a particular time to a greater or less extent among a particular people or class of people. Wherefore it seems to depend upon a peculiar constitution of atmosphere; for during the time it is prevalent in camps and cities, the slightest scratch on the skin will set it up. I have known it follow the application of a blister to the chest, and remember when in Edinburgh Castle with the Royals, I was obliged to tell the officer com-

manding the troops a little of my mind upon the subject of corporeal punishment; one poor fellow had just escaped with his life from the erysipelas brought on by a flogging. But even at periods when the disease is not epidemic, it may be produced by one of the thousand things that daily occur in life. Cold and wet are frequent causes; and there are individuals who cannot take mercury in any shape or dose without being liable to an attack of it—nevertheless, I have cured many cases with mercury. The best practice, however, is to treat it like other acute fevers. Begin with emetics, and follow them up with arsenic or quinine; this will apply to all diseases of the skin, by whatever names they may be known or distinguished.

What are the causes of cutaneous diseases generally? Every thing that can set up fever;—and what agent in nature, which may not do that? Cutaneous disease may be produced by mechanical injury even—a blow, or a fall, for example. A friend of mine, who hunts a great deal, has had several falls from his horse, and on each occasion the accident was followed by an eruption all over his skin. I have known eruptions to be a constant effect of the introduction of a bougie into the urethra of a particular individual. What will the gentlemen of the Humoral school say to this? for you know the partizans of that school trace all such diseases to a “morbid ingredient in the blood,” they look upon eruptions as an effort of nature to expel the “peccant humour.” Be careful, they tell you, not to drive it in! Now, what is an eruption but the effect of a tendency to decomposition of the matter entering into a detached portion of the cuticular tissue, so as to produce an arrangement and motion of the atoms composing it, different from their motion and arrangement in health? Such caution, therefore, amounts exactly to this: be careful that you do nothing that shall make these cuticular atoms resume their respective places in the economy, so as to resemble the healthy skin! See then to what a ridiculous pass the HUMORAL doctrine leads us! When that doctrine was more prevalent than it is at present, cutaneous diseases were very generally classed under the head of “scurvy,” or scorbutic; whoever had eruptions on his skin of a chronic character, was said to have the scurvy. Now, if this phrase had been used simply as a sign or “counter to reckon by,” no great harm could have ensued; but like “scrofula,” and the “gout,” “scurvy” in process of time came to perform the part, not of a sign merely, but of a corporeal something—

an indefinite entity or essence,—or any thing but a real sense, which, like a will-o-the-wisp, played its “fantastic tricks” now in this part of the body, now in that. Some wise professor made his pupils suppose that he had detected it in the blood even; and from that moment not only did people believe that scurvy was a specific disease, but the whole faculty were anxious to discover a specific remedy for it. A specific for what? for an “airy nothing,” that only existed in theoretic visions of their own mystified brains. Stare as you please—but this after all, is the truth. What, then, will be demanded, is the disease which doctors call “ship-scurvy!” Now to this most reasonable question, I will endeavour to reply in a reasonable manner. Having been myself for months at sea without landing or seeing land, my evidence may be just as good as that of others who have handled the subject before me. During long and harassing voyages, what from being forced by foul weather to sleep under close and consequently unventilated decks—what from being obliged to watch and work hard upon a short allowance of food and water—together with the anxiety and depression of spirits produced by “hope deferred,” the men gradually begin to show signs of a constitutional “break up.” You will find them with faces pale and bloated;—their skins rough, rugged, and exhibiting petechiæ and hæmorrhagic ulcers; their gums weak, spongy, and bleeding; their hair harsh, dry, and falling away, and their bowels subject to fluxes; a low fever wastes them day by day and night by night, and they become at last so ill as to faint from the least exertion. This is ship-scurvy,—not depending on a something noxious in the blood, but upon a positive want of something essential to its healthy reproduction. And how, think you, is this disease to be cured? By wholesome food and pure air, you will naturally reply. No such thing; nothing so simple would do for *scientific* people. It can only be cured by lemon juice! Lemon juice, according to the greatest medical professors, is not only a preventive of the bad effects of starvation—but a substitute for pure air and proper food in the cure of diseases produced by a deprivation of both! Now, it is a curious fact in the history of ship-scurvy, that just about the time that lemon-juice came into fashion as a cure for it, great improvements began to be made in navigation, as also in ship-building, and in the ventilating and victualling of fleets; voyages that formerly took a year, can now be completed in a month or two, and the natural good effects of all this upon the habits and

constitution of the seamen are, up to this moment, very modestly claimed by the doctors as the result of their employment of lemon-juice. And not only are there fools in the world, but philosophers also who daily echo this trumpery story!

There is not a disorder of the skin, however named, that I have not myself cured with quinine,—and I have met with examples of every kind of skin disease, that have baffled me with every thing I could think of. I may here, nevertheless, state in regard to cutaneous disease generally, that I have not very often been at a loss, while I had at my disposal quinine, arsenic, oxymuriate of mercury, hydriodate of potass, creosote, iron and lead. In a very obstinate case of scald-head, the subject of which was a young artist of talent, a combination of belladonna and stramonium effected a complete cure in about a fortnight. The disease, in this instance, had been upwards of twelve months' standing, and had resisted the prescriptions of some of the ablest men of Dublin and London. Baths, of which I shall hereafter speak, I have found of great service in diseases of the skin—and what do all these remedies come to at last, but to thermal change?

In the great majority of instances, then, the local disorder from which physicians now almost invariably name disease, and to which they almost as invariably confine their attention, is only one of many features of universal disturbance. So far from being the cause of such disturbance, the local tendencies to disorganization are merely hereditary or accidental developments occurring in its course—developments expressive, for the most part, of the weak points of individual constitution—though sometimes determined by climate or other speciality of cause. In England, for example, the viscera of the chest are the organs which chiefly suffer—while in the East and West Indies, the liver and other contents of the abdomen become more frequently implicated. Remittent fever, I need not say, is the parent of both.

Injuries, passions, poisons, then, are each capable of producing the same constitutional disturbance with every kind and degree of organic change to which the subjects of them may, by original weakness of configuration, be predisposed. To use a homely phrase—“when the whole house shakes, the worst built room suffers most,”—and this, of course, differs with every house. A blow on the head—nay, an injury to so minute a member as the finger, may produce a general febrile disorder, ending in abscess of the lungs or liver,

according to the predisposition of the patient. Even in the course of the contagious or Pustular Fever, we daily find all kinds of organic change developed—change which no man in his senses would place in the light of a cause of those fevers. Among the organic and other disturbances induced by the

SMALL-POX FEVER

or VARIOLA, as it is called by the profession, I have noticed sore throat, deafness, dropsy, consumption, glandular swellings, rheumatism, and palsy, just as I have seen the same localisms developed in the course of a common remittent fever,—such sequelæ depending, of course, upon the original predisposition of the patient to the development of this or that complaint by any agency capable of injuring the general constitution. And how should it be otherwise, when we come to reflect that the small-pox fever, like every other fever, consists in a succession of paroxysms so exactly resembling ague, that, before the appearance of the eruption, it cannot possibly be distinguished from it!—Nor, so far as individual treatment is concerned, does that matter a straw—for however perfectly specific the cause of the disorder undoubtedly is, the disease itself admits of no specific mode of treatment. To shorten the cold stage, the nearest cordial that can be got may be resorted to. During the hot, keep the patient as cool as possible, or endeavor to break it by an emetic, which, in nine times out of ten, may easily be done; and when that and the sweating stage are ended, endeavor to prolong the interval of remission by opium, hydrocyanic acid, or quinine. That I believe comprehends nearly the whole duty of the physician in this, as in every other acute disorder. By a reverse course, the most perfectly curable case of small-pox may be very speedily rendered malignant. During the spring of 1824, a great many instances of the disease occurred in Edinburgh, and I remember two cases which, from the difference of the practice employed, and from the difference of the results, made a strong impression upon my mind. The first case was treated by the late Dr. Mackintosh by repeated bleeding and purgation; in consequence of which the patient became delirious, and the pustules were rendered confluent. The subject of the second case was myself; having frequently visited the former gentleman during his illness, I may fairly presume I took the infection from him. But the treatment, in my own instance, was restricted to an occasional antimo-

nial, and an opiate about seven in the evening, which had the effect of either entirely preventing the anticipated paroxysm, or rendering it so trifling as to pass without observation. On two occasions it was neglected, and a night of fever and restlessness each time was the result. I was out of the house in ten days, and I have not a perceptible mark on my countenance, while the other gentleman was confined to his room for more than a month, barely escaping with his life, and when he made his appearance in the streets, his face was so disfigured by scars, that his most intimate friends did not know him when he addressed them. During the autumn and winter of 1825, while I attended the Parisian Hospitals, the small-pox was raging fearfully in France. But so unsuccessful was the treatment employed, bleeding, leeching, and purgation, that the dissecting-rooms of Paris were literally crowded with the bodies of people who had died of the disease. Some of these bodies bore the mark of vaccination on their arms. But what is vaccination? Vaccination is only the artificial introduction into the human system of an animal poison; and it was first practised by Dr. Jenner of Berkley, in Gloucestershire. Now Jenner was a man of great observation—great penetration—a man upon whom facts were never lost,—not a mere collector of facts,—not one of those poor creatures who cry “facts, facts, give me facts—I never think,”—men who might as wittily cry “bricks, bricks, give me bricks—I never build!” Of a quite different stamp was Dr. Jenner. Practising his profession, chiefly at first among the poor of his native county, from them he learned that the people connected with dairies, had their hands very often attacked with an eruptive disease, which they traced to a similar eruption on the teats of the cows they milked, and their general belief was that such as had this eruption could not take the small-pox. All through Gloucestershire this fact was known to the peasantry,—but the wise doctors only looked upon it as a popular superstition. Not so Jenner,—who set about an investigation, and he discovered it to be the truth; and, in spite of the greatest opposition from men of his own profession, and others whom they secretly influenced, he finally succeeded in establishing the practice of vaccination—so called from vacca, the latin for cow. Jenner, then, was the first who artificially introduced cow-pox as a preventive of small-pox; and that it is indeed a preventive we will have no difficulty in believing, if we choose to recall to memory the number of persons whose faces

were fretted and seamed by the small-pox in our younger days, and the few instances of a similar kind we meet with in these times, since vaccination has been practised. Do you doubt the preventive effect of small-pox against a recurrence of small-pox?—No more can we doubt the effect of vaccination—for though small-pox does occasionally attack individuals who have previously undergone vaccination, so also does it recur occasionally in persons who bear the indelible marks of having previously suffered from small-pox itself. What is the vaccine disease but a modification of small-pox? It is small-pox in a milder form, a fact which Jenner suspected, and which Mr. Ceely of Aylesbury has recently proved by a very simple experiment. He first inoculated a cow with the matter of a small-pox pustule. From the new pustules which were in due time produced in that animal, he took matter and inserted it into the arm of a child. The vaccine or cow-pox pustule was the result—and these experiments he has several times repeated with the same success, in the presence of many medical men,—so that the cause of small-pox in man (whatever its real nature be) becomes so altered in its vaccine or cow modification, as to constitute a most valuable preventive against the severer form. What is the nature of the specific agent which produces and reproduces, through such an infinity of individuals, an effect so generally specific? Can it be, as Linnæus thought, of an animal-culine character? or, is it at all analogous to the influence produced by the magnet on iron? which metal, all know, may, from the contact of a magnet, become itself magnetic. These are the most probable relations in which the subject may be viewed—if indeed, it have not some analogy to the continuation and reproduction of all animal life.

There are a few questions connected with this subject, which I confess myself unable to answer. Perhaps the ingenuity of some one may solve them for me.

1. Why is small-pox, when directly inoculated, more generally mild than when taken casually by infection?

2. Why, after vaccination, have we, in the majority of cases, only one pustule instead of many, as in the case of the small-pox?

3. Why is the cow-pox not infectious, like small-pox—seeing that it is a mere modification of identical agency? The cow-pox, so far as we know, can only be communicated by direct inoculation.

4. Has the protection which the cow-pox and the small-pox

afford to the constitution against recurrence, any analogy to agricultural exhaustion—to the impossibility to obtain more than a given number of successive crops of a particular herbage, from a particular soil, in a given period of years?

But the small-pox fever is not the only fever which once having attacked an individual during his life, for the most part renders him unsusceptible of its recurrence; all the truly contagious fevers have this effect—chicken-pox, measles, scarlet-fever, hooping-cough, seldom affect the constitution above once in life—though sometimes, like small-pox, they make their appearance twice, and even three times in individuals. By some authors, the chicken-pox has been supposed to be a modification of small pox—an opinion to which I myself lean—for when we consider how remarkably small-pox becomes modified after vaccine transmission, we can scarcely doubt that it may admit of still further modifications, by passing through the bodies of other animals besides the cow. This much is certain, that every one of the contagious diseases has the most perfect analogy to the ague—seeing that all have remissions and exacerbations of fever more or less perfect in kind, and that all are more or less amenable to the chrono-thermal remedies—not one of which remedies, however, possesses such specific influence over them, as to be exclusively relied upon in the treatment of any case. Is not this the best of all proofs that there is no specific in physic? If in a most decidedly specific disease we have no specific remedial agency, how can we possibly expect to find such for any one of the great family of disorders which may be produced by anything and everything that can derange the general health? Yet Dr. Holland hopes that medical men may one day find a specific remedy for gout, and another for consumption—diseases which may be produced and cured by any agency that can alter the moving powers of particular individuals!

Is the

PLAGUE

an intermittent fever?—The case of Corporal Farrel, as detailed by Dr. Calvert, [*Medico-Chirurgical Transactions*] will be a sufficient answer to the question:—“This man had been standing in the sea on the 10th of November, upwards of an hour, to wash and purify his clothes, according to an order to that effect. On coming out of the water he was seized with violent shivering and headache, succeeded by heat of skin and afterwards by sweating, which alleviated

the distressing symptoms. On the following day the paroxysm was repeated. He was permitted to remain in the barracks from a belief that his complaint was intermittent fever. The next day his fever returned as usual, but it now declared itself to be the PLAGUE by a bubo (glandular swelling) arising in the groin while the seat of the pain seemed to be suddenly transferred from the head to that part. The paroxysm was again followed by an intermission or remission. But the next morning, while dressing himself to go to the lazaret, he dropped down and expired."

Disputes still exist as to whether plague be contagious or not. On which ever side truth lies, there can be no difficulty as to the proper treatment. The indications in plague, as in simple intermittent fever, or the small-pox, are to regulate the temperature in the cold and hot stages by the means already pointed out, and to prolong the remission by quinine, opium, arsenic, &c., according to particular constitutions. Treated in this manner the disease could not by any possibility be more fatal than we are told it is under the present routine of practice. "In all our cases," says Dr. Madden, "we did as all other practitioners did,—we continued to bleed, and the patients continued to DIE!"—[*Madden's Constantinople.*]

From the same candid author, I find that the

YELLOW FEVER

of the West Indies, is not less remarkable for its periodic remissions and exacerbations than for the shiverings and alternations of temperature characteristic of every other disorder. The yellow appearance of the patient, like the milder jaundice, is a mere effect of spasm of the gall ducts. Jaundice, then, is a symptom, not a disease; it is the result of spasm developed in the course of a febrile paroxysm. People will say, "You would not give quinine or bark in jaundice." But wherefore not? seeing I could muster a good half-hundred instances where I myself have cured the disease by one or the other. Dr. Madden details a case of yellow fever cured by quinine, a case in which he says, "had the gentleman been bled, after the fashion of the country, I think in all probability he would have died; or had he survived, that he would have left a debilitated constitution and a dropsical diathesis to encounter in his convalescence."

Previous to my embarkation for the East Indies, where it was my chance to serve five years as a medical officer of the

army, I read Dr. James Johnson's work on the "Diseases of Tropical climates." Impressed when a boy with his pretty style, I put his sanguinary treatment and his twenty-grain doses of calomel to the test. But so far from confirming his assertions, my own after-experience led me to adopt conclusions much the same as Dr. Madden. Captain Owen of the Royal Navy, too, who could neither have a theory to support nor any interested end to serve, one way or the other, details at great length the mortality which took place among his people while employed in surveying the African coast. "It may in fact be questioned," says this intelligent navigator, "whether our very severe losses were not, in some measure, attributable to European medical practice, bleeding and calomel being decidedly the most deadly enemies in a tropical climate. During the whole time of the prevalence of the fever, we had not one instance of perfect recovery after a liberal application of the lancet or of this medicine." Captain Owen farther states, that he himself recovered without either bleeding or calomel, while the ship-doctor fell a martyr to his medical faith,—he bled himself, took calomel, and died! [The above remarks were first printed in 1840. Two years afterwards, 12th November 1842, extracts from the Report of the Select Committee on the Western coast of Africa, appeared in the Times newspaper, wherein among other things, is the following: "The bleeding system has gone out of fashion, and the frightful mortality that attended its practice is now no longer known on board our ships."—Dr. James Johnson, are you satisfied!]

But the eastern practitioner will tell me, possibly, that

DYSENTERY

cannot be safely treated in any other fashion. Is he sure he knows exactly what is meant by the word dysentery? I shall say nothing of its etymology, but rather give you the symptoms included by Sydenham under the name.—"The patient," he tells us, "is attacked with a chilliness and shaking, which is immediately succeeded by a heat of the whole body. Soon after this gripes and stools follow." What, then, is this dysentery but an ague, with increase of secretion from one surface instead of another—from the mucous surface of the bowels instead of the skin, and the skin is only a continuation of the mucous membrane of the bowels. Now, Dr. Cumming, late of the East India Company's medical service,

informs us, that while ascending the Nile, in 1836, he was attacked with dysentery. After suffering for a week with "intervals of remission," he fairly gave himself up, and so did his attendants, for he had nothing in the shape of medicine with him. As a forlorn hope, however, he ordered his guide to sponge him with warm water. And this simple remedy, [attention to temperature,] with fomentation of the abdomen, was the only treatment employed. He took a little wine and water, which remained upon his stomach; he then became drowsy, slept for a short time, felt his skin hot and burning, and, in brief, began to recover, and that rapidly. In about a week afterwards, he writes in his journal, "My recovery is almost complete, and the rapidity of my convalescence leads me to contrast my late attack with a precisely similar one which I had at Cawnpore, in the autumn of 1829. On that occasion I was largely bled at the arm, had fifty leeches applied to the abdomen, and during the first four days of the disease, in addition to extensive mercurial frictions, I swallowed two hundred and sixteen grains of calomel. True, I recovered! or rather *I did not die!* whether in consequence or in spite of the above heroic treatment, I will not venture to say. My face was swollen to an enormous size; every tooth was loose in my jaws, and for six or eight weeks I could eat no solid food; my constitution received a shock from which it never fairly recovered, and I was obliged to come to Europe on furlough. On the present occasion, fortunately for me, the *vis medicatrix naturæ* was my sole physician, [he forgot the sponging part!] and I am now almost as well as before the attack commenced. *All medical practice, in my humble opinion, deals too much in heroics.*"

That opinion has for many years been mine. Such a case, from such a quarter, must doubtless be more than sufficient to warn against the sanguinary and mercurial practice introduced into the East by the influence of Dr. James Johnson's work on the diseases of India. What an idea, first to break down by the lancet and mercury to salivation the attractive power of every atom of the body, in the expectation of thereby strengthening its weakest parts! Does this savour of *mania*, or does it not? and that, too, as I hinted before, madness of rather a homicidal kind?

DROPSY.

How can there be a morbid superabundance of any secretion without a corresponding change of temperature? He who will rigidly scrutinize this disease shall find that the same shiverings and fever which precede the sweat of ague, usher in the tumid abdomen and swollen legs of dropsy. Dropsy, then, may be termed an AGUE with *inward sweat*. That it is a remittent disease may be seen by the palpable diminution of the swelling on particular days; to say nothing of the hopes both of the patient and physician on such days being excited by general improvement throughout. How should the disease be treated? Not, according to modern practice, by diuretics and sudorifics solely; but by a combination and alternation of these remedies with the medicines of acknowledged efficacy in that most perfect type of all disease, the ague. Of cases successfully treated by me in this manner, I could give you hundreds—but to what purpose? The recital would only comprehend the symptoms of ague with increase of the natural secretions of the various cavities even to effusion, (or cellular substance,) instead of perspiration by the skin; and the remedies, quinine, opium, arsenic, hydrocyanic acid, combined or alternated with creosote, squill, ipecacuanha, colchicum, mercury, &c. What other proofs do you want of the unity of all disease! The paymaster-serjeant of the royals had dropsy, which, notwithstanding the usual treatment by diuretics, purgatives, &c., was daily getting worse, when Dr. Stephenson, of the 13th Dragoons, suggested the application of poultices of *lichen vulgaris* to the loins. From that day the amendment was rapid, and the patient subsequently got well. Every one believed that there must have been some magical virtue in the lichen. But Mr. Brady, the surgeon of the regiment, thinking that the plant had less to do with the cure than the heat which, in the form of a poultice, it produced, determined to try poultices made with rice in a case exactly similar. The result was the same—a cure; proving how right he was in his conjecture. Since I entered into private practice, I have repeatedly applied poultices to the loins with advantage, and have also, with the assistance of plasters of pitch, galbanum, &c., succeeded in curing cases of dropsy, that resisted every kind of internal remedy.

CHOLERA,—

the scourge of nations,—will cholera be found to partake of the same universal type of disease, the ague? You will be the best judges when I draw my parallel. While in India, I had ample opportunities for ascertaining its nature. Tremulous and spasmodic action belong equally to ague and to cholera; vomiting or nausea characterizes both. The ague patient has sometimes diarrhœa or looseness; oppression at the chest, and coldness of the whole body, are the primary symptoms of each. The increased flow of pale urine, so often remarked in ague, is an occasional symptom of the epidemic cholera. In more than one instance of cholera which came under my observation while serving in the East, that secretion passed involuntarily from the patient a short time before death. Suppression of urine, so common in the late epidemic, was a frequent symptom of the Walcheren ague. When there is no hot fit or reaction, death is usually preceded by a sleepy stupor in both. You have ague, too, with hot skin and bounding pulse, a state analogous to the milder forms of cholera, in which you remark the same phenomena. When not fatal, cholera, like ague, has a hot and sweating stage.—Moreover, when ague terminates life by a single paroxysm, you find the same appearances after death in the bodies of both. Lastly, phrenzy, disease of the lungs, liver, and spleen, with dysentery and dropsy, to say nothing of epilepsy and apoplexy, have been the occasional sequelæ of each. Cholera, then, is an extreme of the cold stage of ague.

What are the remedies most beneficial in cholera? Attention to temperature comprehends every thing that has either failed or succeeded. Were I myself to become the subject of it, I should feel inclined to trust more to a bottle of brandy than to any thing contained in the *Materia Medica*. While serving in the East Indies, I saw many hundred cases of the disorder, but I never could convince myself of the superiority of any one kind of medical treatment over another. In my work upon the Diseases of India, I have proved that death, in the great majority of instances of cholera, takes place from a palsy of the pneumogastric nerves,—those nerves that influence the functions of the lungs and stomach. If you divide these nerves in the dog, you have the essential symptoms of cholera, viz. loss of voice, vomiting, and difficult breathing *always*,—cramps and flatulence *frequently*; and the animal seldom survives the third day. On dissection, you find the

vessels of the head, lungs, and intestines, filled with black blood. That is exactly what you find on opening the bodies of persons who have died with cholera. Shortly after my *return* from India, Dr. Wilson Philip read a paper at the Westminster Medical Society, in which he took the very same view of cholera, but wherein he forgot to say that his views of the disease had been, every one of them, anticipated in my remarks upon it, published in the *Lancet*, some months *before I quitted* India.

I cannot refrain from introducing here the observations made in 1832 on the cholera, and the state of the medical profession in Philadelphia, by a distinguished practitioner.—And I would ask whether the public can rely on their judgment hereafter in any case, in the curability of consumption or any other disease? He thus writes—

“There are tests for all things. Now a dangerous epidemic always shows the difference between the strong and the weak, the candid and the crafty, among physicians. It is equally true, that the same occasion displays, even to the common observer, the real condition of their art:—whether its precepts are exact or indefinite, and its practice consistent or contradictory. Upon these points, and bearing in mind—that we have now in medicine the recorded science and practice of more than two thousand years, let the reader refer to the proceedings of the medical profession, during the prevalence of the so-called ‘Asiatic cholera,’ and he will find their history everywhere exhibiting an extraordinary picture of prefatory panic, vulgar wonder, doubt, ignorance, obtrusive vanity, plans for profit or popularity, fatal blunders, distracting contradictions, and egregious empiricism:—of twenty confounding doctors called in consultation, to mar the sagacious activity of one;—of ten thousand books upon the subject, with still an unsatisfied call for more;—of experience fairly frightened out of all his former convictions;—and of costly missions after moonshine, returning only with clouds.

“Now I do assert, that no art which has a sufficiency of truth, and the least logical precision, can ever wear a face so mournfully grotesque as this. In most of the transactions of men, there is something like mutual understanding and collective agreement, on some points at least; but the history of the cholera, summed up from the four quarters of the earth, presents only one tumultuous babel of opinion, and one unavailable farrago of practice. This even the populace learned from the daily gazettes; and they hooted at us accordingly.

But it is equally true, that if the inquisitive fears of the community were to bring the real state of professional medicine to the bar of public discussion, and thus array the vanity and interests of physicians in the contest of opinion, we should find the folly and confusion scarcely less remarkable on nearly all the other topics of our art.

“Whence comes all this? Not from exact observation, which assimilates our minds to one consenting usefulness:—but from fiction;—which individualizes each of us to our own solitary conceit, or herds us into sects, for idle or mischievous contention with each other;—which leads to continual imposition on the public, inasmuch as fictions, for a time, always draw more listeners than truth;—which so generally gives to the mediocrity of men, and sometimes even to the palpably weak, a leading influence in our profession;—and which helps the impostures of the advertising quack, who being an unavoidable product of the pretending theories of the schools, may be called—a physician with the requisite amount of fictions, but without—respectability.*”

“* The sketch of the medical history of the cholera given above, in illustration of the fictional and distrusted condition of our art, is true in most points, of the professional transactions in Philadelphia, during the epidemic of 1832. And I presume it happened elsewhere as here, that the sanatory affairs were conducted by a chosen assemblage of the highest municipal authorities, and the first intelligence, learning, and skill of the faculty.

“I am thus reluctantly obliged to refer to these high official facts and examples, in order to show, *a fortiori*, what the entire condition of our art must be. And I shall greatly regret if my argument should be otherwise regarded; since for many of the individuals who fell into the error and confusion of that period, I have much personal respect and esteem. If a distinction can be drawn, their faults were less their own than those of the system of medicine they follow;—a system of distracting words and notions, which, even with the warning recollections of the last epidemic, would not serve them better in a thousand to come.

“Other places may answer for the part they took in the fright and fatality of the cholera; but I am inclined to believe that the then special empiricism of Philadelphia, as well as a general depreciation in the character of its medical emulation and success, that we all see and must suffer under, is ascribable, in part, to the manner in which our profession has, in this city, for more than twenty years past, been governed. The leading medical institution of Philadelphia, which by its lucrative professorships, must hold out rich temptation to the scrambling of interest and the intrigues of ambition, and which, by the policies incident to such a state of things, is enabled to give the tone of intellect and morals to the mass of the profession, has, for a quarter of a century, been directed by a self-electing Board, composed principally of members of the bar, with an utter exclusion of physicians.

“Accident sometimes steps into folly,—folly into habit,—habit into the feeling of natural right. And so it is, that the trustees of our medical school

have really brought themselves to an advocate's conviction, that physicians are not the best judges of the higher qualities of teachers in their own art; and by long acting under this conviction, it is not beyond possibility that they may at last bring about that degraded condition of the Faculty, which their contemptuous rule over it now presupposes. It often happens that the most striking instances of the ridiculous are the result of unsuccessful attempts at the sublime. And certainly the grave sittings and counsels of a body of eighteen lawyers, four divines, and two manufacturers, upon the affairs of medicine, without even one physician, merely to help them in technical pronunciation, must now and then turn a broad laugh into the sleeve of some among them who have not, by the gradual thievery of custom, lost all perception of this monstrous incongruity between their ability and the duties of their office.

"Ignorance in office is an awkward thing,—a dangerous thing,—and a slavish thing:—for it aims to act what it cannot conceive;—it must frequently act wrong;—and knowing nothing of its duty, it may become the tool of Cunning, who always knows his. And thus, in a presumptuous attempt to administer the affairs of medicine by incompetent agents, the ruling counsel may be some self-interested contribution, with the twofold consequence of a back-stair government.—The misleading counsellors escape responsibility, and the unconscious agents remain incorrigible.

"If I here speak unacceptably, it is with a right to speak on this subject. For though a quiet but contented devotion to labours, of future efficacy, as I hope, in my profession, has placed me beyond the desire for its official honours, I am, through the exercise of daily duties as a practitioner, still within the influence of its common rights and its wrongs. And the total exclusion of physicians from even a part in the direction of their own schools of medicine, is a flagrant and preposterous act of usurpation, which might call for the light of further inquiry, if the glaring sense itself of the question, now it is broached, should not sufficiently illuminate it.

"Unfortunately for the precision and progress of medicine, it is a popular art. Colleges and such institutions can be no otherwise useful to it than by exerting their senatorial influence, if I may so call it, in behalf of those who, being by originality and independence capable of effecting its reformation and advancement, are yet obnoxious to that popular favour which gives success to the mere politic and whim-watching practitioner.

"But if the patronage of chartered institutions is to be entrapped by the vulgar baits of ambition:—if any thing in a First-of-April suit is likely to be caught up by mistake for the succinct enrobing of science:—if professor—First—Second—and Third is to be chosen respectively from the North, the South, and the West, merely to secure, like political weight, the profitable pupilage of districts:—if professors are to be allured into the service for the purpose, if I may use the poacher's phrase, of crippling a rival institution:—if one is to be chosen because he votes the right side in politics;—another because he has the support of a religious sect;—a third to prevent the desertion of an indispensable myrmidon;—and last, but not least,—a fourth, because his cousin's wife is the favourite niece of an influential manager. If all this should be done, it may indeed be no more than the worldly way and means of so many other undertakings that evade their promises implied, and slip their obligatory duty. But such medical patronage can do no more than entrench beyond all means of dislodgment, except ultimate self-destruction, the mercenary interests and manœuvring policies of the every-day ambition and ability of our art.

"I may be wrong in the event, yet I am willing to make myself responsible to time by the following conditional prophecy.

“There are now some eight or ten medical schools in the United States ; severally varying in their annual classes from thirty to three hundred and fifty. Without valuing here the youthful pupils’ admiration of the unparalleled talents of their respective masters ; and apart from that especial slang of the day about ‘splendid genius,’ and ‘gigantic minds ;’ it seems, from the dead level of scholastic medicine, that the intellectual character, with regard to scientific originality and to the accomplishments of learning, is about the same in all : the fancy and the fact of each being compiled from the same common materials of the art. Thus there may be very distinguished teachers of medicine in Boston : yet I believe it must be allowed that there are quite as good in the four schools of Philadelphia. Indeed, the disinterested and intelligent admit the like equality among the whole. And so, I venture to predict, they will remain, whilst that mode of special policy and general supervision, which has made them equal, shall continue.

“But the first of those ten schools, which by design or accident shall employ professors, and a better taste will breed such, whose powers of observation can penetrate to the unrecorded phenomena, and compass the broad relationships of science ;—who can find so much newness in nature, that they need not ape originality by perpetual vacillations in opinion ;—who have not served so long at the table of the times, that they cannot relish and dare not offer unsavoury truth ;—who can hold their steadfast—No, for a public benefit, when that public would set them in golden honour for saying—Yes, to is injury ;—who have grown into respect with the wise, by steady reliance on themselves ; and who are not, when summoned to the all-requiring labours of fame, already half eaten up in character, by cancerous schemes for reputation. I say, the first school that shall have the cunning forecast so to endow itself, though it may be at present the very dog-tail of them all, will soon be raised on high, as the cynosure of American medicine. And like Aaron’s serpent, as an emblem of our art, shall swallow up the serpents of those popular magicians who, in emulation, shall continue to play their theoretic slights of instruction on the world.

“There never has been a school distinguished for strength or brilliancy of fame, without one or more professors of this character, and there cannot be. The multitudinous and lower house of the world, which yet contains ‘many mansions’ of rank and learning, will never advance such men to medical stations. But if there is yet a senate in science, and if it has not in truckling policy, gone down to a joint sitting with the popular branch,—that senate should.”

During the cholera I attended 162 cases, and cured 148 ; my treatment was peculiar, and of course chrono-thermal.

AFTER a long intercourse with the world, and a rigid examination of what, in his day, was called its wisdom, the great Lord Bacon, musing doubtless over his own philosophical discoveries, thus writes :—“It is a view of delight to stand or walk upon the shore-side, and to see a ship tossed with tempest upon the sea, or to be in a fortified town, and to see two

battles join upon a plain ; but it is a pleasure incomparable, for the mind of man to be settled, landed, and fortified in the certainty of truth ; and from thence to descry and behold the errors, perturbations, labours, and wanderings up and down of other men." But, however exciting this kind of pleasure be to him, who should be content with merely making a discovery to himself—the making of it public has its drawbacks ; for "whoever," in the words of Johnson, "considers the revolutions and various questions of greater or less importance, upon which wit and reason have exercised their power, must lament the unsuccessfulness of inquiry, and the slow advances of truth, when he reflects that great part of the labour of every writer is only the destruction of those that went before him. The first care of the builder of a new system, is to demolish the fabrics that are standing." But how can you brush away the cobwebs of ages from the windows of truth, without rousing the reptiles and insects that so long rejoiced in the darkness and secrecy these cobwebs afforded—the bats and spiders, to whom daylight is death ! Truth, like a torch, does two things ; for not only does it open up to mankind a path to escape from the thorns and briars which surround them ; but breaking upon a long night of ignorance, it betrays to the eyes of the newly awakened sleeper, the bandits and brigands who have been taking advantage of its darkness to rob and plunder him. What has truth to expect from these?—What, but to be whispered away by the breath of calumny, to be scouted by knaves and fools, whom interest or intercourse has leagued with the public robber as his partisans. Who will talk to me of conciliation ? Who will tell me that mild and moderate measures ever bought over such implacable enemies to the ranks of their destroyer ; or that robbers rioting in the spoils of their victim, will listen to the voice of the charmer, charm he ever so wisely ? Surely people must be out of their senses, who imagine that any exposition of truth will be acceptable to men whose emoluments are chiefly derived from a course of studied and systematic mystification—professors who lure the student by every possible promise to their schools, and, when once in their net, keep him there by every possible artifice and pretext which collusion and corruption can devise ! one day entangling him in a web of unmeaning sophistry—another, stimulating him to waste his time and labour in splitting straws, or in magnifying hairs—now encouraging him in a butterfly chase after shadows—now engaging him in a wordy and worthless dis-

putation with his fellows! I appeal, if this is not the mode in which, in most cases, from four to six years of the best part of a man's existence are passed in our medical schools—passed in the fruitless endeavour to know a profession, upon the exercise of which, he is too often compelled to enter with no other pretensions to a knowledge of its principles than the trumpery certificates and diplomas for which he has been duped and deluded. How is that student to be repaid the capital of time and money he has expended upon what he calls his education? How, but by deluding and mystifying in his turn the suffering sick who apply to him for relief. For relief?—Vain hope! Look at the numbers of persons who live, or try to live by physic,—doctors, surgeons, apothecaries, druggists, cuppers, nurses—and ask yourselves how even one tithe of these can do so, but by alternately playing upon the passions and prejudices,—the hopes, fears, and ignorance of the public?—in one case inflicting visits too numerous to be necessary; in another, employing draughts, mixtures, or measures, too expensive, too frequently and too fruitlessly repeated, to be all for the benefit of the patient! Think you, that the members of the medical profession are different in their feelings from every other human being—that their minds are so constituted, that under, the most terrible temptations, they can so far set at defiance the stern law of necessity, as in their present crowded and starving state, receive with open arms a system that threatens so many of their order with ruin? Is it in the nature of things that they will welcome a practical improvement, by which the practitioner may, in a few hours, cut short cases and chances, which, by daily visitations, or by three draughts a-day, might be profitably protracted to a month, if the system on which it is based were only advocated in calm, mellifluous and complimentary language? As soon may you expect a needy attorney to be prevailed upon by his client's tears to cut short a chancery suit; or the master of a sailing-smack to listen patiently to the praises of steam; or a coach-proprietor to admit the safety and superiority of railroad over coach conveyance, when estimating each the losses they shall respectively sustain by the too general use of the superior motive power. What, though the present condition of medical practice be less the crime of the profession, than the fault of the legislature, that permits men clothed with collegiate authority,—professors enjoying the sanction of its protection,—annually to lure by misrepresentation and lying promises, thousands of credulous and unsus-

pecting youths into a path strewed, even in the very best of times, with thorns and briars innumerable? Better far that one half of these should at once abandon a walk of life where the competition is so keen and close, that comparatively few in the present day can live honestly by means of it,—than, that they should hereafter have to eat their precarious bread, at the daily and hourly sacrifice of their own honour, and their patients' interests. Who will tell me half-measures can be of any avail, under circumstances like these? In corrupt and difficult times, half-measures, so far from succeeding, have either been taken as a sign of weakness in the cause, or as a symptom of timidity on the part of the advocate. Away then, with half-measures!—away with the idea of conciliating men, the already rotten tree of whose sustenance you sap—the long-cemented system, whose existence depends, not on a virtuous adherence to nature and truth, but upon a collusive and fraudulent perversion of both! When persons little versant with the present state of medical affairs, see men of established name supporting a system of dishonesty and error, they too often doubt the light of their own reason. “Would Dr. So-and-So,” they ask, “and Mr. Such-a-One, hold this language, if they did not themselves believe it—men so respectable, and so amiable in private life?”—But tell these simpletons, that Dr. So-and-So's bread depends upon his belief—that Mr. Such-a-One's family would wither with his fading fortunes, if the father, in the language of Hazlitt, “ceased to support that which he had so long supported, and which supported him”—and you bring an argument which, though not quite convincing in itself, will at least compel a closer investigation of the system it is your wish to expose and crush.—I have been blamed for the tone and spirit in which I have spoken of adversaries—I have been asked why assail their motives—why not keep yourself to their errors? But in this particular instance, I have been only the humble imitator of a great master—a man whose name will at once call up every sentiment of veneration—the indomitable Luther. *Magnis componere parva*, I have followed in his wake—I hope soon to add *passibus æquis*. Think you, the Reformation of the Church could have progressed with the same rapidity, had its most forward champion been honey-mouthed—had his lip been all smiles, and his language all politeness—or had he been content, in pointless and unimpassioned periods, to direct attention solely to the doctrinal errors of Rome? No—he thundered, he de-

nounced, he heaped invective upon invective, and dealt in every form of language which could tell best against his enemies, whether in exposure or attack. Too wise to leave them the moral influence of a presumed integrity, which they were far from meriting, he courageously tore away the cloak of sanctity and sincerity, with which, in the eyes of the vulgar, they had been too long invested. Had he done otherwise, he might have obtained the posthumous praise of moderation, at the price of defeat and the stake.

Let it not for a moment be supposed, that in thus sweepingly arraigning the present system of medical polity, I can have the remotest wish to degrade the profession of the physician. On the contrary, it has been my endeavour throughout to improve his *morale*, and to elevate his condition,—to render him a useful, honourable, and honoured person,—to make him what neither the *mere* lawyer, nor the *mere* churchman can possibly be—a student of nature, and an intellectual expounder of his Maker's works;—one from whose ranks kings may still, as they once did, choose their counsellors. And how can this be done but by rescuing the art of medicine from the hands of the miserable creatures who at this moment principally usurp its practice? Nor do I for an instant wish to insinuate that among the individual members of the profession there are not numerous exceptions to the line of conduct pursued by these creatures. In every one of its grades and conditions,—apothecary, surgeon, and physician,—I have had the pleasure to meet practitioners who not only heartily join me in deploring the present shameful state of practice, but who aid me with their best efforts to expose and correct it. One and all of these honourable persons acknowledge that unless some great and speedy change in the mode of educating and remunerating medical men be introduced by the legislature, Medicine must shortly cease to be regarded in the light of a liberal profession; for as things now stand, the only sure path to lucrative popularity in physic, is a complete sacrifice of conscience and principle on the part of the physician. How often have I been told, in my own case, that by courting the apothecary, and offering up incense at the false shrine of the professors, I might easily and cheaply obtain the bubble reputation, to be blown me by their breath;—while, by exposing the intrigues of the schools, and the collusions and corruptions of the professional world, not only do I stand as one man to a host, but I lay myself

open to the secret stabs of a thousand unseen assassins. To tempters of that sort this has been my answer—let it be yours also—

“Slave! I have put my life upon a cast,
And I will stand the hazard of the die.”

That hazard now, thank heaven, is small—for the daily increasing number of upright and honourable practitioners who espouse my views, place me already sufficiently far above the reach of my enemies, to enable me to despise them thoroughly; and at this moment I feel as secure of victory as at one period of my life I feared defeat! As yet I have only assailed the system, carefully avoiding individual attack. True, I have repelled the attacks of others, somewhat strongly too; but that was in self-defence. If, in tearing away the veil of iniquity, I have not altogether remained unscathed, I have, at least, the satisfaction to know, that my enemies have done every thing but laugh at the blows I dealt them. If it be said I have used language too strong for the occasion, I answer in the words of Burke: “When ignorance and corruption have usurped the professor’s chair, and placed themselves in the seats of science and virtue, it is high time to speak out. We know that the doctrines of folly are of great use to the professors of vice. We know that it is one of the signs of a corrupt and degenerate age, and one of the means of insuring its further corruption and degeneracy, to give lenient epithets to corruptions and crimes.” What reformer has not been called a “violent person?”—none that I ever heard of. Now to the more orthodox part of this matter.

We have hitherto spoken of the brain as a unity—yet this organ is divided into two hemispheres. Like the features of the face, it is twofold. We have two eyebrows, two eyes, two nostrils, two ears, and, in the early fœtal state, the mouth and chin are separated in the middle—you have the marks of this original separation in the infant,—I may almost say in the adult. Now, though a man may lose one eye, he is not therefore blind; or, though he lose the hearing of one ear, he is not necessarily deaf. It is just possible that a small part of one of the hemispheres of the brain may in like manner become diseased, and the subject of it shall appear to reason very fairly to the last. But that must be a shallow observer indeed, who from such a possible fact should draw the fictitious inference that even one hemisphere of the brain may be

disorganized throughout its entire substance, without the intellectual powers being at all disturbed! If you read of such facts, set them down as false facts. The brain, then, like the body, in some of its parts is double, yet, like the body in its integrity, the brain is a unity, and like the same body, it also has a diversity of parts. That the scalpel has hitherto failed to trace any well-marked divisions betwixt the various cerebral portions to which phrenologists have ascribed variety of function, is no argument against this doctrine. Do not all the different parts of the frame merge into each other—the elbow into the arm—the arm into the hand, &c.? What is more clearly a unity than the hand?—Yet do we not frequently find, from a weakness of one or more of its joints or muscles, an inability on the part of its possessor to do a particular work, though he may still accomplish many others by means of it. It is the same thing with the head. Partial disease of the brain produces partial intellectual injury, and you see the effects of such injury in those persons who reason rightly upon every subject but one,—monomaniacs as they are called. Oh! I want no better proof of diversity of parts in the brain than this. Like every other organ, the brain of man commences its foetal existence in the lowest type of the same organ of those animals that possess a brain—gradually assuming, by additions and superadditions, the form of the infant brain. In some instances, as in the case of other organs of the body, one or more of the superadditions are never properly developed. The result can be anticipated. Idiocy, according to the degree of the defect; and yet there are medical twaddlers who say the brain is not the organ of intellect! This much I have thought it right to premise before entering upon the subject of

DYSPEPSIA, OR INDIGESTION;

for to the state of the brain and nervous system we shall have to ascribe the disease. When treating of pulmonary consumption, I explained to you that no individual could possibly suffer from any complaint whatever, without his digestion being more or less implicated. The patient who labours under any severe form of disease, such as gout, consumption, or erysipelas, has all the symptoms, or shades of symptom, that medical men group together under the head of indigestion; but the gravity, prominence, or locality of the superadded symptoms, which may dispose the physician to term the dis-

ease consumption, erysipelas, or gout, may also dispose him to overlook, or esteem as insignificant, the coincident errors and disorders of the digestive apparatus. In the lower and more subdued forms of fever, the patient very often has no particular tendency to decomposition in any organ or locality, but from every function being more or less wrong, he very naturally turns his attention to his stomach or bowels, the errors of which come more particularly under the immediate cognizance of his feelings. Such a patient will complain to you of flatulence and acidity, or of that distressing symptom termed "water-brash." If you ask him about his appetite, he will tell you it is "so-so," or "he cares nothing about eating," or it is positively "excellent"—which last, I need scarcely tell you, means that it is morbidly craving. Ten to one it is capricious,—the patient now wishing for this, and now for the other, and rejecting what he desired most the moment it comes before him. Perhaps he has thirst. He is wearied upon the least exertion, has little inclination to get up in the morning, and when he does get up he is indolent, and dawdles his time away. He is apathetic in mind as he is indolent in body; and he has often a great disposition to sleep, especially after meals. Others again will just be quite the reverse of all this; these perpetually harp upon some particular topic—fidget themselves and every body else about trifles, and look always at the dark side of life. Some fly in a passion for nothing, or upon the least contradiction, and in a few minutes after the gust of passion has passed away, they lament their mental weakness. Their nights are either sleepless or broken and disturbed by unpleasant dreams. One moment, they dream of robbers, from whom they cannot escape; or they are on the eve of tumbling down a precipice; dreaming sometimes within a dream—asking themselves, even in the very act of dreaming, whether they dream or not—and they will satisfy themselves by a process of unreason, that they are actually awake and walk the air.

Even during the day many of these patients have their dreams or reveries—pleasurable sometimes, but more often the reverse;—they see things either as if "through a glass darkly"—or their perceptions are all exaggerated and unnatural. Phantoms may even pass before them at mid-day, phantoms such as they see in their dreams of the night. The very colours of things may be altered to their eyes—red appearing to them green, and vice versa. Even the shapes and

dimensions of bodies may be quite changed to their sight—though the greater number have sufficient judgment remaining, to know this to be an optical delusion merely. John Hunter had the sensation that his own body was reduced to the size of a pigmy!—I have met with some patients who have even at times doubted their own existence.—Light and shade have wonderful effects upon most invalids of this class. One is perfectly miserable, except when he is in the sunshine—another cannot bear the light at all. Ringing in the ears, or partial deafness is a complaint of dyspeptic persons. Some can only hear distinctly during the noise of passing carriages, or in the hum of a city, or of falling waters; while others hear so acutely, that they complain of the ticking of the clock. The sense of touch is very often similarly vitiated; one patient having partial or general numbness,—another so sensitive that he shrinks with pain if you merely touch him. Occasionally, though more rarely, you have examples of a reverse kind; the patient in that case will say—“Oh, do not take your hand away, the pressure does me good—it acts like magnetism.”

All kinds of aches are complained of by dyspeptic patients—headache perhaps more frequently,—headache, for which, on the hypothetical assumption of fulness of blood in the brain, the leech, lancet, and cupping-glass are so frequently in requisition. But to what end? In the words of Abernethy, supposing such assumption to be correct—“Does blood-letting cure diseases in which there is fulness of blood in the head? It must be granted, that in many instances, it temporarily alleviates them, but in others, it fails to relieve, and even aggravates them.”—What are those headaches, those night and day dreams, all those various signs and sensations, but the effects of a great instability of brain, now brought on by one thing, now by another? I have known the most severe and distressing headaches arise from loss of blood, and I have known them originate in a long fast. Surely for such diseases, the leech and the lancet are not the proper remedies. But, there are many other ways by which the brain may be weakened. You may as certainly exhaust it by prolonged literary or mental labour, as by starvation or loss of blood; for there are times to think and times to cease thinking; and if the brain be eternally harassed by an over anxiety in any of the pursuits of life; if it be always at work on one subject, not only will there be headache, or confusion of head, but the constitution must be injured. How can this

organ painfully revolve again and again the occurrences of the external world, and give the proper attention to the internal economy, over which it presides? When you listen to an orator whose discourse powerfully affects you, the brain becomes so engaged, that it cannot at the same time attend to the breathing—and you are compelled ever and anon to draw a long breath—you must take a deep sigh, to make up for the ordinary succession of short inspirations and expirations, which constitute the natural art of breathing. Now, if the function of the lungs be so easily disturbed in this way, can you doubt that the heart, stomach, bowels, and other parts, may be similarly influenced? What are the complaints of men who have much on their minds, of bankers, merchants, and great lawyers?—what the diseases of aged persons—persons whose brains become weaker and weaker by the slow but certain operation of time?—Do not these patients constantly complain of their stomachs and bowels? Do not many of them suffer from palpitations of the heart,—from giddiness and sensations like fainting, with a fear of falling? Now, this giddy sensation, this disposition to fall, is most commonly felt upon suddenly raising the head, or in rising from a chair. What surer sign of cerebral weakness? Yet, not long since, two gentlemen, each upwards of seventy, informed me, they had been bled and leeches by their respective apothecaries for this disease of pure cerebral exhaustion. Bless my life, you may bleed or purge a healthy man into this state any day!

In these diseases, one patient will tell you he is troubled by a feeling of sinking and pain of stomach, which is only relieved by eating. Another suffers from spasm, and pain of the heart or stomach, with acidity or flatulence, the moment he begins to eat; and in either of these cases the pain may sometimes become so violent, that if it did not soon go off, the patient must die. Now, this kind of spasm whether affecting the stomach or heart, is a disease, for which you are expected to give immediate relief, and nothing will do so more readily than a glass of hot water—water as hot as the patient can possibly drink it. This point of practice we owe to John Hunter, who having frequently suffered from spasm of the stomach, tried every thing he could think of, and among others hot water. The ease which this gave him, led him to extend its use to his dyspeptic patients; and my own experience of its virtues, enables me to bear him out in the encomiums he has passed upon it. To this simple means, palpi-

tations, spasms, headaches, wind and acidity will all sometimes yield as to a charm. Is not this another instance in proof, how mere change of temperature acts on the body under disease? Now, as hydrocyanic acid frequently gives the same immediate relief in every one of these affections, we at once see that its medicinal power must depend upon the change of temperature which it electrically produces. Of the various cordials to which you may have recourse for spasmodic pain of the heart or stomach, there is none so good as noyveau, and the virtue of this "strong water" depends very much upon the prussic acid it contains. Of all the remedies with which I am acquainted, there is none equal to this acid, in convulsions and spasms of every kind. But spasms of the stomach and heart are not the only ones of which dyspeptic patients complain. Some are troubled with a sense of tension of the brain—others with a tightness of the throat or chest, and some, particularly females, suffer from a spasmodic affection of the gullet, which gives them a feeling as if they had a ball there. Others are subject to stitch, or pain in the side, produced by cramp of the muscles of the ribs. How correctly Shakspeare described the nature of these pains when he made Prospero say to Caliban in the Tempest,

"For this be sure, to-night thou shalt have *cramps*,
Side-stitches, that shall pen thy breath up!

The common practice in these cases is to say, "draw your breath," and if you cannot do so for pain, "inflammation" is the imaginary goblin of the doctor, and blood-letting in some of its forms the too ready remedy (?) to which he flies;—how vainly for the patient—how profitably for himself, truth must one day tell! To small doses of nitrate of silver, prussic acid, or quinine, such pains will often yield, after having resisted every form of depletion with all the usual routine of blisters, black draught and blue pill to the bargain. The great error of both patient and practitioner, in dyspeptic cases, is to seize upon some of the most prominent features as the cause of all the others. In one instance they will blame the wind—in another acid. But as it happens, these, instead of being causes, are only the common and coincident effects of great cerebral weakness, and not the product, as many imagine, of fermentation of the food—they are morbid secretions from the lining membrane of the alimentary canal. And of this you may be assured, not only by the mode of their pro-

duction but by the manner of their cure, when that happens to be accomplished. Just watch a dyspeptic patient when he receives a sudden or unexpected visit; his "heart-burn," as he calls his acidity, comes on in a moment, and his bowels commence tumbling and tossing about, and will often guggle so audibly as to make even the bystanders feel sorry for him,—showing you clearly that this acidity, as well as the gases so suddenly extricated, are the effects of a weakened nervous system,—that they are, in a word, the common effects of wrong secretion. Now the term secretion is so constantly associated in the mind of the student with the notion of a liquid, that some of you may not all at once comprehend how gas can be secreted; but, is not every tissue of the body the result of secretion?—are not the hair and the nails as certainly secreted as the saliva, or bile? Only place your naked arm for a few minutes under water, and you will find bubbles of air constantly forming upon it—such air being in that case actually secreted before your eyes by the glandular apparatus of the skin! Can you be at any difficulty now, to conceive how flatus is a secretion from the alimentary canal? If a doubt remain, you have only to debilitate the brain of an animal by bleeding him slowly, and his bowels will become full of flatus, even to bursting. Then again, as regards the cure of dyspeptic patients, a drop or two of prussic acid, twice or thrice a-day for a week, or a short course or treatment by quinine, nitrate of silver, or alternations and combinations of these medicines, will often do away for months and even years, with every symptom of wind and acidity—while cordials, alkalis, and mild laxatives, seldom do more than give a temporary relief. Oh! I never saw much good done by that placebo mode of practice—nor is this at all to be wondered at, if you reflect, that every part of the constitution of a dyspeptic patient is more or less disordered. In every case of this kind there is an unnatural temperature of body; some patients complaining to you of chills or heats or alternations of both in the back, stomach, hands, and feet, &c. In these cases the skin, partially or generally, is either more moist than in health, or it is harsh and dry,—perspiring, if at all; with difficulty. In the latter case some other secretion may be morbidly active. The urine or the bile may be in excess; or the natural fatty or watery deposit of the great cavities of the chest and abdomen, may be in superabundance. The looker-on may even have a false impression of the patient's case and condition from the increase of either in the minute cells of

the investing membrane of all the cellular substance. Should such a patient complain of being ill, he is sure to be laughed at for his pains—for nobody has any sympathy with him—and this is one of the many cases in the world, “where appearances are deceitful.”

The dyspeptic patient is either torpid, and with difficulty roused to exertion, whether corporeal or mental, or he is acted upon by every thing he hears. The last person that speaks to him is the man for him. His spirits are depressed by the merest trifle, and raised again by a straw or a feather. Then as regards his actions or his promises, you can scarcely depend upon any thing he tells you. What he is dying to do to-day, he is miserable till he can again undo to-morrow;—he spends his life betwixt acting and regretting;—hesitating, hoping and fearing by turns—one moment all confidence, the next all suspicion. Now, is not this one of the strongest of the many striking proofs how much our mental workings are the effects of our material state—the result of our brain’s condition, and its atomic relations and revolutions? It is in perfect accordance with what we observe in all our corporeal motions. If the muscles be tremulous, can you wonder that the mind should be vacillating and capricious?—or when these are cramped and spasmodic, why should you be astonished to find a corresponding wrong-headedness, and pertinacious and persevering adherence to a wrong opinion?—*mens sana in corpore sano*. You may argue for hours to no purpose whatever, with some patients;—for how can you expect the wrong brains of wrong bodies to reason rightly? These persons are like the inebriated, who see two candles when there is only one—their perceptions being false, so also must be their mode of reasoning. The plunge bath, or a short course of chrono-thermal treatment will make them alter their minds sooner than the most powerful and persuasive arguments of a Cicero or Demosthenes.

Lady Mary Montague held the notion that the whole world hated more or less to be told the truth. She formed her opinion, doubtless, from observing how badly the public had for the most part, treated its benefactors. From what I have seen of mankind myself, I cannot help thinking of the ass that kicked the good-natured man, when trying to relieve it from the weight of its panniers! Never yet did I attempt to open the eyes of a person imposed upon, but he was sure to abuse me. The poet was therefore right when he said,

“The pleasure surely is as great,
Of being cheated, as to cheat.”

—In all my experience, the more unscrupulous and unprincipled the impostor has been, the more certainly he has appeared to fascinate his dupes. All he had to do was to hold out an impossibility to them, and they were sure to dance attendance at his door for months. Taking advantage of a popular but puerile prejudice against mineral medicine, the medical charlatan is very careful to prefix the word vegetable to his nostrum; and this, he tells the public, is safe, in every form, dose, and degree—which being in utter repugnance to every other thing in nature, is greedily swallowed by the multitude as an indisputable truth! Can weight, measure, heat, cold, motion, rest, be so applied to the human body with impunity? Can you without injury cover yourselves with any weight of clothes, or swallow any measure of food? Or can you retain any part of the body in perpetual motion or repose without that part suffering? No, truly! responds the same dyspeptic, who believes that such and such a medicine is safe in every form, dose and degree! When treating patients of this class, it is better not to tell them what they are taking; but should they chance to find out that you have been giving them arsenic, prussic acid, or nitrate of silver, you will be sure to be worried to death by questions, dictated sometimes by their own timidity, and sometimes by the kind feeling of some “damned good-natured friend,” secretly set on by some equally damned good-natured apothecary. Now, as these patients are for the most part, great sticklers for authority, your only course is to tell the truth—which, after all, in nine cases out of ten, will make no impression—and that is the reason why the quack and the subordinate practitioner who can keep their medicines secret, have an advantage over the honorable physician—an advantage so great, that in a few years, if matters do not take a turn, I doubt if one such will be found practising medicine at all. You may say then, what, if it have no effect with patients themselves, will at least appear reasonable to their friends—that the medicines you ordered, are all contained in the pharmacopœiæ of the three colleges of Edinburgh, London, and Dublin, and that they are therefore recognized as medicines of value by all physicians who have a character to make or a name to lose—that the dose in which you give them is perfectly safe, inasmuch as, if it disagree with their

particular constitutions, it will only cause a short temporary inconvenience ; and to sum up all you may quote Shakspeare, who says, and says truly, "In poison there is physick."

And again ;

"Oh ! mickle is the powerful grace that lies
 In herbs, plants, stones, and their true qualities,
 For nought so vile that on the earth doth live,
 But to the earth some special good doth give ;
 Nor aught so good but strained from that fair use,
 Revolts from true birth, stumbling on abuse.
 Virtue itself turns vice, being misapplied,
 And vice sometime 's by action dignified.
 Within the infant rind of this small flower,
 POISON hath residence, and MEDICINE power !"

So that poison and physick—whether vegetable or mineral—are either poison or physick, according as they are wrongly or rightly applied.

But to return to dyspepsia, or that low fever, so termed. In cases of this kind, my practice is to combine the chrono-thermal remedies with what you may call, if you please, Symptomatic medicines. For example, where flatulence is the most prominent symptom, I prescribe quinine, hydrocyanic acid or nitrate of silver, with anniseed or cardamoms. In acidity, either of the two first remedies will often answer very well with soda or potash. Where the bowels are slow and torpid, rhubarb, aloes, or both, are very good medicines with which to combine the chrono-thermal medicines. In such cases, purgative effervescing draughts are also useful. Should the patient complain of muscular or other pains, you may add colchicum or guaiac—and so proceed in a similar manner with other symptomatic remedies for other local indications ; keeping in mind, however, that these symptomatic medicines are merely a means of secondary importance in the treatment of a great constitutional totality of derangement. In addition to these measures, plasters to the back or stomach may be very beneficially resorted to in many cases of dyspepsia, and you may also run the changes upon various kinds of baths. The cold plunge and the shower baths are my favorites, though I need not tell you that the feelings of the patient, after he comes out of it, are a better guide to you in your choice and continuance of any bath, than all the theories of all the doctors that ever wrote or reasoned upon disease and its treatment. "How do you think me now, doctor?" is a question I am asked every day, and every day I give the same answer ; "How do you feel?" If the patient

is better, he says so ; if worse, he will be sure to tell me he is not so well ; and according to his answer, do I change or continue his physic. Now, whether this be common sense, or not, I leave you to judge. Heaven only knows it is not science, or what very learned people call science ; for when the patient says he gets worse and worse every day, science generally tells him to continue his medicine, for that he has not taken enough of it, and that he will be worse before he be better—which I need not tell you is a lie—or more politely to speak—a piece of imposture. Should the patient die, why, then, he dies a natural death, and he has had the first advice, for not only did Mr. So-and-so, the fashionable apothecary, attend him, but Dr. Such-a-one, the great physician, was also called in, and he said all was right, and that nothing better could be done. Had the doctor said all was wrong, he might perhaps have been nearer the mark—but, in that case what apothecary would either call him in again himself, or let him in again when requested, where he could by a little gentlemanly trickery keep him out ? In my own particular case, the custom of the apothecary has been secretly to play upon the fears of the patient or his friends against “strong medicine,” to shrug up his shoulders and smile contemptuously. “Oh I can tell you something of Mr. Dickson,” he has said, “but you must not give up me as the author ;” —whereupon he has proceeded to lie Mr. Dickson’s life away ; and when he had thus to his own seeking, sufficiently poisoned the ear of his patient, he has turned round in this manner to him—“But if you still want a second opinion, why do you not call in Dr. This or Sir Thingumy T’other—they are leading men you know !” Now that only means, that the physicians in question are the fashionable puppets whom he and people like him, call in to conceal their bad work—men, who would as soon think of differing with the opinion of their supposed subordinates but real patrons, as of quarrelling with their breakfast because it was purchased with the shilling of a dead man’s guinea !

What a just observation was that of the author of Lacon. “The rich patient cures the poor physician much more often than the poor physician the rich patient ; and it is rather paradoxical, that the rapid recovery of the one usually depends upon the procrastinated disorder of the other. Some persons will tell you with an air of the miraculous, that they recovered although they were given over, when they might with more reason have said they recovered because they were

given over." But in very truth "the great success of quacks in England has been altogether owing to the real quackery of the regular physicians." What does that mean? Just this, that the morality of many legalized practitioners even of the highest grade, is not one remove above that of the Morisons and St. John Longs, whose dishonest practices they are constantly decrying! Now, this you will say is a startling statement—and much will doubtless depend upon the character of the person making it, whether you treat it with a laugh of contempt, or listen to it with something like respectful attention. The man who deliberately put that on paper, (and I quote him to the letter) was no less a person than Adam Smith—the author of the *Wealth of Nations*! If such, then, was the certain and settled conviction of that very keensighted observer of mankind, will any assertion, any asseveration on the part of individuals interested in declaring the contrary, weigh you one straw against the evidence of your own senses, when you choose to examine this matter fairly and fully for yourselves? So far as my own experience goes—that is, from what I have seen of the profession in London and the English country towns, eminence in medicine is less a test of talent and integrity than a just reason of suspecting the person who has attained to it, of a complete contempt for both! I say suspecting—for I have met with exceptions, but not many, to the rule. Could you only see as I have seen, the farce of a medical consultation, I think you would agree with me, that the impersonation of physic, like the picture of Garrick, might be best painted with comedy on one side and tragedy on the other. In saying this much not only have I acted against everything like medical etiquette—but I shall be sure to be roundly abused by the medical profession for it. The truth, however, I maintain it to be—but not the whole truth; for the world must have its eyes a little more open before it can believe all that I happen to know upon the subject. By and by I shall tell the people something that will make their ears tingle!

To return to the consideration of disease. You now see that in all the cases of which we have been speaking, the constitution is for the most part primarily at fault, and that the names of disorders depend very much upon the greater or less prominence of some particular symptoms,—which symptoms, or their shades, may be readily detected in all diseases. With every case of dyspepsia, depression of spirits,

and more or less mental caprice, with hasty or erroneous notions upon one or more points, will be found to be associated. When such depression amounts to despondency, medical men, according to the sex of the patient, change the word dyspepsia into hysteria.

(In short, in all cases of dyspepsia, I have always succeeded by the use of my Tonic Anti-Dyspeptic Vermifuge, and Anti-Dyspeptic Pills, when all the directions accompanying them are fully attended to.)

HYPOCHONDRIA, OR HYSTERIA;

and some professors are very particular in their directions how to distinguish the one from the other! What is the meaning of Hysteria? It is a corruption of the Greek word *ὑστέρα* (Hysterà) the womb; and it was a name given by the ancients to the particular symptoms we are now considering from a hypothetical idea that in such cases the womb was the principal organ at fault. From the same language we also derive Hypochondria, a compound word formed of *ὑπο*, (Hypo) under, and *χονδρος*, (Chondros) cartilage, from the supposed seat of the disease, being the liver or stomach; for both of these organs, as you know, are situated under the cartilaginous portions of the lower ribs. So that when a female suffers from low spirits and despondency, with occasional involuntary fits of laughing, crying, sobbing, or shrieking, you must call her state hysteria; and when a male is similarly affected, you must say he has the hypochondria. Now it so happens, that medical men sometimes pronounce even their male patients to be hysterical! And this brings me in mind of an honest quaker of the profession, who being very ill, had three doctors to attend him—Mr. Abernethy, Dr. Blundell, and a physician whose name I now forget. Each of these had his own notion of the disease: Mr. Abernethy of course said, it was all owing to the “digestive organs.” Dr. ———, being a stethoscope man, maintained that the “heart” was affected, and Dr. Blundell, in the true spirit of a man midwife, declared that their patient was only “hysterical.” Now the patient, though a quaker was a humorist; so he ordered in his will, that when his body was opened after his death his digestive organs should be presented to Mr. Abernethy, his heart to Dr. ———, and to Dr. Blundell his womb, if he could find one! That the brain is the principal organ implicated in all disorders, which come within the physician’s province, more especially in such as

are termed Hysteria or Hypochondria, the smallest reflection will convince you. Suppose a person of either sex had been accidentally debilitated by loss of blood—a person who previously was strong in nerve as in muscular fibre; suppose a letter comes with a piece of bad news,—the patient in that case bursts into tears, laughs and cries time about, and then sinks into a state of dismal and gloomy despondency. And all this, forsooth, you must put down to the state of the womb or digestive apparatus, according to the sex of the patient, instead of placing it to the account of the brain and nerves, without which the ill-timed letter, the cause of all, could not, by any possibility, have affected the mind in the least! Another class of practitioners, scarcely less unreasonable than those to whom we have just alluded, will have it, that patients coming under the head of hysteria and hypochondria, are not ill at all.—“Oh! there is nothing the matter with this man;” they will say, “he is only hipped!” and if a female, “she is only hysterical.” Dr. Radcliffe, when he refused to come to Queen Anne, declared he would not stir a foot, “for there was nothing the matter with her but the Vapours!” Such was the term by which the doctors of that day characterized the shifting shades of symptom now called Hysteria. Do I require to tell you that no man or woman suffers from melancholy, or indulges in whims and fantasies, without being positively ill. Whoever labours under mental delusion or despondency has alternate chills and heats; and remissions and exacerbations of the more prominent symptoms characterize the disorder in every form. The late Lord Dudley, in a letter to the Bishop of Landaff, relates his own case, and it is so like what you will daily meet in practice, that I shall give it to you in his own words:—“It is in vain,” he says, “that my reason tells me that the view I take of my situation is exaggerated. Anxiety, regret for the past, apprehensive uneasiness as to my future life, have seized upon me as their prey. I dread solitude; for society I am unfit; and *every error of which I have been guilty in life* stands constantly before my eyes. I am ashamed of what I feel when I recollect how much prosperity I still enjoy, but it seems as if I had been suddenly transplanted into some horrible region beyond the bounds of reason or of comfort: *now and then* I enjoy a few hours *respite*, (the remission?) but this is my general condition. It is a dismal contrast; for you will remember that I was naturally gay and cheerful.” Now, al-

though Lord Dudley recovered perfectly from this particular attack, his disease, at a later period of his life, returned; but this time he was less fortunate; for the symptoms of his disorder gradually deepened in their hue, until they amounted to the most complete

INSANITY—

a proof to you that the hypochondriac whim and the hysteric fancy differ from hallucination and mania in shade merely, and the chills and heats which precede or accompany them, from the cold and hot stages of the most intense fever, in nothing but degree. Has not the maniac in every form of his delusion, lucid intervals—remissions? Your schoolmen, your “pathologists,” your profound medical reasoners, speak of madness and other diseases, as if they were the effects of some fixed cerebral malformation, instead of being the consequences of external influences acting on an atomic instability of brain. They tell you they are curable or not, according to the cause;—they look in the dead body, for the cause of an intermittent living action, for the origin of hypochondria and mania—diseases which they have even themselves, perhaps, traced to hard study or a passion! External agencies, then, were the real causes, not the structural deviations detected within, after death, by the scalpel. Students of medicine! young men, honorably ardent in the pursuit of knowledge, for the sake of your profession and your future patients, learn to think for yourselves. Pause, examine, weigh, before you give a slavish assent to the dicta of your teachers. When these tell you that madness with a lucid interval is an inflammatory essence, or that it depends upon some cerebral malformation or tumour, ask them how they reconcile days or even hours of sanity and sense with a cerebral structure thus partially, but permanently malformed or disorganized! That medical men, mystified from boyhood by their teachers, should fall into such errors, is not so astonishing as that the leaders in our periodical literature should be equally unfortunate. What, for example, can be more egregiously absurd, than an observation the reviewer of Lord Dudley’s letters in the Quarterly Review has allowed to escape from his pen! “The gifts of fortune and intellect,” says this writer, “were counterbalanced by an organic malformation of the brain.” How can intellectual power even for one moment be compatible with a defective cerebral organization? How can the

cause of an intermittent disease be a corporeal entity, or something permanently fixed? Let no sounding words, no senseless sophistry, cheat you of a reply to this question. The maniac who has lucid intervals is curable in the greater number of instances—the hypochondriac who at any time of the night or day enjoys the very briefest immunity from his miserable feelings, may be equally susceptible of improvement from well devised remedial means. The modern medical treatment of both, being essentially aggravant, can you wonder that these diseases should so often remain unrelieved, or that a sceptic smile should be the reward of the individual who tells you that in his hands at least, they have ceased to be the opprobria of medicine! What has been the result of the anti-phlogistic treatment of insanity? Let the physicians who attended Lord Dudley in his last illness, answer that question, for they spared neither lancet nor leech in his case. In the case of Lord Byron, delirium, which is only another word for mania, was actually produced by the lancet. But the better to open your eyes to the effect of such cruel treatment in this disease, I will give a short extract from a letter I received from Dr. Hume, the same staff-surgeon whose successful practice I have already had occasion to detail you.—“I lately,” he thus writes, “paid a visit with our depot paymaster to the Armagh lunatic asylum. Being the receptacle for the insane poor, of four counties, namely, Monaghan, Fermanagh, Cavan and Armagh, it generally contains about 150 inmates. Having visited the different apartments I enquired of the manager, Mr. Jackson, the treatment pursued. His answer was, “Although I am not a professional man, I have paid great attention to the treatment of the insane for the last five and twenty years, and the result of my observation is, that the usual practice of bleeding, leeching, cupping, &c., only aggravates the condition of the patients. Of those who were bled on admission, I never saw one recover. Now this is a curious fact elicited from a plain practical man of great experience, who, had he known I belonged to the medical profession, might not perhaps have been so candid in his remarks.” Dr. Conolly, in his Report of the Hanwell Lunatic Asylum, is obliged to admit that great numbers die shortly after their admission into that establishment. The large abstraction of blood which he so lauds in his work on insanity, will easily account for the unsuccessful termination of his cases.

Well then, Hysteria, Hypochondria, Mania, are merely

modifications or developments of chronic or habitual low fever. And since I commenced to treat them as such, I have had a practical success and a mental satisfaction, that contrast somewhat strongly with the poor opinion I entertained of the resources of our art, and the vexation I experienced when first entering upon my professional career. This much you should know, however, that in all such disorders you will be obliged to change your remedies frequently—for in chronic diseases what will often succeed to admiration one day, may as often have an opposite effect the next; and this is strictly in accordance with what you find in every thing in life. The toy that will stop the cry of the weeping child to-day, may make it cry more loudly to-morrow. You must in that case, change its rattle for some other gew-gaw; and so it is in the diseases we have been now considering—diseases where the temperament of the body, like the temper of the mind, is constantly varying. The great secret of managing chronic diseases, then, consists in the frequent changes and right adjustment of the chrono-thermal and other remedies, to particular cases—and this also explains the good effect of travelling upon many of these patients, for to the constant shifting scenes and to the frequent repetition of novel cerebral excitement produced by these scenes, we must ascribe the chief advantages of such a course; clearly proving that the brain in this instance, as in every other, is the true key to all good medical treatment. Whatever then, be the name by which you choose to designate your patient's complaint, you will be sure to meet with nothing but disappointment, if you pin your faith exclusively to any one medicine. To-day a mild emetic will give relief—temporary only if you do not follow it up to-morrow, with iron, opium, musk, quinine, or the bath. One week arsenic will be a divine remedy, the next, having lost its power, you may dismiss it for prussic acid, valerian, creosote, strychnine, or silver. In regard to silver, the nitrate is the preparation which I am in the habit of using, and an admirable medicine it is, when properly managed. Boerhaave, the greatest physician that ever lived, speaks in raptures of its remedial powers in "nervous complaints." Cullen, Pitcairn, every medical man but the most ill-educated apothecary, or the equally ill-educated puppet who enjoys, at the mercy of his breath, the reputation of being *par excellence* a physician, will bear testimony to its safety and value as a medicine. Like every good thing, however, the nitrate of silver has been abused in practice, and in

some half-dozen instances, it has been pushed to so great an extent as to give the patient a permanent blueness of skin for life; but in these cases, the practitioners who employed it committed the double error of giving it too long, and in too great quantities; and that people should entertain a prejudice against it on that score, is just as reasonable as that a man should be afraid to warm himself when cold, because his next-door neighbour had burnt his fingers. For myself, I can truly say, that though I have prescribed the nitrate of silver, in some thousand cases of disease, I never had the misfortune to give the slightest tinge to the skin of a single individual. But should objections to the use of this medicine still continue to be urged, after a proper explanation on your part, you may be pretty sure that some ignorant or interested rival has been secretly playing upon the timidity of your patient or his friends. In that case you are less to be pitied than the patient: for if you have no remedy for rascality, he may have no relief for his suffering. So much then for one of many annoyances every practitioner must experience when his patient happens to be

——— “the tool

That knaves do work with, called a fool.”

But we must not suppose that medicine is the only profession where able and honourable men experience such annoyances. Doctors of divinity and doctors of law are equally obnoxious to intrigue and prejudice,—ay, and *State* doctors too, as Dr. Peel and Dr. Melbourne could tell if they were asked. To return. The shifting shades of mental distress, and the various vagaries and wrong thoughts—to say nothing of wrong actions—of persons whose diseases come under the head we have just been considering, are so many and so multifarious, that to attempt to describe them all would be a mere waste of time and labour—inasmuch as however greatly they may appear to differ from each other in shape or hue, they all depend upon a similar totality of corporeal infirmity, and yield, when they yield at all, to one and the same system of corporeal treatment. A few instances in proof may suffice to show this:—

A married lady consulted me under the following circumstances:—Every second day, about the same hour, she had an unconquerable wish to kill her children, and when she happened to look at a knife, her terror, lest she should do so, was extreme. Now, as every function of this lady's frame was

more or less wrong, I prescribed for her quinine with sulphuric acid. From that day she had no return of the homicidal feeling.

A gentleman, every second day, took a fit of suspicion and jealousy of his wife, without the slightest cause whatever, as he confessed to me, on the day of remission, when he called to consult me; and however absurd and unreasonable the idea which haunted him, he found it impossible to drive it from his mind. Prussic acid and the plunge-bath cured him completely.

Another gentleman, after a hard contest at his university for prize honours, suddenly became moody and sullen, lost his flesh and appetite, and fancied himself Judas Iscariot. Such was his belief one day—to be laughed at, even by himself, the next! I saw him six times, at the end of which he was perfectly cured by chrono-thermal treatment. Two years afterwards his sister consulted me for “nervousness,” when I learned that her brother had not had the slightest symptom of return.

Whoever, in his progress through life, takes the trouble to study individual character, must be struck by the perversities, inconsistencies, and other *bizarrieries* of the human mind.—Many people, for example, commit follies, faults, and crimes, even involuntarily, and without any apparent object. Some may possibly remember the case of Moscati, a person singularly gifted with talent, but who, at the same time, had such an invincible disposition to *lie*, that nobody would believe him, even when by accident he spoke the truth. A lady, who was once a patient of mine, told me that every time she became pregnant, she caught herself frequently telling lies, for no end or purpose whatever. I knew a gentleman, with high feelings of honour, who was occasionally in the habit, when under the influence of wine, of pocketing the silver forks and spoons within his reach; you can easily imagine his distress of mind the next day, when he packed up the articles to return them to their owners. From these cases may be seen how much the *morale* of every one must depend upon his *physique*; for if I know any thing in the world, I know that attention to corporeal temperature will be found of more avail in mending the morals of some individuals than a well-written homily.

How many pretty things have been said for and against the morality of suicide! I wish it were always in a person's power to abstain from it. But that the disposition to commit

Good to mention in case

it, may, like many other bad dispositions, be cured by medicine, I could give a great many proofs. I shall, however, content myself with giving part of a letter I some time ago received from Dr. Selwyn, formerly of Ledbury, now of Cheltenham. Speaking of Mr. Samuel Averill, of the Plough Inn, Dynock, Gloucestershire, Dr. Selwyn says:—"Before he came to me, he consulted Mr. ———, of Ledbury, and other medical men, to no good purpose, as you can easily understand, when I tell you they principally went over the old routine of cupping, purging, &c. Mr. Averill's symptoms were depression of spirits to crying—thoughts of suicide, fears of becoming a lunatic, sleepless nights, and, generally speaking, the greatest possible state of mental wretchedness. He passed immense quantities of urine, as pale and pellucid as water from the pump. Finding no particular organ in a worse state than another, I thought this a good case for your doctrines; and accordingly I rang the changes on the nitrate of silver, strychnine, musk, prussic acid, creosote, iron, quinine, and opium—varying and combining these according to circumstances with valerian, hartshorn, blue pill, &c. In a fortnight you would have been astonished at the improvement effected upon him. In about six weeks more he had no complaint, and he was with me about a month ago, when I considered his cure complete. I have treated a great many cases of dyspepsia successfully, by attending to the *intermittent* principle; and I had lately a case of tic douloureux, which, after having been under the successive treatment of several eminent practitioners with no perceptible improvement, yielded to the chrono-thermal remedies. The subject of it, Miss T——, was formerly a patient of your own for some other complaint. I still hold that, in chronic diseases, by keeping your principles in view, we have a great help in many of these anomalous cases, which I would defy a nosologist or pathologist to name or classify; and as I am still consulted in such cases, I do not, I assure you, lose sight of them. Often, indeed, when I should, under the scholastic system, have been completely puzzled what to do, I now proceed at once to act upon the intermittent principle, and I have every reason to be satisfied with my success."

That the numerous diseases which medical men group together under the head of dyspepsia, hysteria, and hypochondria, are caused by circumstances from without, acting upon an atomic instability of brain within, might be proved by an affinity of facts. But this instability may be produced, or

rather put in action, by different influences in different individuals—one patient being only susceptible to one agent, while another may be acted upon literally by every wind that blows.

General O'Hara, when he commanded the troops on the Mediterranean, was so sensible of the Levant wind, that before he rose in the morning, he knew if it had set in by the effect it had on his temper; and during its continuance, he suffered from a moroseness and irritability no effort on his part could conquer; by his own desire his servants kept out of his way on these occasions. The different effects of the winds on the human system Shakspeare well knew when he made Hamlet say

“—— I am only mad *north, north-west,*

When the wind is southerly I know a hawk from a handsaw.”

In confirmation of Shakspeare's truthfulness to nature in this, as in most of his other observations Sir W. Parish, in his publication upon Buenos Ayres, tells us that “not many years back, a man named Garcia was executed for murder. He was a person of some education, esteemed by those who knew him, and, in general, rather remarkable than otherwise for the civility and amenity of his manners. His countenance was open and handsome, and his disposition frank and generous; but when the north wind set in, he appeared to lose all command of himself, and such was his extreme irritability, that during its continuance, he could hardly speak to any one in the street without quarrelling. In a conversation with my informant, a few hours before his execution, he admitted that it was the third murder he had been guilty of, besides having been engaged in more than twenty fights with knives, in which he had both given and received many serious wounds, but he observed that it was the north wind, not he that shed all this blood. When he rose from his bed in the morning, he said, he was at once aware of its accursed influence upon him:—a dull headache first, then a feeling of impatience at everything about him, would cause him to take umbrage, even at the members of his own family, on the most trivial occurrence. If he went abroad, his headache generally became worse, a heavy weight seemed to hang over his temples—he saw objects as it were through a cloud, and was hardly conscious where he went.—Such was the account the wretched man gave of himself, and it was corroborated afterwards by his relations, who added that “no sooner had the

cause of his excitement passed away, than he would deplore his weakness, and he never rested till he had sought out, and made peace with all whom he had hurt or offended." The same difference of effect upon individuals may take place from any of the common articles of diet. Dr. Millingen in his *Curiosities of Medical Experience*, tells us he knew a person who could never indulge in tea without experiencing a disposition to commit suicide, and nothing could arouse him from this state of morbid excitement but the pleasure of destroying something—books, papers, or anything within his reach. Under no other circumstance than this influence of tea were these fearful aberrations observed. Coffee affects many people with fever. But if coffee, tea, and other things so apparently trifling sometimes set up severe disorder—things equally trifling will sometimes cure it—indeed there is nothing, perhaps, in the whole history of disease more curious than the readiness with which the paroxysm of many complaints will occasionally yield to measures so simple and so apparently powerless in themselves, that it might almost seem puerile to suggest their application. Who, for example, could, *a priori*, suppose it possible to stop a fit of mania with a thread? or who would be believed, were they to tell a person that had never heard the like before, that aches and agues had been cured with a song?—Yet in sober truth, such things have been actually done!

EFFECT OF LIGATURES.

Of the power of mere words over the morbid motions of the body, we shall afterwards have occasion to speak. Of the efficacy of a thread or ribbon in arresting the maniacal paroxysm, I shall now give you a striking example. "Mr. R., a chemist, naturally of a gentle disposition, voluntarily claimed admission to a madhouse in the Faubourg St. Antonie, on account of a desire to commit homicide, with which he was tormented. He threw himself at the foot of the altar, and supplicated the Almighty to deliver him from the horrible propensity. Of the origin of this disease he could say nothing; but when he felt the accession of the fatal desire, he was in the habit of running to the chief of the establishment, and requesting him to have his thumbs tied together with a ribbon. However slight the ligature, it sufficed to calm the unhappy R——; though in the end, he made a desperate attempt upon one of his keepers, and perished, at last, in a paroxysm of fury."—[*Annales d' Hygiène Publique*,

et de Médecine Légale.] Now, every man of any information in the profession, knows that the application of a ligature to the arm or leg will frequently stop the commencing ague-fit. Dr. Davis, in his account of the Walcheren ague, tells us that he very often arrested it merely by grasping the leg or arm strongly with his hand. Putting aside, then all consideration of the remittent nature of the case of homicidal mania I have just related, all consideration of the thermal and other changes which usher in the fit of every maniacal case, you could not fail to find, in the very simple measure which may equally succeed in preventing or arresting the fit of mania and ague a new bond of connection with which to associate ague and mania together in the same category. But these are not the only complaints in which the ligature may be thus advantageously employed. In epilepsy, asthma, and other convulsive affections, I have often obtained the same salutary result by its application. Not very long ago, I happened to be in the room of a medical man, when he was unexpectedly seized with severe cramp in the back and loins. Observing him to become pale and shiver all over, I caught him suddenly by the arm and opposite leg. "My God!" he exclaimed, "I am relieved." And his astonishment was extreme; for immediately afterwards he became warm and comfortable, though for several days previously he had been suffering from cold feet and general *malaise*. Mania, epilepsy, asthma, cramp, ague, then, completely establish their fraternal relationship by means of the ligature; for had we no other facts, no other bond of association than that which the ligature furnishes us we should still be led to the irresistible conclusion, that those particular diseases, at least, amid all their apparent diversity, have yet some principle in common which determines their unity. When I come to explain to you the manner in which the ligature acts, you will find that the connecting link of the whole is the brain. They are all the result of a weak and exhausted state of that organ; but not produced, as the late Dr. Mackintosh of Edinburgh supposed, by any congestion or fulness of its blood-vessels. That was his doctrine of the cause of the ague;—and as he was a very eloquent man, and a very pleasant and gentleman-like person to boot, he made many proselytes to his opinion, not only among his own pupils, who were very numerous, but also among the profession generally. To prove his hypothesis, or dream rather, he was in the habit, first of detailing the "congestion" found on dissection of the heads of persons who had died of

the cold stage of ague, and then he appealed to the relief which very often followed the practice of bleeding at the commencement of that stage. "Behold the fact," he would say; "behold how the shiverings cease the very moment you open the vein—what can be a more triumphant answer to the opponents of the lancet!" But mark the fallacy of that fact—mark how the too-confident doctor was deceived by his own practice. The relief of which he boasted, for the most part temporary only—instead of being produced by the very trifling quantity of blood which flowed before such relief was obtained, was in reality nothing more than the effect of the ligature by which the arm was necessarily bandaged for the operation. The late Dr. Parr tells us, that when called to a patient in the fit of asthma, he was in the habit of tying up the arm as if he intended to bleed, but that though he never did more than scratch the skin with the lancet, the fit was at once arrested. Ague, asthma, epilepsy, nay, every one of the non-contagious diseases to which man is liable, have all been produced by loss of blood. In that case, at least, they must have been diseases of exhaustion, the effects in a word of diminished cerebral power. But when we come to consider that in every instance in which the causes of the diseases now under consideration have been known, the brain has been suddenly and primarily affected—as in the case of a blow, a poison, a purge, a passion, we can be at no loss in forming an opinion as to the real nature of these diseases—they are all the effect of cerebral weakness, and have all more or less analogy to faint. Faint, in fact, may be the premonitory symptom of them all; and the Walcheren ague in particular, generally began with a fainting fit, which faint was sometimes so alarming as to cause the greatest possible anxiety in the minds of the attendants for the immediate result. Now, what is the condition of the body you call

F A I N T ?

Is it not a state very like death! A person, from his brain all at once ceasing to act, becomes instantly pale and pulseless;—the blood, having suddenly left the arteries and external vessels of the body, must go somewhere else. Had we never dissected a person who had died of a faint, we should naturally expect it to settle in the internal veins; and there accordingly, when we do dissect the bodies of such persons, we do find the greater part of the blood. Now, this was

what first misled Dr. Mackintosh. On opening the heads of subjects who had died in the cold fit of ague, he almost invariably found the veins of the brain gorged with blood. This constant effect of every kind of exhaustion he at once presumed was the cause of such exhaustion. He did not know that the very same internal vascular fulness may be seen on opening the bodies of those who die of the loss of blood! To prove, however, what I say,—to demonstrate to you that this

CONGESTION—

this bug-bear of medical quidnuncs—instead of being the invariable cause, is in reality the invariable effect of sudden exhaustion. I shall now read to you one of several experiments in which Dr. Seeds bled healthy dogs to death. The editor of the Medical Gazette will pardon me for quoting it from his pages, but as my facts have been sometimes said to be “selected facts,” I have at least this answer in store, that in the greater number of instances, they have been selected from the writings of my opponents.

“All the larger veins of the legs,” Dr. Seeds tells us, “were opened in a small dog. At first, the pulse was accelerated—soon after it became slow and languid. The heart’s motions, though feeble, were never irregular; and, indeed, long before death, they could neither be seen nor felt. *Borborygmi* [flutulent gurglings] were early heard and lasted a long time. The breathing at first was hurried; soon it became slow and laborious, and at last convulsive. The pupils were frequently examined; they became gradually less and less obedient to the influence of light, and at length ceased to contract altogether. [That is, they became dilated.] Slight spasmodic contractions took place, first in the femoral and abdominal muscles; then the head, neck, and fore-legs, were likewise powerfully affected with spasms, [or convulsions.] At this time, a deep sleep seized the animal; he breathed slowly and with difficulty, and for a little time before death, respiration at intervals was suspended altogether. [All the symptoms of apoplexy.] Whenever the breathing was strong and quick, the pupils recovered their tone, and the blood was more strongly propelled. In an hour death closed the scene.” Now for the dissection:—“The dissection of the head was first begun. The membranes of the brain were loaded with turgid vessels, the larger of which were of a very dark colour.

A bright red spot was observed near the cornea, where some degree of sanguineous effusion had taken place. The sinuses were full of blood. In all the ventricles there was more or less water effused; the base of the brain and the eighth and ninth pairs of nerves, were inundated with water. A network of red vessels was spread round their origins, and the optics were in the same state. In the cervical and lumbar regions of the spinal marrow there was a considerable degree of redness. The right side of the heart was full of blood; the left auricle contained a little. Some blood was found in the large veins, and a few clots in the thoracic aorta. The stomach, and all the intestines were tumid with flatus; the veins of the mesentery were turgid. The turgid state of the veins of the head was very remarkable; indeed, throughout the whole body the veins were tumid.*

Now, if anything in this world could open the eyes of "pathological" professors—if facts or reasoning of any kind could possibly move those mechanical-minded persons, who plan their treatment of living men from what they see in dissecting dead bodies,—this and similar experiments ought surely to do so. For here you not only find dilated pupil, convulsions, deep sleep, slow and difficult breathing, with other apoplectic symptoms, the effect of literally bleeding a healthy animal to death; but, to complete the deception of such as constantly ascribe these phenomena to pressure on the brain, the cerebral and other veins of the same animal were found after death, loaded and congested with blood throughout! Nay, in addition there was water on the brain, with "some degree of sanguineous effusion" even.*

Not long ago, I was shocked with the details of an inquest which took place "before the coroner for Middlesex, Mr. Wakley, who is also the editor of the *Lancet*." The inquest, according to the report in that paper, was held on the body of a man, who, in the act of disputing with his master about his wages, "turned suddenly pale, and fell speechless and insensible for a time, breathing heavily until his neckerchief was loosed. In falling, his head struck the edge of a door, and received a deep wound three inches long, from which blood flowed enough to sink through a thick mat on the

* We constantly hear of children dying of "water on the brain." I scruple not to declare, that in ninety-nine of every hundred of such cases, the water in the brain is produced by the lancet or leeches of the doctor.

floor." Before being taken from his master's shop to his own house, he recovered sufficiently to complain of pain of his head, and this fact I beg you will particularly mark. His wife immediately sent for "a doctor:" and what do you think was the first thing the doctor did—what can you possibly imagine was the treatment which this wise man of Gotham put in practice the moment he was called to a person who had fallen down in a faint, and who from the injury occasioned by the fall, had lost blood "enough to soak through a thick mat?" Why, to bleed him again! And what do you think was the quantity of blood he took from him? More than three pints! The landlady of the house—and she was corroborated by other witnesses—swore that "she thought that about three and a fifth pints of blood was taken besides what was spilt on the floor. The bleeding, she calculated, occupied twenty minutes. The bandage also got loose in bed, and some blood, not much, was lost there before its escape was discovered. He had convulsions on Saturday, after which he lay nearly still, occasionally moving his head. On Sunday he was more exhausted and quiet; in the evening he was still feebler, and on Monday afternoon at ten minutes to one, without having once recovered his insensibility to surrounding objects, he died." Remember, he did recover his insensibility after he left his master's shop, and only lost it again on repeated bleeding. And how could he possibly survive such repeated bleeding? That he died from loss of blood, was the opinion of every person who heard the evidence till the coroner, luckily for "the doctor," had the corpse opened. Then sure enough, just as in the case of the dog that was bled to death, the internal veins were found to be turgid and congested throughout. Deceived by this very constant result of any great and sudden loss of blood, Mr. Wakley and the jury were now convinced, not that the man had been bled to death, but that he had not been bled enough! One of the strongest proofs of bad treatment was thus received as evidence of the best possible treatment under the circumstances—and a verdict pronounced accordingly! That an ignorant coroner and an ignorant jury should be imposed upon in this manner, were nothing very wonderful, but that the editor of the *Lancet*, who publishes the case, and who from his position, knows every thing going on at the present time in the medical world, should in his capacity of coroner, pass over without a word of reprobation, a mode of practice

no conceivable circumstances could justify, only shows the lamentable state of darkness in which the profession are at this very moment on every thing connected with the proper treatment of disease! When St. John Long, or any other unlicensed quack, by an over dose or awkward use of some of our common remedies, chances to kill only one out of some hundreds of his dupes, he is immediately hunted to death by the whole faculty; but when a member of the profession at one bleeding, takes more blood by three times than is taken on any occasion by practitioners who kill their man every day with the lancet—not from a strong powerful man, but from a person so weakly that during the excitement of a trifling dispute with his master, fainted and fell, and in falling had already lost blood enough to soak through a thick mat,—not a word of blame is said! On the contrary, it was all right, or, if there was any error, it was on the safe side! If such things be permitted to be done in the heart of the metropolis, not only without censure, but with something like praise, even, homicide may henceforth cease to be looked upon as a reproachable act. The only thing required of the perpetrator is, that he should do it under the sanction of a diploma and *secundum artem*!

But to return to ague, and the other morbid motions which led to this digression. Some may be curious to know how so simple a thing as the ligature can produce such a salutary effect in these disorders. I will tell you how it does this—and the explanation I offer, if received as just, will afford you an additional proof not only that these diseases have all their common origin in the brain, but that they are all the natural consequences of an arrest or other irregularity of the atomic movements of the different portions of that organ; for to the diversity of the cerebral parts, and the diversity of the parts of the body which they respectively influence, we ascribe the apparent difference of these diseases, according to the particular motion of the brain that shall be most affected by some outward agency. Thus, after a blow on the head, or elbow even, one man shall become sick, and vomit, another fall into convulsions, a third shiver, fever, grow delirious and become mortally insane. In all these diseases, the atomic movements of the brain being no longer in healthy and harmonious action, the natural control which it exercised in health, over every part of the body, must be then more or less withdrawn from the various nerves through which it influenced the entire economy. The consequence of all this is, that

some organs are at once placed in a state of torpidity, while others act in a manner alike destructive to themselves, and the other parts of the body with which they are most nearly associated in function. We find palsy of one organ, and spasm or palpitation of another. In fact, if I may be permitted to use so bold a simile, the various organs of the body when beyond the control of the brain, resemble so many race-horses that have escaped from the control of their riders—one stands still altogether, another moves forward in the right course perhaps, but with vacillating and uncertain step, while a third endangers itself and every thing near it, by the rapidity or eccentricity of its movements.

When the atoms of the various parts of the brain, on the contrary, act in harmony with each other, there is an equally harmonious action of every organ of the body—supposing, of course, every organ to be perfect in its construction.—Whatever suddenly arrests or puts into irregular motion the whole cerebral actions, must with equal celerity influence the previous motive condition of every member and matter of the body—for evil in one case, for good in another. Were you suddenly, and without any explanation, to put a ligature round the arm of a healthy person, you would to a dead certainty excite his alarm and surprise. Now, as both these are the effects of novel cerebral movements, should you not thereby influence in a novel manner every part of his economy? How should you expect to influence it? Would not most men in these circumstances tremble, or show some kind of muscular agitation?—their hearts would probably palpitate—they would change colour, becoming pale and red by turns, according as the brain alternately lost and recovered its controlling power over the vascular apparatus. If the alarm was very great, the pallor and tremor would be proportionally long. But in the case of a person already trembling and pale from another cause, the very natural effect of suddenly tying a ligature round the arm would be a reverse effect—for if the cerebral motive condition should be thereby changed at all, it could only be by a reverse movement; and such reverse cerebral movement would have the effect of reversing every previously existing movement of the body. The face, that, before was pale, would now become redder and more life-like; the trembling and spasmodic muscles would recover their tone; the heart's palpitations would become subdued into healthy beats; and a corresponding improvement would take place in every other organ and func-

tion of the body. The ligature, then, when its application is successful, acts like every other remedial agency; and a proper knowledge of its mode of action affords us an excellent clue to the mode of action of medicinal substances generally, all of which, as you have already seen, and I shall still farther show, are, like the ligature, capable of producing and curing the various morbid motions for which we respectively direct their administration. It is in this manner that every one of the various passions may cause or cure every disease you can name—always excepting, as I have said before, the properly contagious disorders. The brain is the principal organ to which, in most cases, you should direct your remedial means. When a person faints and falls, whatever be the cause of such faint—a blow, a purge, or loss of blood—the first thing to be done is, to rouse the brain. You must throw cold water on his face, put hartshorn, snuff, or burnt feathers to his nose, and a little brandy, if you can get it, into his mouth. You may also slap or shake him strongly with your hand—if you can only make him *feel*, you will be almost sure to recal him to life; but to think of bleeding a person in such a state—ha! ha! After all, this is no laughing matter; for when we see such things done in the nineteenth century, we should rather blush for a profession that would endeavour to screen any of its members from the contempt they merit, when they have so far outraged every thing like decency and common sense. The proper treatment of a fit of fainting or convulsion, should be in principle the same as you may have seen practised by any well-informed midwife, in the case of children that are still-born—children all but dead. You may have seen the good lady place the child on her knee and beat it smartly and repeatedly with her open hand on the hips and shoulders, or suddenly plunge it into cold water: now while this is doing, the infant will often give a gasp or two and then cry—that is all the midwife wants. And if you will only follow her example in the case of

INFANTILE CONVULSIONS,—

which, after all, are the very same thing as epileptic fits in the adult,—you will often succeed in substituting a fit of crying, which, I need hardly say, is attended with no danger at all, for a spasmodic fit, which, under the routine treatment, is never free from it. Only get the child to cry, and you need not trouble yourself more about it,—for no human creature can possibly weep and have a convulsion fit of the epileptic

or fainting kind at the same moment. Convulsive sobbing is a phenomenon perfectly incompatible with these movements—for it depends upon a reverse action in the atoms of the brain. The only thing which may prevent some of you from doing your duty on such occasions, is the fear of offending an ignorant nurse or mother, who will think you a monster of cruelty for treating an infant so. These persons do not know how difficult it is to get a child to *feel* at all;—and in proof of this, such slaps as in a perfectly healthy child would be followed by marks that should last a week, in cases of this description leave no mark whatever after the paroxysm has ceased. During the fit, the child is so perfectly insensible, as to be literally all but half dead. Now this brings to my mind a case of infantile convulsions, in which I was very gravely requested to meet an old woman in consultation—a nurse or midwife, I forget which, who, being much with children, must necessarily be wonderfully clever in the cure of their diseases. Many will smile, doubtless, that I should be asked to do any thing of the kind; but it was in the case of the child of a relative; and relatives sometimes take strange liberties with each other. But it was not altogether to tell this that I reverted to the case in question—it was, on the contrary, to show what a wise person the female doctor proved who was, on this occasion, proposed for my co-adjutor. On being asked by the mother what should be done in the case of a return of the convulsion fits, the old lady answered, “Oh, madam, you must let the child be *very* quiet and not disturb it by *noises*, or any thing of that sort!”—which sapient advice I have no doubt was found one of the best antidotes in the world to a state in which, if you were to roar till your lungs cracked, you could not by any possibility make the subject of it *hear* at all.

What is the present routine treatment of an infant taken with convulsion fits? That I can scarcely tell you; but when I settled in praetice, the school doctors, who, of course, give the tone to the profession in the country, had had no hesitation in applying all at once the *eight* lancets of the cupping instrument behind the ear of infants under six months old,—and that, in some, repeatedly! In addition, they were in the habit of leeching, purging, and parboiling the poor little creatures in warm baths! If mothers will really suffer their children to be treated in this manner, surely they only deserve to lose them. The strongest and healthiest child in existence, far less a sick one, could scarcely survive the

routine practice. But whether you believe me or not, there is nothing more true than what the duke says in the play of *The Honey Moon*, such fits are

“—— seldom mortal,
Save when the doctor’s sent for.”

In the case of adult epilepsy, especially at the commencement of the fit, a very little thing will often at once produce a counter movement of the brain, sufficiently strong to influence the body in a manner incompatible with its further continuance. The application of so simple a means as the ligature may then very often do this at once; but, like every other remedy frequently resorted to, it will be sure to lose its good effect when the patient has become accustomed to it; for in this and similar cases, every thing depends upon the suddenness and unexpectedness of the particular measure put in practice, whether you influence the brain of a patient in a novel manner or not. The sudden cry of fire or murder, nay, the unexpected singing of some old song, in a situation or under circumstances which surprised the person who heard it, has charmed away a paroxysm of the severest pain. In the army, the unexpected order for a march or a battle, will often empty an hospital. The mental excitement thereby produced, has cured diseases which had baffled all the efforts of the most experienced medical officers. In the words of Shakespeare, then, you may positively and literally

“Fetter strong madness with a silken thread,
Cure ache with *air*, and agony with *words*!”

MANY have doubtless read or heard of Dr. Channing, of Boston, one of the boldest and most eloquent of American writers. In a little essay of his, entitled “*Self-Culture*,” I find some observations bearing so strongly upon the subject of this work, that I cannot resist the temptation to give them at length. How far they go to strengthen the view I have given, the reader will have an opportunity of judging:—“*Intellectual culture*,” says this justly eminent person, “consists, not chiefly, as many are apt to think, in accumulating information—though this is important, but in building up a

force of thought which may be turned at will on any subjects on which we are forced to pass judgment. This force is manifested in the concentration of the attention—in accurate penetrating observation—in reducing *complex subjects* to their *elements*—in diving beneath the effect to the cause—in detecting the more *subtle* differences and resemblances of things—in reading the future in the present,—and especially in rising from *particular facts* to general laws or *universal truths*. This last exertion of the intellect—its rising to broad views and great principles, constitutes what is called the philosophical mind, and is especially worthy of culture. What it means, your own observation must have taught you. You must have taken note of two classes of men—the one always employed on details, on particular facts—and the other using these facts as foundations of higher, wider truths. The latter are philosophers. For example, men had for ages seen pieces of wood, stones, metals falling to the ground. Newton seized on these particular facts, and rose to the idea that all matter tends, or is *attracted* towards all matter, and then defined the law according to which this attraction or force acts at different distances;—thus giving us a *grand principle*, which we have reason to think extends to, and *controls* the WHOLE outward CREATION. One man reads a history, and can tell you all its events, and there *stops*. Another *combines these events*, brings them under ONE VIEW, and learns the great causes which are at work on this or another nation, and what are its great tendencies—whether to freedom or despotism—to one or another *form* of civilization. So one man talks continually about the particular actions of this or that neighbour, while another looks beyond the acts to the inward principle from which they spring, and gathers from them larger views of human nature. In a word, one man sees all things *apart*, and in *fragments*, whilst another strives to discover the *harmony*, connection, UNITY OF ALL.”

That such *unity* does actually and visibly pervade the whole subject of our own particular branch of science—the history of human diseases, is a truth we have now, we hope, placed equally beyond the cavil of the captious and the interested. In this respect, indeed, we find it only harmonizing with the history of every other thing in nature. But in making intermittent fever or ague the type or emblem of this unity of disease, we must beg of you, at the same time, to keep constantly in view the innumerable diversities of shade

and period, which different intermittent fevers may exhibit in their course. It has been said of faces,

“——— *Facies non omnibus una,
Nec diversa tamen—*”

And the same may with equal truth be said of Fevers—all have resemblances, yet all have differences. For, betwixt the more subtle and slight thermal departures from health,—those scarcely perceptible chills and heats, which barely deviate from that state, and the very intense cold and hot stages characteristic of an extreme fit of ague, you may have a thousand differences of scale or degree. Now, as it is only in the question of scale that all things can possibly differ from each other, so also is it in this that all things are found to resemble each other. The same differences of shade remarkable in the case of temperature may be equally observed in the motive condition of the muscles of particular patients. One man, for example, may have a tremulous spasmodic, or languid motion of one muscle or class of muscles simply—while another shall experience one or other of these morbid changes of action in every muscle of his body. The chills, heats, and sweats, instead of being in all cases universal, may in many instances be partial only. Nay, in place of any increase of perspiration outwards, there may be a vicarious superabundance of some other secretion within: of this, you have evidence in the dropsical swellings, the diarrhœas, the bilious vomitings and the diabetic flow of urine with which certain patients are afflicted. In such cases, and at such times, the skin is almost always dry. The same diversity of shade which you remark in the symptoms may be equally observed in the period. The degree of duration, completeness, and exactness of both paroxysm and remission, differs with every case. The cold stage, which in most instances takes the patient first—in individual cases may be preceded by the hot. Moreover, after one or more repetitions of the fit, the most perfect ague may become gradually less and less regular in its paroxysms and periods of return; passing in one case into a fever apparently continued—in another, reverting by successive changes of shade into those happier and more harmonious alternations of temperature, motion, and period, which Shakspeare, with his usual felicity, figured as the “fitful fever” of healthy life. If you take health for the standard, every thing above or beneath it—whether as regards time, temperature, motion, or rest, is disease. When carefully and

correctly analyzed, the symptoms of such disease, to a physical certainty, will be found to resolve themselves into the symptoms or shades of symptom, of intermittent fever. Fever, instead of being a thing apart from man, as your school doctrines would almost induce you to believe, is only an abstract expression for a greater or less change in the various revolutions of the matter of the body. Fever and disease, then, are one and identical. They are neither "essences" to extract, nor "entities" to combat—they are simply variations in the phenomena of the corporeal movements; and in most cases, happily for mankind, may be controlled without the aid either of physic or physicians. The same reparative power by which a cut or a bruise, in favourable circumstances, becomes healed, may equally enable every part of a disordered body to resume its wonted harmony of action. How often has nature in this way triumphed over physic, even in cases where the physician had been only too busy with his interference! It is in these cases of escape that the generality of medical men arrogate to themselves the credit of a cure.

"It was a beautiful speculation of Parmenio," remarks Lord Bacon, "though but a *speculation* in him, that all things do by scale ascend to UNITY." Do I need to tell you, that every thing on this earth which can be weighed or measured, is matter—matter in one mode or another. What is the difference betwixt a piece of gold and a piece of silver of equal shape and size? A mere difference of degree of the same qualities,—a different specific gravity, a different colour, a different ring, a different degree of malleability, a different lustre. But who in his senses would deny that these two substances approach nearer in their nature to each other than a piece of wood does to a stone; yet may not a piece of wood be petrified, be transformed into the very identical substance from which at first sight it so strikingly differs! Nay, may not the bones, muscles, viscera, and even the secretions of an animal body, by the same inscrutable chemistry of nature be similarly transmuted into stone? Gold and silver have differences assuredly, but have they not resemblances also,—certain things in common, from which we deduce their unity, when we speak of them both as metals? How much more akin to each other in every respect are these substances than water is to either of its own elemental gases? What certainty then have you or I that both metals are not the same matter, only differing from each other in their condition or mode? Does not every thing in turn change into something else,—the

organic passing into the inorganic, solids into liquids, liquids into gases, life into death, and vice versa? The more you reflect upon this subject, the more you must come to the opinion, that all things at last are only modes or differences of one matter. The unity of disease is admitted by the very opponents of the doctrine, when they give to apoplexy and toothache the same name—disease or disorder. The approaches to unity may be traced throughout every thing in nature. Betwixt the history of man's race, for example—the revolutions of empires, and the history of the individual man, the strongest relations of affinity may be traced. The corporeal revolutions of the body, like the revolutions of a kingdom, are a series of events. Time, space, and motion are equally elements of both. "An analyst or a historian," says Hume, "who should undertake to write the History of Europe during any century, would be influenced by the connection of *time* and *place*. All *events* which happen in that portion of space and period of time, are comprehended in his design, though, in other respects, different and unconnected. They have still a species of *unity* amid all their *diversity*."

The life of man is a series of revolutions. I do not at this moment refer to the diurnal and other lesser movements of his body. I allude now, to those greater changes in his economy, those climacteric periods, at which certain organs that were previously rudimental and inactive, become successively developed. Such are the teething times, the time of puberty, and the time when he attains to his utmost maturity of corporeal and intellectual power. The girl, the boy, the woman, the man, are all different, yet they are the same; for when we speak of man in the abstract, we mean all ages and both sexes. But betwixt the female and the male of all animals there is a greater degree of conformity or unity than you would at first suppose, and which is greatest in their beginning. Now, this harmonizes with every thing else in nature; for all things in the beginning approach more nearly to simplicity. The early fœtus of every animal, man included, has no sex,—when sex appears it is in the first instance hermaphrodite, just as we find it in the lowest tribe of adult animals, the oyster for example. In this particular, as in every other, the organs of the human fœtus, internal as well as external, first come into existence in the lowest animal type—and it depends entirely upon the greater or less after development of these several hermaphroditic parts, whether the organs for the pre-

ervation of the race, take eventually the male or female form. How they become influenced to one or the other form we know not. Does it depend upon position? It must at any rate have a relation to temperature. For a long time even after birth, the breasts of the boy and the girl preserve the same appearance precisely. You can see that with your own eyes. But the comparative anatomist can point out other analogies, other equally close resemblances in the rudimental condition of the reproductive organs of both sexes. During the more early fœtal state the rudiments of the testes and the ovaries are so perfectly identical in place and appearance, that you could not tell whether they should afterwards become the one or the other. What in the male becomes the prostate gland, in the female takes the form of the womb. To sum up all, the outward generative organs of both sexes are little more than inversions of each other. Every hour that passes, however, while yet in its mother's womb, converts more and more the unity of the sex of the infant into diversity. But such diversity, for a long period, even after birth, is less remarkable than in adult life. How difficult at first sight to tell the sex of a child, of two or three years old when clothed: at puberty the difficulty has altogether vanished. Then the boy becomes bearded and his voice alters; then the breasts of the girl—which up to this period in no respect differed from his, in appearance at least—become fully and fairly developed,—assuming by gradual approaches the form necessary for the new function they must eventually perform in the maternal economy. Another, and a still greater revolution, imbues them with the power of secreting the first nutriment of the infant. But even before the girl can become a mother a new secretion must have come into play,—a secretion which, from its period being, unlike every other, monthly only, is known to physicians under the name of Catamenia or the Menses. How can such things be done but by a great constitutional change,—without a new febrile revolution of the whole body? Mark the sudden alternate pallor and flush of the cheek and lip, the tremors, spasms, and palpitations, to say nothing of the uncontrollable mental depressions and exaltations,—to which the girl is then subject, and you will have little difficulty in detecting the type of every one of the numerous diseases to which she is then liable. Physicians may call them Chlorosis, green-sickness, or any other name; you will recognize in them the developments of an intermittent fever simply,—as various

in its shades, it is true, as a fever from any other cause may become,—producing, like that, every wrong action of place and time you can conceive, and like other fevers, often curing such wrong actions as previously existed, when it happens to reverse the atomic motions of the various parts of body. Before touching upon the principal

DISEASES INCIDENTAL TO WOMEN,

I must tell you that the Catamenia, in most cases, disappears during the period of actual pregnancy; nor does it return while the mother continues to give suck. During health, in every other instance, it continues from the time of puberty, or the period when women can bear children, to the period when this reproductive power ceases. As with a fever it comes into play, so with a fever it also takes its final departure. Why it should be a peculiarity of the human female, I do not know,—but in no other animal has any thing analogous been observed. Some authors, indeed, pretend to have seen it in the monkey; but if this were really the case, I do not think so many physiologists would still continue to doubt it, especially as they have every opportunity of settling the question definitively. Various speculations have been afloat as to the uses of this secretion, but I have never been satisfied of the truth of any of them. I am better pleased to know that the more perfect the health, the more perfectly periodical the recurrence of the phenomenon. It is therefore without question a secretion, and one as natural and necessary to females of a certain age, as the saliva or bile to all people in all times. How absurd, then, the common expression that a woman, during her period, is “unwell.” It is only when the catamenia is too diffuse or too defective in quantity, or too frequent or too far between in the period,—when the quality must also be correspondingly altered,—that the health is in reality impaired. Then, indeed, as in the case of other secretions imperfectly performed, pain may be an accompaniment of this particular function.

Need I tell you that no female of a certain age can become the subject to any fever without experiencing more or less change in this catamenia? or that during any kind of indisposition, how slight soever it may be, some corresponding alteration in this respect must with equal certainty, take place? In cases where the alteration thus produced takes the shape of a too profuse flow, practitioners are in the habit

of prescribing astringents and cold applications. Happily for the patient the medicines usually styled "astringents," (iron, bark, alum, opium, &c.) are all chrono-thermal in their action; and the general salutary influence which they consequently exercise over the whole economy, very frequently puts the catamenia, in common with every other function, to rights,—when the practitioner who prescribes them has no idea that he is doing more than attending to the derangement of a part. He accordingly places profuse menstruation in his list of local diseases! When deficiency or suppression of this secretion, on the contrary, chances to be the coincident feature of any general constitutional change,—a thing which may happen from a transitory passion even,—such effect or coincidence of cerebral disturbance is by many practitioners assumed to be the cause of all the other symptoms of corporeal derangement! And under the formidable title of "obstruction," how do you think some of your great accoucheur-doctors are in the habit of combating it?—By leeching the patient—by applying leeches locally. Now, I only ask you what you would think of a practitioner, who, on finding the same patient feverish and thirsty, should leech her tongue? or when she complained of her skin being uncomfortably dry, should apply leeches to that? You would laugh at him of course; and so you may with just the same reason laugh at fashionable practitioners of the day, when you find them leeching their patients for defective or suppressed menstruation,—a derangement of function which a passion might produce, and another restore to its healthy state. Is it, then, a local disease or a disease of the brain and nerves—an affection of a part or a disorder of totality? If the latter, who but a mechanic would think of applying leeches locally? In either case, who but a cow-leech or a quack salver would dream of restoring any periodical secretion by a mode of practice so barbarous and disgusting? You might just as reasonably, in the absence of an appetite for dinner, expect to make your "mouth water" by the application of leeches to your stomach when the clock should strike five!

Having thus far explained the nature of these cases, I have now little else to say of them. The general principle of treatment is obvious—attention to temperature; for, in every case of catamenial irregularity, whether as regards quantity, quality or period, the temperature of the loins, must be more or less morbid,—one patient acknowledging to chill, another to

heat. In the former case, friction or a warm plaster, may be tried as a local means—in the latter, cold or tepid sponging; though I may tell you, that, with the chrono-thermal remedies singly, you may produce the most perfectly salutary results in numerous cases. In both instances, cold, warm, and tepid baths may also be advantageously employed, according to the varying circumstances of the case.

The majority of women who suffer from any general indisposition short of acute fever, are more or less subject to a particular discharge which, by the patients themselves, is very often termed weakness, but which is more familiar to the profession under the name of Leucorrhœa or whites. The usual concomitant of this disease is a dull aching pain at the lower part of the back. Now, I never questioned a woman who suffered from it, but she at once acknowledged that the local flow was one day more, another less, and that she had, besides, the chills, heats, and other symptoms of general constitutional derangement. But of that derangement, the discharge so often supposed to be the cause, is in the first instance, nothing more than a coincident feature or effect; though from pain or profuseness, it may again react upon the constitution at large, and thus form a secondary and superadded cause or aggravant. In cases of this kind, I am in the practice of prescribing quinine, iron, or alum, sometimes with, and sometimes without copaiba, catechu, or cantharides—one medicine answering best with one patient, another with another.

I have been frequently consulted in cases of painful whites, and also in cases of painful menstruation, disorders which practitioners as remarkable for their professional eminence, as for their utter want of high professional knowledge, had been previously treating by leeches, some applying those to the loins, which in every case, whether of whites or irregular menstruation, is weak, and consequently painful; some, to the disgust of every woman of sensibility, introducing them even to the orifice of the womb itself. What practice can be more erroneous? What relief, if obtained, more delusive? Bark, iron, opium,—these are the remedies for cases of this description: and the general constitutional improvement which, for the most part follows their use, together with the disappearance of the more prominent local irregularities for which your aid had been asked, affords the best answer to any hypothetic objection that may be brought against their employment. The best topical application in these cases—

and you will find it useful in most—is a plaster to the spine to warm and support it; though cold, hot, or tepid, fomentation to the loins or womb may also be occasionally employed, according as one or other shall prove most agreeable to the patient's own feelings.

The various female disorders of which I have just been treating, are matter of daily practice. The more formidable affection to which I now draw your attention,

CANCER OF THE BREAST,

fortunately for the sex, is of rare occurrence—not one woman perhaps, in five thousand, ever becoming the subject of it. Now, what is cancer? What but a slow and painful decomposition—a canker or blight of the particular organ affected. The manner in which cancer of the breast generally commences, is this:—A tumour, at first smaller than a nut, possessing more or less hardness, and to a certain extent circumscribed, is observed in the neighborhood of the nipple; the patient's attention, in most cases, being first called to it by a slight itching or uneasiness in the part affected, which soon deepens into a “pricking,” “darting,” or “shooting” pain—for such are the various phrases by which different patients describe their pains. The tumour slowly, but gradually, increases in size and hardness, while the pain becomes more and more intolerable and “lancinating.” The disease, in every case, is intermittent, and in most instances, this intermission is periodical, the tumour being one day perceptibly diminished, another as obviously enlarged. The pain, in like manner, disappears more or less, completely, for a time, to return at a particular hour of the clock, with undiminished violence. Now, when surgeons were more in the habit of performing operations, in cases of this kind, than at present, such tumours, after removal by the knife, were usually, from motives of curiosity, bisected. If their internal structure when thus divided, resembled something betwixt a turnip and a cartilage, the disease was pronounced to be “true cancer”—a schirrus or carcinoma. On the contrary, if, instead of this appearance, the tumour had a resemblance to the substance of the brain, or to lard, jelly, or was of a mixed character, disputes frequently arose as to the name by which the disease should be christened;—as if it signified one straw whether the breast, when so completely changed in its structure and nature, as to be productive of nothing but misery to its owner, should be called schirrus, carcinoma, cancer, or anything else!

Oh! it matters very little, what the organic change be termed when, as in all these cases, the glandular fabric of the breast becomes at last completely destroyed and decomposed.

How and in what manner, is this disease developed? It is the result of general constitutional change. It is the effect of a weak action of the nerves on an originally weak organ; and of this you may be satisfied, when I tell you that in most instances, cancer is a hereditary disease; or, to express myself better, there is hereditary predisposition, and what is more, the disease generally makes its first appearance about that period of life when the breast ceases to be anything but a mere personal ornament to its possessor. It comes on much about the same time when the catamenial secretion is about to terminate for life. Can such termination take place without a new corporeal revolution? Certainly not: every female at such time, suffers more or less from constitutional disorder. Analyze this disorder, and you will find that it resolves itself into a general intermittent febrile action of the whole body, varying in its shade with every case. Cancer, then, is a development of that fever. Now, why is it that the word cancer sounds so fearfully in the female ear? The difficulty to cure it simply—the difficulty in most instances—the absolute possibility in many. To understand the reason of this difficulty, we must consider the nature and uses of the organ. However beautiful and ornamental to its possessor, the breast is not, like the heart or lungs, an organ of the least importance to her own vital economy. It is a part super-added for the preservation of the race. Rudimental, or all but absent in the child, this organ only reaches its full maturity of development when the girl becomes the woman. After the woman ceases to bear children, or whether she has borne them or not, when the period of the possibility of her being pregnant has passed away, the substance of the breast is generally more or less absorbed, though you occasionally meet with instances where it becomes enlarged beyond its previous size. In fewer cases still it takes on a process of decay—in other words, it becomes cancerous. But nature in this instance, even when aided by art, will not often exert her usual reparative efforts—she will not put forth her powers, so to speak, for the preservation of a part which now, not only so far as the individual economy is concerned, but so far also as regards the race, has become a useless part. This I take to be the true reason of the difficulty to cure a cancer, for although in many cases more or less improvement in the state of the

affected organ may follow the employment of remedial means—such means as beneficially influence the whole health—still, as if to prove more fully the truth of my explanation, you may even succeed to a great extent in raising the general healthy standard, and yet fail to procure the slightest arrest of the local process of decay. While a cut or bruise upon any other part of the body of a cancer patient will heal with ease, the breast, partaking no longer in the preservative power of the economy, may perish piece-meal. Never, in my life, did I meet with a cancer in any state or stage, the subject of which did not acknowledge to chills and heats, or who did not admit errors of secretion; to say nothing of variations in the volume, temperature, and sensation of the part affected. I lately attended the sister of a Fellow of the Royal College of Physicians, who was first induced to consult me, from hearing that I looked upon ague as the primary type or model of all complaints. Her own cancer, she assured me, was preceded by shivering-fits, which she traced to a sudden chill; and during the whole progress of the disease she suffered more or less from aguish feelings. Previously to my seeing her, she had been visited by a surgeon of eminence, who ordered her to apply leeches; but the effect of their employment was an increase of her pain. And no wonder—for if that great man had only taken the trouble to inquire, he would have found that, instead of the hypothetic “inflammation,” which doubtless suggested their employment, the breast, in that instance, was generally cold! Would not a warm plaster under these circumstances have been of more service? You may try at least, and if you do not find it produce more or less relief in many similar instances, I know nothing whatever of the science I now pretend to teach you. No local application however, will be long productive of any very effectual advantage in this or any other disease, without attending to the chrono-thermal principles of paroxysm and remission. Arsenic, quinine, opium, copper, prussic acid, may be all successively tried. But you must here always keep in mind that cancer is a *chronic* disease, a disease of time; and you must farther hold in your remembrance, what I have already said in regard to most of chronic diseases, namely, that no medicine will produce its beneficial effect for any great continuance in those disorders; for once the constitution becomes accustomed to the use of a remedy, such remedy either loses its salutary influence altogether, or acts in a manner the reverse of that which it did when tried in the first instance. No medi-

cinal agent had a greater reputation at one time, in the treatment of cancer, than arsenic ; arsenic in fact was supposed to be a wonderful specific in cases of that nature. What was the consequence ? Like every thing else in this world, whether person or thing, physician or physic, that ever enjoyed the temporary distinction of infallibility, after a few decided failures, in particular instances, this mineral came at last to be almost entirely abandoned in such cases. And yet, notwithstanding this, I do not know a remedy which may be more successfully used in cancer than arsenic. " We have seen from its use," says Dr. Parr, in his dictionary, published in 1809, " an extensive, cancerous sore filled with the most healthy granulations, the complexion become clear, the appetite improved, and the general health increased." " Unfortunately," he continues, " these good effects have not been permanent. By increasing the dose, we have gained a little more, but, at last, these advantages were apparently lost." And was it ever otherwise with any other remedy ? No power on earth could always act upon the living body in the same manner. The strongest rope will strain at last, and so will the best medicine cease, after a time, to do the work it did at first. But a physician who should, on that score, despise or decry a power that had, for a given time, proved decidedly advantageous in any case, would be just as wise as the traveller who, on reaching his inn, instead of being thankful to his horse for the ground it had enabled him to clear, should complain of it for not carrying him without resting to the end of his journey. What, under the circumstances mentioned by Dr. Parr, either he or any other doctor should have done,—and what I have confidence in recommending you to do on every similar occasion, is this,—Having obtained all the good which arsenic or any other remedy has the power to do in any case, change such remedy for some other constitutional power, and change and change until you find improvement to be the result ; and when such result no longer follows its employment, change your medicine again for some other ; or you may even again recur with the best effect to one or more of the number you had formerly tried with benefit ; for when, if I may speak so metaphorically, the constitution has been allowed time to forget a remedy that once beneficially influenced it, such remedy, like the re-reading of a once-admired, but long-forgotten book on the mind, may come upon the corporeal economy once more with much of its original force and freshness. In all such cases, then, you

must change, combine, and modify your medicine and measures in a thousand ways to produce a sustained improvement. Arsenic, gold, iron, mercury, creosote, iodine, opium, prussic acid, &c. may be all advantageously employed, both as internal remedies and as local applications, according to the changing indications of the case.

When cancer is suffered to run its course undisturbed by the knife of the surgeon, or the physic of the doctor, the usual termination of it is this:—A small ulcer shows itself upon the skin of the most prominent part of the tumour, gradually increasing in dimension. And so exceedingly weak do the atomic attractions of the matter of the breast become during the change produced by the disease, that scarcely has the atmospheric air been allowed to come in contact with the tumour, than it commences to mortify and die—falling away in most cases, as it did indeed in the case of the lady to which I have already alluded, after a certain time, in a dead and corrupted mass. The ulcer which it leaves behind, is in all such cases, extremely fœtid, and shows a great disposition to spread; the reason of which is this,—first, because the whole constitution of such persons is more or less weak; and secondly, because the particles of dead, or half-dead matter, which coat the bowl of the ulcer, not only have no power of reparation in themselves, but are the cause of a further failure of reparative power in the already weak parts with which they come in contact. Exactly the same thing takes place when any part of an old tree becomes decayed, and very much after the manner of such vegetable decay, as you may see it in a gnarled oak, we have in this disease mushroom like and other excrescences springing from the sides and bottom of the ulcerous and decaying part, and that too, with a rapidity truly astonishing. A case of this kind I lately attended with Mr. Farquhar of Albemarle street. Unless every portion of these fungoid bodies be completely removed, you must not hope to arrest the progress of the disease. The whole surface of the ulcer should be cauterized and completely destroyed with a burning iron, nitrate of silver, ammonia, or potass. All four may, in some cases, be resorted to with advantage. Nor must you here spare any part that shows even a symptom of weakness; but cauterize, and cauterize again and again, until you get red, small, healthy granulations to appear. The dressings which you will now find most successful, are ointments or other preparations of the red oxide of mercury, iodine, arsenic, creosote,

lead, &c., and each and all of these will only prove beneficial in particular cases, and for particular periods. The law that holds good in the case of internal remedies, will be now more conspicuous in the case of external applications,—namely, that all medicinal powers have a certain relation to persons and periods only, and must in no case be *a priori* expected to do more than produce a temporary action. If that action be of a novel kind, they will produce benefit; if on the contrary, the increased motion from their action be in the old direction, and which cannot be foreseen till tried, the result of such trial will be a greater or less aggravation of the state for whose improvement you ordered them to be applied.

Dr. Abel Stewart, while practising in the West Indies, where the disease is more frequent than in England, had many opportunities of making himself acquainted with every one of the various states and stages of cancer—and since I settled in London, where he now also practises, he has shown me cases of this kind, which he has treated with the greatest success.

You must not then suppose, like most of the vulgar, and not a few of the members of the profession, that cancer of the breast is necessarily a mortal disease. So long as you can prevent the ulcer from spreading, and at the same time keep up the general health to a certain mark, how can there be danger? The breast, I repeat, is not a strictly vital organ; it is not, like the lungs or heart, necessary to the individual life,—it is a part superadded for the benefit of another generation. How many women, at one time remarkable for a large and full breast, in the course of years lose every appearance of bosom by the slow but imperceptible process of interstitial absorption; what inconvenience do these suffer in consequence? But for the tendency to spread, and the accompanying pain, cancer would seldom terminate fatally at all; it is the pain principally that makes the danger, not any loss of the organ itself. Pain alone will wear out the strongest: relieve this, therefore, in every way you can, but avoid leeches and depletion, which, I need not say, are the readiest means, not only to exhaust the patient's strength, but to produce that extreme sensibility of nerve, or that intolerance of external impression, that converts the merest touch into the stab of a dagger. Strong people seldom complain of pain: it is bloated and emaciated persons who mostly do so. Keep up your patient's health, then, by every means in your power, and she may live as many years with a cancer of the breast,

as if she had never suffered from such a disease. Sir B. Brodie mentions the case of a lady who lived twenty years with cancer, and died at last with an affection of the lungs, with which it had no necessary connexion. What shall I say in regard to amputation of the breast? Will amputation harmonize the secretions? Will it improve the constitution in any way whatever? Those patients who, in the practice of others, have been induced to undergo operations, have seldom had much cause to thank their surgeons—the disease having, for the most part, reappeared at a future period in the cicatrix of the wounded part. You have only to look at the pallid, bloated, or emaciated countenances of too many of the sufferers, to be satisfied that something more must be done for them than a mere surgical operation—a measure doubtful at the best in most cases, and fatal in not a few. Shiverings, heats, and sweats, or diarrhœa, or dropsy,—these are the constitutional signs that tell you you have more to do than merely to dissect away a diseased structure, which structure, so far from being the cause, was in reality but one feature of a great totality of infirmity. That the knife may sometimes be advantageously employed I do not deny, but instead of being the *rule*, it should be the *exception*; for the majority of honourable and enlightened surgeons will admit how little it has served them in most cases beyond the mere purpose of temporary palliation. When you hear a man now-a-days speaking of the advantage of early operating, you may fairly accuse him of ignorance, with which, I regret to say, interest, in this instance, may occasionally go hand in hand. The large fee for amputating a breast enters into the calculation of some of your “great operators”—for that they get whether the operation be successful or not.

I have twice in my life seen cancer of the *male* breast—the subject of one was an European, the other a native of India.

Let me now say a few words on

TUMOURS

generally; premising that the term tumour is merely the Latin word for any swelling, though we commonly employ it in the more limited sense of a morbid growth. It is a very common error on the part of medical men, to state, in their report of cases, that a “healthy” person presented himself with a particular tumour in this or that situation. Now such practitioners, by this very expression, show how much they

have busied themselves with artificial distinctions—distinctions which have no foundation in nature or reason—to the neglect of the circle of actions which constitute the state of the body termed health. Never did a tumour spring up in a perfectly healthy subject. In the course of my professional career, I have witnessed tumours of every description, but I never met one that could not be traced, either to previous constitutional disturbance, or to the effect of local injury on a previously unhealthy subject. Chills and heats have been confessed to by almost every patient, and the great majority have remembered that, in the earlier stages, their tumour was alternately more and less voluminous.

Every individual, we have already shown, has a predisposition to disease of a particular tissue. Whatever shall derange the general health, may develop the weak point of the previously healthy, and this may be a tendency to tumour in one or more tissues. The difference in the organic appearance of the different textures of the body, will account for any apparent differences between the tumours themselves; and where tumours appear to differ in the same tissue, the difference will be found to be only in the amount of the matter entering into such tissue, or in a new arrangement of some of the elementary principles composing it. It is a law of the animal economy, that when a given secretion becomes morbidly deficient, some other makes up for it by a preternatural abundance. If you do not perspire properly, you will find the secretion from the kidneys or some other organ increase in quantity. I was consulted some time ago by a female patient, whose breasts became enormous from excess of adipose or fatty deposit. Now, in the case of this female, the urine was always scanty, and she never sweated. Every tissue of the body is built up by secretion. The matter of muscle, bone and skin, is fluid before it assumes the consistence of a tissue, and the atoms of every texture are constantly passing into each other. “The great processes of nature,” says Professor Brande, “such as the vegetation of trees and plants, and the phenomena of organic life generally, are connected with a series of chemical changes.” But this chemistry is of a higher kind than the chemistry of the laboratory:—it is *vital* chemistry under the influence, as I shall afterwards show, of *vital* electricity. Secretion of every kind is the effect of this vital chemistry; and tumours, instead of being produced, as Mr. Hunter supposed, by the “organization of extravasated

blood," are the result of errors of secretion. They are principally made up of excess of some portion of the tissue in which they appear, or the result of new combinations of some of the ultimate principles which enter into its composition.

If you search the records of medicine upon the subject of tumours, you will find that the medicinal agents by which these have been cured or diminished, come at last to the substances of greatest acknowledged efficacy in the treatment of ague. One practitioner (Carmichael) lauds iron; another (Alibert) speaks favourably of the bark; the natives of India prefer arsenic; while most practitioners have found iodine and mercury more or less serviceable in their treatment. The reader does not require to be told that these substances have all succeeded and failed in ague! Wonder not, then, that each has one day been lauded and another decried, for every disease which has obtained a name, tumours of every description among the number.

We now come to

PREGNANCY.

But this, you will very likely say, is not a disease. In that case, I must beg to refer you to ladies who have had children, and I will wager you my life, that they will give you a catalogue of the complaints that affected them during that state, equal in size to Dr. Cullen's Nosology. In the case of every new phenomenon in the animal economy, whether male or female, there must be a previous corporeal revolution. We find this to be the case at the times of teething and puberty—and so we find it in the case of pregnancy. Can the seedling become an herb in the frost of winter, or the sapling grow up into maturity without a series of changes in the temperature and motion of the surrounding earth?—No more can the infant germ become the fœtus without a succession of febrile revolutions in the parent frame! Once in action, it reacts in its turn.

The influence of the mother's brain over the growth of the child while in the womb, is sufficiently proved by the effects of frights and other passions, induced by the sight of objects of horror, and so forth, while in the pregnant state. Hare lips, distortions, moles, marks, &c., have in too many instances been traced by the mother to such passions, to render us in the least sceptical upon that point. Now, in this particular

instance, some of the parts or divisions of the mother's brain must act in association or simultaneously, while others act independently or in alternation, for otherwise you could not understand how the brain of the mother should influence the growth of the child *in utero*, and at the same time continue to play its part in the parental economy. Some of its various portions must act in these respects alternately, for they cannot do both at one and the same moment of time. But, here again, as in other instances, a want of harmony may arise—the brain may continue to exercise its influence over the child too long; in other cases it may forget the child for the mother. How such want of harmony affects the child, we can only guess from analogy. How a too long cerebral neglect of the mother's economy may influence her, we may daily see in the numerous disorders to which she is then liable—more particularly in the periodic vomitings which take place in most instances, and also in the swoon or faint which occasionally comes on during the pregnant state. Are not these the very symptoms that happen in the case of a person who has had a blow on the head, or who has been much bled? It appears to me probable that the infant's growth must take place principally during the period of maternal sleep. For it is chiefly in the morning, just as she awakes, that the mother experiences those vomitings and other symptoms from which I infer the brain has been too long neglecting her own economy.—But even as a natural consequence of the more favourable alternations of cerebral movement which takes place during pregnancy, the mother for the most part experiences chills, heats, and sweats; she has symptoms, or shades of symptom, at least, of the same disorders that may arise from any other agency affecting the brain in a novel or unusual manner—she becomes at certain times pale and flushed alternately, and, as in the case of other fevers, frequently complains of headache. When blood-letting—the usual refuge of the ignorant—is in such cases tried, the blood drawn exhibits the same identical crust which, under the name of “buffy-coat,” “inflamed crust,” &c., so many practitioners have delighted to enlarge upon as the *peculiarity* of “true inflammatory fever.”

Pregnancy has been defined by some very great doctors, to be a “natural process.” Now, that certainly is a very great discovery; but they might have made the same discovery in the case of disease and death. Is not every thing in nature

a natural process, from the fall of an apple to the composition of the Iliad! Every thing that the eye can see or the ear can hear is natural; miracles only are miraculous; for they are events that are contrary to the natural order of things. Pregnancy, then, is a natural process; but is it on that account the less surely a febrile state? Is it for that reason the less certainly an intermittent fever?—What disorders have originated in pregnancy? What, in cases where they previously existed has it not, like every other fever, cured? If it has produced epilepsy, apoplexy, toothache, consumption, palsy, mania,—each and every one of these diseases have I known it to ameliorate, suspend, or cure! I remember the case of a lady who, before her marriage, squinted to perfection. But when she became pregnant her squint diminished, and long before the period of her confinement it was cured;—never did I see such an improvement in the face of any person. Still, if pregnancy has cured squint, I have known cases where it produced it. How completely, then, does this harmonize with the unity which pervades disease generally!

PARTURITION,

I have already said, is a series of pains and remissions, but it is not an intermittent fever; nor indeed, has it any resemblance to that affection! So, at least, I have been assured by very clever doctors: and they have told me the same of pregnancy! Is this question, then, completely settled in the negative? Certainly—It is settled to the satisfaction of all who pin their faith upon mere human authority. But human authority seldom settled any thing with me; for wherever I have had an interest in knowing the truth, I have generally appealed from the decree of that unsatisfactory court to the less fallible decision of the Court of Fact. And what does fact say in this instance? Fact says that child-labour, in almost every case, commences with chills and heats, and that these are again and again repeated with longer or shorter periods of immunity during its progress. But how do I know all this? you will ask,—I who hold modern midwifery in such horror! I will tell you truly—I first guessed it; for I could not suppose that parturition, unlike every other great revolution of the body, could either be pain-less or an unperilous state, or that it could be free from the chills, heats and remissions, which I had always observed in cases of that character. Still not being a person easily satisfied with guess-work, I

took the trouble, in this particular instance, to interrogate nature. And as sure as the sun ever shone on this earth, nature completely verified the fact of my anticipation, that parturition, in every instance, is an intermittent fever. In some of my medical books, too, I found shiverings among the numerous other symptoms mentioned as incidental to women at this period. "Sometimes," says Dr. Ramsbotham, himself a man-midwife, "they are sufficiently intense to shake the bed on which the patient lies, and cause the teeth to chatter as if she were in the cold stage of an ague fit; and although she complains of feeling cold, the surface may be warm, and perhaps warmer than natural." Now, this cold sensation, as you well know, is often complained of by ague patients, even in the hot stage. In spite of every assertion to the contrary, then,—in spite of every declaration on the part of medical or other persons, pregnancy and parturition are agues—agues in every sense of the word; for not only do their revolutions take place in the same manner as ague, but, like ague they may both be influenced by medicines as well as by mental impressions. Indeed, in most cases of parturition, the labour-fit—mark the word!—will stop in a moment from the new cerebral movement induced by fright or surprise. In some the fit never returns, and the most terrible consequences ensue. When the fœtus is fairly developed in the case of pregnancy, and the labour completed in that of parturition, health is the general result; but in the course of both, as in the course of other fevers, every kind of disease may show itself, and, when developed, may even proceed to mortality. An occasional termination of pregnancy is

ABORTION OR MISCARRIAGE;

And this in every case is preceded by the same constitutional symptoms as pregnancy and parturition, namely, the symptoms or shades of symptoms of ague. Moreover, when a woman gets into a habit of miscarrying, such miscarriage, like an ague recurs periodically, and takes place almost to a day at the same month as the first. A lady who had been married several years, but who had never borne a living child, although she had had frequent abortions, consulted me upon the subject. Her miscarriages having always taken place at the same period of pregnancy—about the end of the third month—I desired her when she should again become pregnant to let me hear from her within a fortnight of the time she might expect to miscarry. She did so, telling me at the

same time she knew she should soon be taken ill as she had already had shiverings. I directed her to use an opium suppository nightly, which she did for a month, and she was thus enabled to carry her child to the full time. She has had two children since, and all three are now well and thriving. I have succeeded in similar cases with the internal exhibition of quinine, iron, hydrocyanic acid, &c. But opium, where the drug does not decidedly disagree, will be found the most generally useful of our medicines in checking the habit of miscarriage. Need I tell you that in no case should it be continued where it excites vomiting.

The tendency to return of any action which has once taken place in the constitution, is a law even in some effects of accidents. A lady, who from fright during a storm miscarried of her first child, a boy, never afterwards, when pregnant with boys, could carry them beyond the time at which she miscarried of the first. On the other hand, she has done well with every one of her daughters, five in number, all of whom are at this moment living.

To mothers and nurses, next to pregnancy and parturition, there is no subject so interesting as that of

TEETHING.

The birth of the first tooth, like the birth of a first child, is commonly expected by both with a certain degree of anxiety, if not with fear. Why is this? Why, but because as in the case of pregnancy, before the dormant germ can be called into action—before the embryo tooth can be developed—there must be a complete corporeal revolution, an intermittent fever, of more or less intensity, varying according to the varying conditions of particular constitutions. And what a curious unity runs through all creation, producing those wonderful analogies that alone can lead us to the proper study of nature. The embryo tooth, like the embryo infant, is the offspring of a womb—tiny indeed, but still rightly enough termed by the profession, matrix—that being only another Latin word for uterus or womb. Both also come into the world by a fever. The more healthy and vigorous the child, the more subdued will the teething fever for the most part be, and the teething itself will consequently be less painfully accomplished; just as under the same circumstances the parturient mother will more surely bring forth her young in safety. In those cases, on the contrary, where the child is weakly or out of health, the fever will be proportion-

ally severe. The generality of teething children, after having been comparatively well during the day, become feverish at a particular hour in the night. Now, the newly developed tooth, though in the first instance itself a mere effect of the fever, very soon contributes, by the painful tension which its increasing growth produces in the gum, to aggravate and prolong the constitutional disorder. It is first an effect and then a superadded cause, or aggravant. In this fever we have a fresh illustration of the unity of disease—a fresh proof that intermittent fever, in some of its many shades, is the constitutional revolution which ushers in every kind of corporeal disorder. How many varieties of local disease may not be produced during the intermittent fever of teething! Every spasmodic and paralytic distemper you can name—convulsions, apoplexy, lock-jaw, squint, curved spine, with all the family of structural disorders from cutaneous rash and eruption to mesenteric disorganization and dysentery. Should the gum be lanced in these cases? Who can doubt it? If you found the painful tension produced by the matter of an abscess keeping up a great constitutional disorder, would you not be justified in letting out the matter with a lancet? The cases are similar. In many instances of teething, then, the gum-lancet may be used with very great advantage—but with greater advantage still may you direct your attention to the temperature of the child's body. When that is hot and burning, when its little head feels like fire to your hand, pour cold water over it, and when you have sufficiently cooled it throughout, it will in most cases go to sleep in its nurse's arms. During the chill-fit, on the contrary you may give it an occasional tea-spoonful of weak brandy and water, with a little dill or aniseed to comfort and warm it—having recourse also to friction with hot flannel, or to the warm bath. During the period of remission, the exhibition of small doses of quinine, or opium, with prussic acid occasionally, will often anticipate the subsequent fits or render them trifling in comparison with those that preceded them.

Considerable opposition may sometimes be met with on the part of the wisecracks of the profession, when you propose quinine, or prussic acid in infantile disease. I was once requested to see the infant son of a gentleman, which had been suffering from convulsions and flatulence. You remember what I told you of this disease—that infantile convulsion depends in every instance upon cerebral exhaustion. It is often the effect of cold, and frequently follows upon a

purge; I have known the disease come on after the application of a leech. "No fact," says Dr. Trotter, "is better known to the medical observer than that frequent convulsions are a common consequence of the large loss of blood." And you may recollect that in the experiment of the animal bled to death by Dr. Seeds, flatulence and convulsions were among the symptoms produced by the evacuation. But to return to the child in question. Before I saw it, the little thing had been the subject of thirteen distinct convulsive fits, with an interval of remission of longer or shorter duration between each. What do you think was the treatment to which this infant had been in the first instance subjected by the practitioner, then and previously in attendance? Though its age was under six months, and the disease clearly and obviously remittent, he had ordered it to be cupped behind the ear,—afraid, as he explained to me, of the old bugbear pressure on the brain! How compatible this doctrine, permanency of cause, with remission of symptom! The quantity of blood taken was about an ounce, but the convulsions recurred as before. This was the reason why I was called in. The child at that particular moment had no fit—so after taking the trouble to explain the nature of the symptoms to the attending sangrado, I suggested quinine as a possible preventive. The man of cups and lancets stared, but acceded. The quinine, however, upon trial proving abortive in this instance, I changed it, according to my custom, for prussic acid—after taking which, the infant was free from fits for a period of at least five or six weeks,—when the convulsive paroxysm again recurred—from what cause I know not, unless it might be from a purge which its mother injudiciously gave it on the morning of recurrence. The flatulence, too, with which the child was all along troubled, began to diminish from the moment it took the prussic acid. You may perhaps ask me in what dose I prescribed the acid here. I ordered one drop to be mixed with three ounces of cinnamon water, and a teaspoonful of the mixture to be given every two hours all that day—so that there is no earthly agent, however powerful, even in a small quantity, that may not, by dilution, or some other mode or diminution, be fined away to any state and strength—to any age or condition of life for which you may be desirous of prescribing it. In this respect medicine resembles every thing in nature. Take colours, for example;—the most intense blue and the deepest crimson, by the art of the painter, may each be so managed that the eye shall not detect,

in his design, a trace of either one or the other. In the case of the infant just mentioned, the dose of prussic acid was about the twenty-fourth part of a drop, and its good effects were very immediate and very obvious. Nevertheless, when the attending practitioner came in the morning to see the little patient, then completely out of danger, he was so horrified by the medicine which had produced the improvement, that he stated to the family he could not, in conscience, attend with me any longer. He accordingly took his leave of the child he himself had brought into the world, and all because he, a man-midwife! could not approve of the treatment that saved its life. Yet this very person, without hesitation, let loose all at once the eight lancets of the cupping instrument on the head of the same infant, whose age, be it remembered, was under six months! Though I will not condescend to name the individual who having so heroically, in this instance, swallowed the camel, found such a difficulty afterwards in approaching the gnat, I may state for your diversion that he is a very great little man in his way—being no less than one of Her Majesty's principal accoucheurs—a proof to you that “court-fools” are as common as ever. Indeed, the only difference I see in the matter is this,—that whereas in the olden times such personages only exhibited in cap and bells at the feast and the revel, they now appear in a less obtrusive disguise, and act still more ridiculous parts on the gravest occasions.

One very great obstacle to improvement in medicine has been the very general preference given by Englishwomen to male over female practitioners of midwifery. For by means of that introduction, numbers of badly educated persons not only contrive to worm themselves into the confidence of families, but by the vile arts to which they stoop, and the collusions and conspiracies into which they enter with each other, they have in a great measure managed to monopolize the entire practice of physic in this country. And what an infamous business medical practice has become in their hands! To check the career of these people, Sir Anthony Carlisle wrote his famous letter to the Times newspaper, wherein he declared that “the birth of a child is a natural process, and not a surgical operation.” Notwithstanding the howl and the scowl with which that letter was received by the apothecaries, it is pleasing to see that the public are now beginning to be aware of the fact that more children perish by the meddlesome interference of these persons, than have ever been saved by the aid of their instruments. How many perish by

unnecessary medicine common sense may form some notion—for the fashion of the day is to commence with physic the moment the child leaves the womb—to dose every new-born babe with castor oil before it has learnt to apply its lip to the nipple! Who but an apothecary could have suggested such a custom? Who but a creature with the mind of a mechanic and the habits of a butcher would think of applying a cupping instrument behind an infant's ear to stop wind and convulsions? The nurses and midwives of the last age knew better. Their custom in such cases was to place a laurel-leaf upon the tongue of the child. The routinists laughed at what they called a mere old woman's remedy, and declared that it could have no effect whatever; they little knew that its strong odour and bitter taste depended upon the prussic acid it contained! An excellent hint may be obtained from every description of old woman but the old women of the profession—the pedantic doctors, who first laugh at the laurel-leaf as inert, and yet start at the very medicine upon which its virtues depend, when given with the most perfect precision in the measured form of prussic acid! men who, in the same mad spirit of inconsistency, affect to be horrified at the mention of opium or arsenic, while they dose you to death with calomel and colocynth, or pour out the blood of your life as if it were so much ditch-water!

There is such a thing as

HEREDITARY PERIODICITY.

If you take a particular family, and, as far as practicable, endeavour to trace their diseases from generation to generation, you will find that the greater number die of a particular disease. Suppose this to be pulmonary consumption. Like the ague, which makes its individual revisitations only on given days, you shall find this disease attacking some families only in given generations—affecting every second generation, in one case; every third or fourth in another. In some families it confines itself to a given sex, while in the greater number, the age at which they become its victims is equally determinate—in one this disease appearing only during childhood, in another restricting itself to adult life or old age. By diligently watching the diseases of particular families, and the ages at which they respectively reappear, and by directing attention in the earliest stages of constitutional disorder to those means of prevention which I have in the course of this work so frequently had occasion to point out to you, much might be done to ren-

der the more formidable class of disorders of less frequent occurrence than at present—mania, asthma, epilepsy, and consumption might thus to a certain extent, be made to disappear in families where they had been for ages hereditary. But alas! then, for the medical profession, the members of which might in that case exclaim, “Othello’s occupation’s gone!”

[While the second edition was in the course of printing I received the three following letters, which as they go far to bear me out in many of my previous observations, may not be deemed by the reader to be entirely out of place here. The first is from Dr. M’Kenzie of Kenellan, in Scotland.

“*Kenellan, near Dingwall, 24th Feb. 1841.*

“*Dear Sir,—*

“After studying at Edinburgh, London, and Paris, I graduated in 1824, and immediately afterwards received an appointment to the Medical staff of the army. I conceive that, phrenologically speaking, my head is a fair sample of the common run; and during my period of pupilage I had the very best opportunity of acquiring what most people call “medical information.” In the military hospital at Fort Pitt I had abundant opportunities of testing its value, yet though I did my best to put into practice the rules and directions which I had so sedulously studied in the schools of medicine, the result of their application was anything but satisfactory to me; nor did the observations I made on the practice of my comrades mend the matter. The Sangrado system was in full operation. Like my neighbours, I did as I had been taught, but the more I considered the result of our practice, the more convinced I became that we were all in the dark, and only tampering with human life most rashly, in a multitude of cases. Still I thought it my duty to do as my superiors directed, hoping soon to see my way more clearly. In process of time I was appointed to a regiment, with which I served about two years. I then married, and finding that a married man has no business to be in the army, I resolved to embark in private practice, expecting that with the excellent opportunities of becoming acquainted with disease in every form I had possessed in the army, and aided by numerous friends, I might rise easily in my profession. I settled in Edinburgh, and became a Fellow of the College of Physicians. I soon found, however, that in leaving the army for private practice, I was “out of the frying pan into the fire;”—

there were obstacles to success that I had never even dreamt of. In the military hospital I had only to say "do," and it was done; and I knew to a nicety the effect of my remedies, for in every instance they were faithfully administered. In private practice all this was changed. There, in order to live like other men by labour, I found it absolutely essential to practice the *suaviter in modo* on many occasions when the *fortiter in re* would have been the best for my patients. I therefore felt myself obliged to consider how others managed such matters, and I was soon able to divide the medical body into three classes. At the top of the tree I noted here and there a solitary individual whose word was law to his patients. I endeavoured to trace the career of these favoured practitioners, and was grieved at being compelled to think that in few instances had they ascended to their eminence by the ladder of integrity, talent, or real medical knowledge. On the contrary, I was compelled to believe that these qualities often were a bar to a physician's rise, and that flattery and humbug were far more valuable qualities in the eyes of the world, and, if skilfully practised, would ensure first rate eminence. Lower down I found a certain number who, like myself, did their best to retain practice, and preserve the *vultus ad sidera*. But when I looked to the bottom of the tree, I saw around it a host of creatures void of any scruples, determined to acquire wealth, and to act on the ancient maxim, *rem si possis recte; si non, quocunque modo rem*; [Make money,—honestly if you can; if not, make money!] men who, void of integrity and all honourable self-respect, looked upon such as differed from them in this point as insane. I certainly was taken quite aback, and looked and better looked in hopes that my senses deceived me; but the more I looked the more was I satisfied, or rather *dissatisfied* with the correctness of my views. It was now quite clear that I never should rise in the profession, and that 'although *bred* to physic, physic would never be *bread* to me.' I could not scramble for subsistence at the expense of self-respect, and live upon an *ipecacuan loaf*. In spite of the lamentations of my friends and patients, who thought me 'getting on so nicely,' who were unable to read my real feelings, and at the expense of being ridiculed by many who supposed me actuated by foolish pride, &c., I bade adieu to private practice, and turned my lancet into a ploughshare. In short, I took to farming, in which vocation I have now continued for nine years, enjoying a happiness and peace of mind that I think

few medical men can understand. Among the poor I still keep up a little practice, and occasionally am consulted by my country practising friends, but, like my old lancet, I grow very rusty. Perhaps you will say, so much the better. And now, why have I troubled you with all this from an entire stranger? Simply as a preface to the thanks that I now beg to offer you for the new light that broke upon me on reading your *Fallacies of the Faculty*, sent me by a non-medical friend. My ideas on physic have been totally revolutionized by it, and I now recall to my mind many cases where I made most fortunate cures *accidentally*, by following your system, though without any knowledge of the principles of its application. Most sincerely do I congratulate you on your discoveries, and most confidently do I look forward to the day, not distant, when they will be duly appreciated. I have myself been all but a martyr at the shrine of Sangrado, but nothing will ever again induce me to part with a drop of blood, so long as it will circulate in the veins of—Your obliged and faithful

“J. M'KENZIE, M.D.”

The next letter is from Dr. Charles Greville of Bath:—

“*Bath, Feb. 24, 1841.*”

“*My Dear Sir,—*

“I have perused with much interest your excellent and original lectures on the *Fallacies of the Faculty*, and have much pleasure in attesting the truth of your remarks. I have treated numerous cases of disease upon the chrono-thermal principle, with perfect success. Should time permit, I will furnish you with various instances. I have no doubt the public will eventually appreciate the superiority of your views, and take its leave of the nefarious apothecary, whose existence seems to depend upon the deluging of his patient with unnecessary and too often deleterious compounds.—I remain, my dear Sir,—Yours very faithfully,

“CHARLES GREVILLE.”

The third letter is from Mr. Henry Smith, a surgeon in very extensive practice at Cheshunt, in Hertfordshire:—

“*Cheshunt, Feb. 24, 1841.*”

“*My dear Sir,*

“At a time when your doctrines are so much the subject of discussion, both with the profession and the public, the evidence of a country practitioner, as to the result of their ap-

plication in his hands, may not be altogether unacceptable to their author. The first time I heard your name, was about eighteen months ago, when the Hon. Edmund Byng sent your *Unity of Disease* to my father-in-law, Mr. Sanders. We were both equally struck with the novelty and simplicity of your views, as there detailed, and we determined to put them to the test. You will be gratified to hear, that neither Mr. Sanders nor myself, from that time, have ever had occasion to use either leech or lancet in our practice, though formerly we felt ourselves compelled to use both. Every day has confirmed us in the truth of your opinions by our increased success. I have treated cases of apoplexy with the most perfect success with no other means than the application of cold water dashed over the head and face—following that up after the fit had gone off with quinine, ammonia, and prussic acid. I have cured all kinds of cases of convulsion by the same treatment; indeed, in the convulsive diseases of children, the prussic acid has been my sheet-anchor. In cases where children have been apparently still-born, I have succeeded in rousing them by dashing cold water over their bodies. With quinine, and prussic acid, I have treated many cases of croup, and in no instance do I remember to have lost a patient. Many cases of hysteria, and some of epilepsy, have been cured or relieved by creosote, after every other medicine had been tried in vain. I have treated cases of both chronic and acute rheumatism successfully by arsenic. By the tonic practice I have been equally successful in inflammations of the chest and bowels. Before concluding this hasty sketch, permit me to express how thankful and grateful I feel towards you for the light by which you have expelled the darkness in which medicine was formerly so much enveloped by its professors. Yours, my dear Sir, very faithfully,

“HENRY SMITH.”

Since the publication of the second edition of this work, Mr. Smith confirms his previous statement by a further experience of eighteen months—three years in all—during which he has not used a leech or lancet. I have also received, among other communications, the following from H. C. De-shon, Esq., surgeon:—

“*Shroton, Blandford, Nov. 10, 1841.*

“*Dear Sir,*
I have from time to time anxiously waited to hear of the state of health of that beloved relative [his mother] I left under

your care, and I am now glad to hear that she considers herself better. * * * I have cured palsy and epilepsy by hydrocyanic acid, quinine, arsenic, &c., and I have also found these medicines of avail in convulsions and dropsies. Indeed, I am confident that most diseases may be cured (I refer to *chronic* diseases chiefly) by medicines useful in ague, and on your principles, with reference to *periodicity* and *temperature*. Dear Sir, very truly yours,

“HENRY C. DESHON.”

From Charles Trotter, Esq., surgeon:—

“*Holmfirth, near Huddersfield.*”

“*Dear Sir,*

“Having read your second edition, *Fallacies of the Faculty*, I have been induced in a great number of cases to try the chrono-thermal system of treatment, and I must confess that in very many instances it has exceeded my expectations. I have cured what are termed inflammations without the patient losing a single drop of blood. Very recently I succeeded in bringing a case of peritonitis (inflammation of the membranous covering of the bowels) to a favourable result without bleeding at all. Several well-marked cases of pneumonia, (inflammation of the lungs,) as well as of pure bronchitis, (inflammation of the air-passages,) have also yielded to medicine without any bleeding whatever. And I may at the same time observe, the recovery was in every case quicker, and the consequent weakness less than if blood had been drawn.

“Yours truly,

“CHARLES TROTTER.”

From Dr. Fogarty, surgeon of the St. Helena regiment:

“*London.*”

“*My Dear Sir,*

I have read with the greatest delight your *Fallacies of the Faculty*. Every word ought to be written in letters of gold.

“Yours faithfully,

“M. FOGARTY.”

From H. W. Bull, Esq., Surgeon R. N.:—

“*Workingham, February 5, 1843.*”

“*Dear Sir,*

“I beg to forward you a statement of my own case, and one or two cases of others, treated on your plan, all of which are evidence of the value of the chrono-thermal system. I

was attacked by paralysis on the 28th October, 1841, which deprived me of the use of my right arm and leg, affected the same side of the face, and produced some difficulty of speech. The usual plan was adopted—bleeding, purging, leeching, mercury, and blisters. In this state I crawled on to May, 1841, when I lost more blood to *prevent* another anticipated attack, goaded on by what you term the bugbear CONGESTION. In this manner I went on, occasionally cupping and purging, and with a very restricted diet. In consequence of all this, I was much reduced, and I became exceedingly weak,—the heart palpitated very much on the least motion, and I had in addition, occasional fainting fits. Last May my son sent me some extracts from your work, the *Fallacies of the Faculty*, the perusal of which induced me a few days after to state by letter the particulars of my case to you. The first prescription you were so kind as to send disagreed; you then ordered quinine, and this I took with good effect. The shower-bath which you also ordered I found very beneficial. I have followed the plan laid down by you with very great advantage—changing the different medicines from time to time as occasion required; and I can now walk two miles without assistance. I have not only power to raise my right arm and wave it round my head, but I can lift a weight of forty pounds with it. I am now following the same plan with very good effect; I must confess I was at first startled by a practice so very different from all I had been taught in the schools, but a practice, I can truly say, to which I owe my life. Like Dr. M'Kenzie, nothing will ever induce me to lose a drop of blood again, so long as it will circulate in the veins of

“Yours, most sincerely and faithfully,

“H. W. BULL, Surgeon R. N.”

Cases alluded to in the above letter.

“Case 1.—Mr. C— was attacked with acute rheumatism in almost every joint, great difficulty of breathing, and violent pain in the chest. I prescribed an emetic, but he refused to take it,—he is a Hampshire man, and almost as obstinate as one of his own hogs. He continued in this state two days more; at last he was prevailed on to take the emetic. It operated soon, and gave him instant relief. I followed it up with quinine and colchicum; he is now quite well, and has gone to his brother's house, some distance from this.

“Case 2.—A girl, twelve years of age, was brought to me

from Binfield in convulsive fits. The pupils of her eyes were very much dilated, and the fits followed each other in rapid succession. I first gave her a purgative, and followed it up with prussic acid;—this was on a Monday. The fits became less and less frequent, and from the following Friday they entirely ceased. I also lately used the prussic acid with the best effect in the case of a child seven weeks old.

“*Case 3.*—A gentleman lately brought his child, a fine boy, to me for squint; the age two years. Some days the boy squinted less than others. I gave him six powders, containing quinine and a little calomel: no other medicine was prescribed. There has been no squint since the powders were finished. In many other cases I have followed your plan with the best success.
H. W. B.”

From John Yeoman, Esq., a surgeon in extensive practice at Loftus, in Yorkshire:—

“*Loftus, Feb. 2, 1843.*”

“*Sir,*

“Hearing that you are about to give us another—a third edition of the *Fallacies of the Faculty*, I beg now to offer to you my best thanks for the service you have already done the medical profession by the publication of your original doctrines on disease. Being convinced, from my own experience and observation, that there is a periodicity in most diseases, and that blood-letting is resorted to, as a curative measure, far too indiscriminately, I have read the *Fallacies of the Faculty* with very great interest and advantage. With interest, because I have been anxious and ready, for the last two years, to test the chrono-thermal doctrine and remedies fairly, and with advantage, because I have succeeded in a wonderful manner to cure diseases, by acting up to the principles and practice you recommend. I have treated several cases of decided pleurisy and pneumonia according to the chrono-thermal system, using emetics, purgatives, tartar emetic, prussic acid, and quinine, and without the aid of lancet or blister, most successfully. In croup and typhus fever, I can bear ample testimony to the good effects of emetics, cold affusions, prussic acid, and quinine; and with these agents alone, I have cured several cases of both within the last six months. You are at liberty to make use of these few remarks, to make them known to the profession, or the world, as you please; and wishing you every success in your future efforts, good health, and happiness, I am, sir, yours sincerely,

“JOHN YEOMAN.”

From J. H. Sprague, Esq., M. D., formerly a medical officer on the staff:—

“Clevedon, near Bristol, Feb. 6, 1843.

“My Dear Sir,

“Having read over and over again your invaluable work, *The Fallacies of the Faculty*, and having devoted much time to the study of the principles laid down, I am desirous to convey in plain language my sentiments in regard to the immense benefit which would indubitably be conferred on mankind by the general adoption of your opinions and practice. I was strictly educated to the medical profession from my youth up, and have been in actual practice for more than thirty-three years—time enough, you will say, to be rooted and grounded in all the prejudices of an age of such superficial thinking as the present. Those prejudices, doubtless, I should have imbibed, and possibly cherished, like many others who know no better, had I not been taught at an early age by my mother, a woman of superior sense and discernment, to imitate the example of one whom I am proud to call my ancestor—the immortal John Locke. Her constant advice was, Think for yourself, and never take any man’s assertion for proof. Examine before you believe,—

“Seize upon *truth* where'er 'tis found,
Among your friends, among your foes,
On Christian, or on heathen ground,
The flower’s divine where'er it grows.”—WATTS.

I have, therefore, through life carefully examined and compared effects with their supposed causes, believing nothing upon the mere assertion, or *ipse dixit* of any authority, however high. It was my fortune to be a pupil of the late once popular Dr. Beddoes, at a period when Pneumonic medicine was all the fashion, or in other words, when the inhalation of various gases was prescribed for chest diseases. At that time, it was also common to place consumptive patients in cow-houses, to breathe the odour of the animal, then believed to be a specific for that complaint. Beddoes, however, prescribed digitalis (foxglove); maintaining that he could cure consumption with that drug, as certainly as he could cure an ague with bark. Yet all these things are now candidly allowed to be only specious fallacies. Soon after this originated the doctrine first brought to this country by invalids returning from India, that the liver is the seat of all disease; and this doctrine my friend and correspondent, Dr. Curry, of

Guy's Hospital, promulgated to the world as true, in his attractive and eloquent lectures; assuring his numerous pupils, at the same time, that the cure was to be effected by calomel, in scruple and half-drachm doses! So extensively, indeed, at one time, was this mercurial used through Dr. Curry's influence, that calomel was generally known at the druggist's shops in London by the name of Curry powder! How many thousands of lives have been destroyed by the *mercurius dulcis*, or sweet mercury, as calomel was once called! On the subsidence of the Hepatic mania, Mr. Abernethy appeared upon the medical stage with his blue pill and black draught, which, with decoction of sarsaparilla, were long considered as the only remedies required for 'all the ills that flesh is heir to.' Somewhat later, began the rage for profuse bleeding, which with very few exceptions, has up to the present time been zealously advocated by the whole medical fraternity. 'The Sanguinary Science,' as you have most appropriately named it, has been, and is still taught and inculcated in all the English schools of medicine; and sanctioned by such authorities, the practice of phlebotomy has spread through the land like a destructive torrent. Whether the doctor entered the rich man's habitation, or the poor man's dwelling, the first word was 'You must be bled!' Or if the operation had been performed, the next most important question to be decided was, 'Has enough blood been taken?' Among the principal British slaughter-houses, I must reckon the army hospitals. There the living blood was, and is still poured out, as if it were the most pernicious element in nature—so much poisonous ditch-water. I recollect a spruce young surgeon, of the 13th Regiment of Foot, with whom I was in garrison in the Island of Jersey, who made it his boast that 'when the battalion was in Canada, he thought nothing of having seventy or eighty pounds of blood thrown out upon the dung-hill every morning!!' To preserve my credit with the Director-General of the Army Medical Department, I was of course obliged to follow at a humble distance this terrible practice; for had not the letters V. S., or Venæ Sectio, appeared opposite to the patient's name in my returns to the medical board, I should undoubtedly have been deprived of my commission; so indispensable was the operation considered to be! But, even at this early period of my life, by a judicious use of emetic tartar and other medicines, which I now call chrono-thermal remedies, I was much more successful in my practice than those who trusted

almost exclusively to the lancet. A few years after the time I refer to, a perusal of the excellent practical treatise of Dr. Balfour led me to adopt the Antimonial treatment. Up to this hour, in this part of the country, the dangerous system of depletion is thoughtlessly persisted in, and the delicate and weakly, as well as the more robust, are every day drained of their life's blood,—the unfortunate patient sinking into a state of exhaustion—and death produced not by disease, but the doctor. But of all the sanguinary projects ever had recourse to, surely there is none so barbarous and cruel as the practice of scalping a patient by a cut of six or seven inches along the upper part of the head, for the purpose of making an issue. I have known cases in this neighbourhood where the patient has rapidly sunk from loss of blood, shortly after the infliction of such an incision; and other cases in which the bleeding has been so impetuous, that it could only be stopped by means of searing the wound with a red hot iron! What an idea, to call the practice of illiterate quacks in question, when medical men are permitted to perform operations so unprofitable! Lord Ellenborough's act for 'cutting and maiming' surely applies to these tortures of their fellow-creatures. A very clever physician, whom I lately had the pleasure of meeting in Devonshire, showed me a preparation of the head of an unfortunate man who had formerly been a patient of his, and who had cancer of the eye. A short time before his decease, the poor man went to Bristol for advice, where his case was treated by two medical men, a physician and an oculist, as inflammation of the brain. This patient, by their directions, was unmercifully leeches and then cut and hacked, as I have described to you, and he returned home with an issue, containing fifteen beans, in his scalp! after which, he lingered a few weeks, and died of complete exhaustion. Notwithstanding the strenuous and persevering advocacy with which blood-letting has been so universally urged, and that too, in the face of the great destruction of human life indubitably produced by it, to you, Sir, belongs the honour of triumphantly proving by evidence the most incontrovertible, that 'all diseases which admit of relief can be successfully treated without loss of blood.' And here do I most willingly record my unbiassed testimony to this important truth. Let me further add, that by a course of patient investigation, and much practical experience, I had arrived at the same conclusion before I had the pleasure of perusing your writings. I am therefore bound to acknowledge

how highly I value the moral courage which has induced you to promulgate your invaluable opinions, and which, I believe, are built upon an immoveable foundation. In proof of the benefits derived by the application of your principles in my own practice, I annex a few remarkable cases, some of them highly inflammatory, which I have lately cured by the chrono-thermal treatment, without the loss of a single drop of blood. With a deep sense of obligation to you for the information I have derived from your various writings, especially, the 'Fallacies of the Faculty,' I remain, my dear sir, yours very faithfully,

"J. H. SPRAGUE, M. D.,"

Cases referred to in Dr. Sprague's letter:—

Case 1.—I was suddenly called upon to see the butler of Sir C. A. Elton, Bart., Clevedon Court, who, I was told had brain-fever, and was 'ramping mad.' On my arrival, I found that a practitioner, previously in attendance, had bled him largely at the arm, and applied leeches to his head, and put him on a low diet. His state when I saw him, was one of great danger. He looked wild and agitated,—his head at intervals being intensely hot, succeeded by a low sinking pulse, and his skin bedewed with clammy perspiration; he had not slept for seven nights. The case was evidently *delirium tremens*. I immediately ordered the cold dash to the head, which was repeated at intervals in the course of the day. Mulled port to be taken occasionally with some cordial medicine and an opiate. The next day he was effectually relieved, having had six hours' comfortable sleep. A remission of symptoms being thus established, I prescribed quinine, and other chrono-thermal medicines; and at the end of a fortnight he was so far recovered as to be able to walk a distance of two miles, much to the surprise of all who heard of his illness, the medical man formerly in attendance having declared that if he did not die, he must become the inmate of a madhouse. He is now doing his duty as butler in good health.

Case 2.—A girl, aged four, who had been ill four days, was brought to me, with intense pain of head, and the peculiar scream that generally attends inflammatory brain affection. She had much fever, with hard and incompressible pulse—the pupil of her eye was contracted—she was intolerant of light, and she had repeated fits of vomiting. Having had her head shaved, cold applications in various forms were employed, and her feet at the same time, were kept warm

with hot water bottles. An emetic was also given, with other medicines, to subdue the fever. In the course of three weeks, this severe case of cerebral inflammation was completely cured, without the loss of a single drop of blood. Under the antiphlogistic plan, such cases usually terminate in water of the head, and death.

Case 3.—A child, twelve months old, had croup; he was hot and feverish, had great difficulty in breathing and cough, with the metallic sound peculiar to that disease. By an emetic twice repeated, followed up with quinine, and sulphate of copper, in minute doses, to say nothing of warm applications to the throat and other chrono-thermal means, the child recovered rapidly. Under the old system of leeching, bleeding and blistering, such cases, if the subjects of them survive at all, which is seldom, generally end in a long protracted weakness of body.

Case 4.—Miss S——, aged 30, had repeatedly suffered from spitting of blood, for which her physician in Bath had ordered her to be repeatedly bled and leeches. When called upon to see her, she was bringing up considerable quantities of florid blood, and her anxious friends, in the belief that I would bleed her, had the bandage and basin ready for the operation! I ordered an emetic instead, which at once stopped the hæmorrhage. This I followed up with antimonials and opiates. I then prescribed quinine, and other chrono-thermal medicines, with nutritious diet, directing her chest, at the same time, to be sponged with cold water. In the course of three weeks, her health was very greatly improved. In six weeks more, she left Clevedon quite an altered person, and that without any apparent tendency to return of the hæmorrhage.

Case 5.—Mrs. S——, aged about 38, applied to me for a *lancinating* pain of the left side, cough, and difficulty of breathing, increased by inspiration, with the other common symptoms of pleurisy. I prescribed an emetic, and having, by means of this, and antimonials in small doses, subdued the more urgent symptoms, I ordered a mustard cataplasm to the chest, and prescribed the usual chrono-thermal remedies, which, in a few days, cured an attack of as severe pleurisy as I ever witnessed, and that, too, without the abstraction of a drop of blood in any form.

Case 6.—Mr. T—— N——, age about 28, from exposure to wet, was seized with severe shiverings, followed by violent fever, in the course of which the elbow, wrist, and ankle

joints became so swollen, painful, and agonizing, as to prevent his moving in any manner. Emetics, opium, bark, and warm fomentations to the affected joints, rapidly produced a cure. Since that attack, he has had much better health than formerly, without any return of rheumatism, to which he was before very liable.

Case 7.—H—— D——, age about 50, had for years suffered from severe pain in the back and limbs, the temperature of his skin being *colder* than natural. Cupping, bleeding, blisters, &c. had all been tried in his case unavailingly. I prescribed quinine, sulphur, guaiac, and small doses of turpentine, which, with a liniment of turpentine and mustard, worked wonders on him. These measures, and an occasional tepid bath, cured him completely in three weeks.

THE causes of disease, we have already said and shown, can only affect the body through one or more of the various modifications of nervous perception. No disease can arise independent of this—no disease can be cured without it. Who ever heard of a corpse taking the small-pox? or of a tumour or a sore being healed in a dead body? A dreamer or a German novelist might imagine such things. Even in the living subject, when nerves have been accidentally paralyzed, the most potent agents have not their usual influence over the parts which such nerves supply. If you divide the *pneumogastric* nerves of a living dog—nerves which, as their name imports, connect the brain with the lungs and stomach—arsenic will not produce its accustomed effect on either of these organs. Is not this one of many proofs that an external agent can only influence internal parts banefully, at least, by means of its electric power over the nerves leading to them? Through the same medium, and in the same manner, do the greater number of our remedial forces exert their salutary influence on the human frame. But whether applied for good or for evil, all the forces of nature act simply by attraction or repulsion. The brain and spinal column—the latter a prolongation of the former—are the grand centres upon which every medicine sooner or later tells, and many are the avenues by which these centres may be approached. Through each of

THE FIVE SENSES,

the brain may be either beneficially or banefully influenced. Indeed, take away these, where would be the joys, sorrows, and more than half the diseases of mankind?

We shall first speak of sight. The view of a varied and pleasant country may, of itself, improve the condition of many invalids—while a gloomy situation has too often had the reverse effect. There are cases, nevertheless, in which pleasant objects only pain and distract the patient by their multiplicity or brightness. Night and darkness, in such circumstances, have afforded both mental and bodily tranquillity. The presence of a strong light affects certain people with headache; and there are persons to whom the first burst of sunshine is troublesome, on account of the fit of sneezing it excites. A flash of lightning has caused and cured the palsy. Lænnec mentions the case of a gentleman who, when pursuing a journey on horseback, suddenly arrived at an extensive plain. The view of this apparently interminable waste affected him with such a sense of suffocation that he was forced to turn back. Finding himself relieved, he again attempted to proceed; but the return of the suffocative feeling forced him to abandon the journey. The common effects of gazing from a great height are giddiness, dimness of sight, with a sense of sickness and terror; yet there are individuals who experience a gloomy joy upon such occasions; and some become seized with a feeling like what we suppose inspiration to be—a prophetic feeling that leads them to the utterance and prediction of extravagant and impossible things. Others again under such circumstances, have an involuntary disposition to hurl themselves from the precipice upon which they stand.

Sir Walter Scott, in his *Count Robert of Paris*, makes Ur-sel say, “Guard me then, from myself, and save me from the reeling and insane desire which I feel to plunge myself in the abyss, to the edge of which you have guided me.” Every kind of motion upon the body may affect the brain for good or for evil; and, through the medium of the eye, novel motion acts upon it sometimes very curiously. You have all experienced giddiness from a few rapid gyrations. Every thing in the room then appears to the eye to turn round. If you look from the window of a coach in rapid motion, for any length of time, you will become dizzy. The same thing produces sickness with some. Many people be-

come giddy, and even epileptic, from looking for a length of time on a running stream; with others, this very stream gazing induces a pleasurable reverie, or a disposition to sleep. Apply these facts to animal magnetism—compare them with the effects of the manipulations, so called, and you will have little difficulty in arriving at a just estimate of their nature and mode of action. What is animal magnetism? It consists in passing the hands up and down before the eyes of another slowly, and with a certain air of pomp and mystery; now moving them this way, now that. You must, of course, assume a very imperturbable gravity, and keep your eye firmly fixed upon the patient, in order to maintain your mental ascendancy. On no account must you allow your features to relax into a smile. If you perform your tricks slowly and silently in a dimly-lit chamber, you will be sure to make an impression. What impression?—Oh! as in the case of the stream-gazer, one person will become dreamy and entranced, another, sleepy, a third, fidgety, or convulsed. Who are the persons that, for the most part, submit themselves to this mummerly? Dyspeptic men and hysteric women—weak, curious, credulous persons, whom you may move at any time by a straw or a feather. Hold up your finger to them and they will laugh; depress it, and they will cry! So far from being astonished at anything I hear of these people, I only wonder it has not killed some of them outright—poor fragile things! A few years ago I took it into my head to try this kind of pawing in a case of epilepsy. It certainly had the effect of keeping off the fit; but what hocus-pocus has not done that? I have often done the same thing with a stamp of my foot. In a case of cancer upon which I tried the “passes,” as these manipulations are called, the lady got so fidgety, I verily believe, if I had continued them longer, she would have become hysterical or convulsed! That effects remedial and the reverse, however, may be obtained from them, I am perfectly satisfied. Nor do I mean to deny that in a few—a very few instances, these, or any other monotonous motions, may produce some extraordinary effects—effects which, however, are the rare exception instead of the general rule. Whatever any other cause of disease may produce on the human body, these manipulations may by possibility occasion—somnambulism, catalepsy, or what you please. There is no more difficulty in believing this, than there is difficulty in believing that the odour of a rose, or the

sight of a cat will make certain people swoon away. This much then I am disposed to admit.—But when the animal magnetizers assert that the senses may be transposed,—that the stomach may take the office of the eye, and render that beautiful organ with all the perfect but complex machinery by which it conveys light and shadow to the brain, a work of supererogation on the part of the Creator, I turn from the subject with feelings of invincible disgust. If it be objected that the magnetizers have produced persons of both sexes, who with their eyes closed and bandaged read a book placed upon their stomach, by means of that organ, through waist-coat, body-lace, and heaven knows what all!—I reply, that the charlatans of all countries, every day perform their tricks with a swiftness that altogether eludes the unpractised eye. Thousands of persons have seen the Indian juggler plant a mango-stone in the ground, and in the course of a few minutes do what nature can only do in the course of years, make it successfully produce a plant with leaves, blossoms, and lastly fruit! How this trick is done, the witnesses who describe it know no more than I how the magnetizers perform their juggleries; but few who have seen the Indian trick believe in the reality of any one of the various transformations with which their eyes have been cheated. The transposition of the senses, is only an old whimsy, newly dressed up under the name of “clairvoyance.” We read in Hudibras of

“————— Rosicrucian virtuosis
Who see with *ears* and hear with *noses!*”

The greater part of the influence of external impressions upon the eye, as upon other organs, depends upon novelty solely, for pomp and pageantry affect the actors and the spectators in exactly opposite ways. With what different feelings, for example, the courtier approaches his sovereign, from a person newly “presented.” The one, all coolness, looks only for an opportunity of improving his advantage, while the other’s only care is not to make a fool of himself. How different the effect of a punishment parade upon the raw recruit and the old soldier! In a regiment of veterans, a thousand strong, not a man will move from his place—not a countenance shall change its cast or hue, while lash follows lash, and the blood flows in streams from the back of the culprit. The same scene enacted before a body of newly enlisted

lads of equal numerical strength, will alter the expression of every face ; nay, a dozen or more will drop, some fainting, some vomiting, some convulsed and epileptic. A medical student of my acquaintance, the first time he saw an amputation, not only fainted, but lost his sight for nearly half an hour ; yet the same student afterwards became celebrated for his manual dexterity, and the coolness and steadiness with which he performed his amputations. To use a vulgar phrase—familiarity breeds contempt. How awkward most persons feel when, for the first time, they experience a ship's motion at sea. The young sailor, like the young surgeon, soon gets cured of his squeamishness ; for the disposition to be sea-sick vanishes after a voyage or two. Now all this ought to convince you of the necessity of changing your remedies in disease ; for what will produce a particular effect one day will not always do it another. With the body, as with the mind, novelty and surprise works wonders.

Do you require to be told that you can influence the whole corporeal motions through the organ of hearing ? I have stopped the commencing epileptic fit by simply vociferating in the ear of the patient. The atoms of the brain, like the atoms of other parts, cannot do two things at once ; they cannot, at one and the same moment of time, maintain the state of arrest which constitutes attention, and the state of motion on which the epileptic convulsions depend. Produce cerebral attention in any way you please, and there can be no epilepsy. In this way, a word may be as efficacious as a medicine. Certain sounds, on the contrary, set the teeth on edge.

The influence of melody upon the diseases of mankind was so fully believed by the ancients, that they made Apollo the god both of medicine and music ; but sweet sounds, like other sweets, are not sweet to every body. Nicano, Hippocrates tells us, swooned at the sound of a flute ; what would he have done had he been obliged to sit out an opera ? Many people are melancholy when they hear a harp ; yet the melancholy of Saul was assuaged by David's harping. Some persons become furious when a fiddle plays,

“ And others, when the bagpipe sings i' the nose,
Cannot contain their urine,—for Affection,
Mistress of Passion, sways it to the mood
Of what it likes or loathes.”—SHAKESPEARE.

Everybody has heard of the wonderful effects of the Ranz

des Vaches—that air which, according to circumstances, may either rouse the Switzer to the combat, or stretch him hopeless and helpless upon the sick-bed from which he shall rise no more. Oh! these national airs have marvellous effects with many people! I have known them produce and cure almost every disease you can name; but their influence in this case greatly depends upon association. Captain Owen had more faith in an old song as a remedy for the tropical fever, from which his crew suffered, than in all the physic prescribed for them by the ship's surgeon. The singing of a long remembered stanza, he assures us, would, in a minute, completely change for the better the chances of the most desperate cases. Upon what apparently trifling things does not life itself often turn!—

“————— It may be a sound,

A tone of music, summer's eve or spring—

A flower, the wind, the ocean, which shall wound,

Striking the electric chain with which we are darkly bound.”—BYRON.

How strangely some people are affected by SMELL. Who that had never seen or experienced it, would believe that the odour of the rose could produce fainting? or that the heliotrope and the tuberose have made some men asthmatical?—There are persons who cannot breathe the air of a room containing ipecacuan, without suffering from asthma. The smell of musk, so grateful to many people, sickens some. An odour, in certain cases, may be as good a cordial as wine: every old woman knows the virtue of hartshorn and burnt feathers.

I am almost afraid to speak of TASTE, for, you know, *de gustibus non est disputandum*. Might not the red Indian, when taunted for devouring vermin, retort upon the “Pale-face” for his mite-eating propensity? The Esquimaux, who rejects sugar with disgust, esteems train-oil a luxury; but, though he prefers a tallow candle to butter, he has as perfect a taste for whiskey as any Irishman among us—that is, before Father Matthew and temperance societies became the rage.—How you would stare to see a man, in his senses, chewing quicklime; yet I have seen some hundreds at a time doing that. I allude to the practice of the Asiatics, who first wrap up a little portion of lime in a betle-leaf, and chew both, as our sailors do tobacco. Now, that very tobacco-chewing has always seemed to me an odd taste, and I do not wonder that fine ladies have sickened at the sight of a *quid*. Was there

ever such a fancy as that of the Chinese, who eat soup made of birds' nests! Morbid in the first instance, such tastes, like other diseases, spread by imitation or contagion. In the West Indies, the negro is liable to a peculiar fever, called, from the avidity with which he devours clay, *Mal d'Estomac*. His whole sensations then are, doubtless, more or less deranged. What extraordinary likings and longings ladies in the family way often take! Some will eat cinders, some have a fancy for rats and mice, and some, like Frenchmen, take to frog-eating! I remember reading of a lady who paid fifty pounds for a bite of a handsome young baker's shoulder; the same lady went into hysterics because the poor fellow would not permit her to take another, at any price. If many will smile, and feel incredulous at this—how will they receive what I am now going to tell? While I was myself studying at Paris, some fourteen or fifteen years ago, a woman was tried for decapitating a child. When asked her motive for a crime so horrible, she replied, "*l'envie d'une femme grosse.*"

Well, now, I think we have had quite enough of Tastes—we shall therefore say something of TOUCH. You will tell me, perhaps, not to trouble you on that subject;—no great good or ill can happen from a touch, you will say. But here you are mistaken: many curious and even dangerous affections may originate in touch simply, provided it be of a novel or unusual kind. Touch the white of the eye, however lightly, with your finger, or a feather, and you shall have pain that may last an hour. The application of either the one or the other to the throat or fauces may vomit you as effectually as tartar emetic or ipecacuan: every nurse knows that. A bristle introduced, in the softest manner, into the nose or ear, has thrown some people into fits. Then what extraordinary effects may sometimes follow the most painless touch of the bladder by a catheter or a bougie. I do not know what other medical men have seen, but I have over and over again witnessed ague, epilepsy, faint, vomit, and diarrhœa, all from the mere introduction of the catheter or bougie; and I have even traced rheumatism and eruptions to the same operation. All know the effect of *tickling*. Now what is tickling but a succession of short touches? And see how wonderfully it affects most people!—some men may be driven mad by it. Though it has been carried so far, in some cases, as to have produced convulsions, and even death itself, Mr. Wardrop actually found it efficacious in some convulsive affections. I have already given you instances where the mere application of a

ligature to the arm or leg arrested the fit of mania, epilepsy, &c. Now the influence of that apparently trifling application depends upon the cerebral attention which it excites through the double influence of sight and touch. As I hinted before, the lancet has often got the credit for the good effects produced by the bandage. Fear of the operation may also, on some occasions, have aided its efficacy. How many virtues were, at one time, attributed to a king's touch!—how many more are still believed to attach to the touch of relics—the bones, rags, and other rattle-traps of saints! Priests and princes, you have by turns governed mankind—justly and well sometimes—more frequently you have deluded and deceived them. If the credulity and weakness of the masses have, in most cases, been *your* strength, here at least the *dupe* has not always been a loser by the deceptions you practised. The emotions of faith and hope which your mummery inspired, by exciting new revolutions in the matter of the brain, have assuredly alleviated, and even cured, the sufferings of the sick. Strange infatuation of mankind,—with whom, where truth fails, imposture must succeed! In what does the adult differ from the infant—gullible man, who gives his gold for an echo, from the child who caresses its nurse when telling lies to please it? IGNORANCE in *degree* makes the only difference. Let us now inquire into the manner in which the human frame may be influenced through the medium of

THE PASSIONS.

What are the Passions? Grief, Fear, and Joy—what are these?—are they entities or actions—the workings of demons *within*, or corporeal variations caused by impressions from *without*? Have not the Passions all something in common, some features or shades of feature so precisely the same as to form a bond of unity by which they may be all linked together? Are not the resemblances, in many instances, so very close that you could not tell one from another? A person is pale in the face, his lip quivers, his whole frame trembles or becomes convulsed. Is this fear, rage, love, or hate? May it not be the effect of a change of temperature simply? Bailly, when on the scaffold, was taunted by the bystanders with *trembling*. Yes, he replied, “but it is with *cold*.” “You are pale, sir; your *fears* betray you.” “If I am pale, it is with *astonishment* at being accused of such a crime?” “You blush, madam, you are *ashamed* of yourself.” “Pardon me, sir, it is your audacity brings the redness of *rage* to

my cheek." You see, then, how like the passions are to each other, and how difficult it is to guess at the causes of them from mere appearance.

Like the various diseases of which we have had occasion to speak, the mental emotions, or rather the corporeal actions so called, have all been associated with particular organs and secretions. Their very names have changed with the changes in medical doctrine. Who among you would dream of placing *grief* in the liver? That the ancients did so, is evident by the name they gave it—melancholy literally signifies "black bile." *Envy* or *spite* we still call the "spleen," and when a person is enraged, we say "his bile is up." Europeans place courage, benevolence, and fear, in the heart,—the heart, which has quite enough to do in the performance of its own proper office, namely, that of a vessel to circulate the blood through the system! The Persians and Arabs associate fear, courage, and benevolence with the liver: "white-liver," is their term for a coward. Shakspeare uses the word *lily-livered* in the same sense.

People often speak of *temperament*, and professors of philosophy tell us there are four kinds. If a man is hasty or violent, his temperament is said to be *choleric*, or bilious; if mentally depressed, *melancholic*, or black bilious; if of a joyful and happy turn of mind, he is of a *sanguineous*, or full-blooded temperament; if apathetic or listless, the temperament is *phlegmatic*—a word somewhat difficult to translate, inasmuch as it originated in a fanciful phantom, which the ancients believed to be an element of the body, and which they termed "phlegm." Some add another temperament, which they call *leuco-phlegmatic*, or white phlegm. I wonder they never took the *saliva* to distinguish a temperament; surely the "salivous temperament" would be quite as rational as the "bilious." What then are all these temperaments—so far at least as their nomenclature goes, but pretty gibberish?—mere sounds, in fact, invented by ignorant knavery to cheat still more ignorant folly; or, in the words of Horne Tooke, "an exemplar of the subtle art of saving appearances and of discoursing deeply and learnedly on a subject with which we are perfectly unacquainted!" It never occurred to the sophists of the schools that man's mental dispositions, like his corporeal attributes, are every day altered by time and circumstance.

Need I tell you, that disease has made the bravest man quake at his own shadow, and turned the most joyous person

into a moody and moping wretch? When the doctrines of the Humoral School prevailed, the word temperament gave way to humour, and good and bad humour took the place of cheerful and sulky temper. We are in the daily habit of speaking of "the spirits." We say "low spirits," and "high spirits;" which forms of expression may be traced to the period when physicians were so ignorant as to suppose that the arteries, instead of carrying blood, contained air or "spirits," from *spiritus* the Latin for breath or air. That was the reason why these blood-vessels were first called *aer*-teries. The confusion which pervades all language has materially impeded our knowledge both of the physical and moral man. Locke must have felt this when he said, "Vague and insignificant forms of speech, and abuse of language, have so long passed for mysteries of science, and hard or misapplied words, with little or no meaning, have, by prescription, such a right to be mistaken for deep learning and height of speculation, that it will not be easy to persuade either those who speak or those who hear them, that they are but the covers of ignorance and hindrances of true knowledge."

"We cannot entertain a doubt," says Sir H. Davy, "but that every change in our *sensations and ideas* must be accompanied with some *corresponding* change in the *organic matter* of the body." Through the medium of one or more of the five senses must some external circumstance first operate on that part of it called the brain, so as to change the existing relations and revolutions of its atoms, before there can be what we term a passion. Whatever shall alter the cerebral atoms must alter the actions of every part of the body—some more, some less. According to the prominence and locality of one set of actions or another, do we for the most part name the passion. The jest that will make one man laugh may enrage another. What are the features common to all passions?—Tremor, change of temperature, change of secretion. Do not these constitute an *ague-fit*? Shakspeare, with his accustomed penetration, speaks of "this *ague-fit* of FEAR," and he stretched the analogy even to the world around him:—

"Some say the earth was *fevered* and did *shake*,"

Hate and love are equally remarkable for their *ague-like* changes. You remember what Hudibras says of love—that it is only an *ague fit* "reversed." The same may be said of hope, joy, and rage; for in all these passions the "hot fit

takes the patient first." That at least is the general effect of them, but in particular instances, as in the real ague, coldness and pallor usher in every one of those passionate fits. I care not what be the nature of the passion, joy, grief, or fear—the constitutional circle of actions is still the same; differing, where they do differ, in shade, place, and prominence solely—but in no greater degree than one fever differs from another. Moreover, there is no constitutional affection which these passions may not excite or cure. In this respect, also, they resemble the ague, that type of every disturbed state, whether of man the microcosm, or the globe he inhabits. We have already, to a certain extent, demonstrated the influence of particular passions in the production of certain diseases. We have further proved that the same morbid actions which we recognize under so many different names, when arising from a blow or a poison, may be equally the result of a mental impression: we have established their absolute identity by curing them with the same physical agents. The history of medicine, on the other hand, presents us with innumerable instances of the beneficial agency of these very passions in every kind of disorder, whatever may have been the nature of the primary cause. Faith, confidence, enthusiasm, hope, or rather the causes of them, are as powerful in the cure of the sick as any remedies we possess. Not only, like bark or wine, do they often produce a salutary excitement, or mild fever, sufficient to prevent the access of the most malignant diseases—but, like these agents, they have actually arrested and cured such diseases after they had fairly and fully commenced. A stone, or ring with a history real or supposed, a verse of the Koran or the Bible sewn in a piece of silk—these worn, now on one part of the body, now on another, have inspired a mental firmness and induced a corporeal steadiness which have enabled the wearer to defy the united influence of epidemic and contagion. If the Arabs have still their talismans, and the Indians their amulets, the Western nations have not ceased to vaunt the cures and other miracles effected by their relics, their holy wells and holy water. When we boast of the success of a particular measure, we say it acted like a charm. What is a charm?—whence its origin? It is a corruption of the Latin word *carmen*, song or verse. In all times, and in all countries, there have been men who have found their advantage in playing upon the ignorance of their fellow-men; he that would appear wiser than another has always had recourse to some kind of im-

posture ; and as priest, poet, prophet and physician were of ten united in one person, it was not wonderful that such person should clothe his mummerly and mysticism in verse. To be able to read or spell was, at one time, a mark of superior wisdom, and he who could do so had only to mutter his "spell" to cure or kill. From the earliest antiquity, we find charms a part of medical practice ; Homer in his *Odyssey*, introduces the sons of Autolykus charming to stanch blood ; the physicians of Egypt and India are to this day charmers ; the north men composed Rhunic rhymes to charm away disease. Indeed, with the Norwegians and Icelanders verse or song was supposed to be all-powerful ; one of their poets thus expresses the belief of his time and country in this respect. " I know a song by which I can soften and *enchant* the arms of my enemies and render their weapons harmless. I know a song which I need only to sing when men have loaded me with bonds ; for the moment I sing it, my chains fall in pieces, and I walk forth at liberty. I know a song useful to all the children of men ; for as soon as hatred inflames them I sing it, and their hate ceases. I know a song of such virtue, that I can hush the winds with it, and subdue the storm to a breath." Such was the origin of Enchantment, or Incantation, terms borrowed from the Latin verb, *canto*, I sing. With the Jews, the simple enunciation of their mystical word, *abracalan*, was sufficient to inspire the confidence that baffled disease ; nay, Quintus Severinus Simonicus vaunted his success in the cure of the hemitritic fever, by pronouncing mysteriously the word, *abracadabra*, a phonic combination of his own invention ! At this very hour the Caffre rain-maker, the Cingalese devil-dancer, and the Copper Indian sorcerer, with their charms and chaunts, are enabled to work changes in the bodies of their several countrymen that put the boasted science of the school-men to shame. That these act by inspiring confidence simply may be seen from what took place in 1625, at the seige of Breda. " That city, from a long siege, suffered all the miseries that fatigue, bad provisions, and distress of mind could bring upon its inhabitants. Among other misfortunes, the scurvy made its appearance, and carried off great numbers. This, added to other calamities, induced the garrison to incline towards a surrender of the place, when the Prince of Orange, anxious to prevent its loss, and unable to relieve the garrison, contrived, however, to introduce letters to the men promising them the most speedy assistance. These were accompanied with *medicines* against the scurvy, *said to be* of great price, but of still greater efficacy ; many more were

to be sent them. The effects of the deceit were truly astonishing. Three small vials of medicine were given to each physician. It was publicly given out that *three or four drops* were sufficient to impart a healing virtue to a gallon of water. [Mark this, Homœopathists!] We now displayed our wonder-working balsams. Nor even were the commanders let into the secret of the cheat upon the soldiers. They flocked in crowds about us, every one soliciting that part may be reserved for his use. Cheerfulness again appears in every countenance, and an universal faith prevails in the sovereign virtues of the remedies. The effect of this delusion was truly astonishing; for many were quickly and perfectly recovered. *Such as had not moved their limbs for a month before*, were seen walking the streets with their limbs sound, straight, and whole! They boasted of their cure by the Prince's remedy."—[*Ives' Journal*, 1744.] And what was this remedy?—a mere sham medicine. After this, do I require to caution you, when you visit your patients, not to put on a lugubrious or desponding look before them. Such conduct on the part of a medical man is unpardonable; yet there are practitioners so base and sordid as to make it a part of their policy to represent the malady of every patient as dangerous. These find their profit in croaking; for it is a course of conduct that almost infallibly contributes to keep up disease. To God and their consciences I leave these men.*

Such of you as might be disposed to question the depressing influence of a long face upon the sick, may read the history of Lord Anson's voyages with profit. There you will find it recorded, "that whatever discouraged the seamen or at any time damped their hopes, never failed to add new vigour to the distemper, the scurvy, for it usually killed those who were in the last stages of it, and confined those to their hammocks who were before capable of some kind of duty." And this is in perfect accordance with the observation of Solomon, that "a merry heart doeth good like medicine, but a broken spirit drieth the bones."

Let me, therefore, counsel you not only to assume a cheerful look in the presence of the sick, but endeavour at the same time, in Byron's words,

"To render with your *precepts* less
The sum of human wretchedness,
And *strengthen* man with *his own mind*."

* What have the alarmists among the doctors in Philadelphia now to say of their conduct during the cholera of 1332? How many did their long faces kill?

What are all your trumpery pathology and dissecting-room knowledge compared with this? You may dissect dead bodies for twenty years and never be one whit the wiser on the mode of influencing the motions of the living. Now, this brings to my mind certain lines of a cotemporary poet, the celebrated Beranger; but as some may not understand the French language, I shall offer no apology for giving his sentiments in my own not over poetical English:—

“ Was ever such an ass as that
 Who hoped by slicing mutton-fat,
 And pulling candle-wicks to pieces,
 To tell why *light* should spring from *greases*?
 Yes one—that still more precious fool,
 Who in the anatomic school
 Expected with dissecting knife
 To learn from *death* the laws of *life*!
 Ha! ha! I'd rather beg some old
 Domestic nurse to cure my cold,
 Than trust to such pedantic brain
 To wake *my* lamp's low flame again!”

But seriously, I have known a great many first-rate anatomists in my time; yet there are old women who never saw the inside of a dead body, whom I would sooner consult in my own case than any of these hair-splitting gentry. These men are mere geographers, who will point out rivers and towns, if I may say so—corporeal hills, dales and plains,—but who know nothing of the manners, customs, or mode of influencing the animated atoms constantly entering into and departing from them. If any such mechanical-minded creature presume hereafter to mystify you on this point, tell him to watch the wounded of contending armies; and ask him to explain to you why the same description of injuries which heal with rapidity when occurring in the persons of the victors, too often prove intractable, or even fatal, to the vanquished! He might dissect their dead nerves as clean as he pleased, and never find out that the living body of man may be either weakened or strengthened through the medium of his own mind.

The depressing power of grief is familiar to every body; but there are cases where a reverse effect may take place from it—and Shakspeare with his usual accuracy, explains the reason of this.

“ In poison there is physic—and these news,
 Having been WELL, that would have made me SICK,
 Being sick, have in some measure made me well;
 And as the wretch, whose fever-weakened limbs,

Like strengthless hinges buckle under life,
 Impatient of his fit, breaks like a fire
 Out of his keeper's arms, even so my limbs,
*Weakened with grief, being now enraged with grief,
 Are thrice themselves."*

The strength imparted to the constitution in cases of this nature, has a relation to the novel atomic revolutions caused by desperation; or that determination to act in an energetic manner, which so often comes upon a man in his extremity. Such reaction resembles the glow that succeeds the sudden shock of a cold shower-bath. There are persons whom a slow succession of petty misfortunes would worry to death; but who, on sudden and apparently overwhelming occasions, become heroes.

It will be readily admitted by all who have profited by their experience of life, that one half the world live by taking advantage of the passions and prejudices of the other half. The parent of prejudice is ignorance; yet there is no man so ignorant but who knows something which you or I may not know. The wisest judges have played the fool sometimes from ignorance; they have allowed themselves to be gulled by individuals of a class they despise. Poor, decrepid, ill-educated females calling themselves witches, have imposed upon the ablest and most learned men of a nation. Lord Bacon and Sir Mathew Hale, for example, believed in witchcraft; nay, the latter judge went so far as to sentence to death wretches supposed to be convicted of it, and they were executed accordingly. Samuel Johnson was a believer in ghosts, and the second-sight. Where, then, is the country so enlightened that, upon some points, the wisest and best may not be mystified? If such a country exists, it must be this at the present moment; if there is a profession in which deception is never practised, it must be medicine. Happy land! happy medicine! where all is perfect and pure—where the public are neither cheated by an echo nor led by a party for party interests. Here collegiate corruption is unknown, and corporate collusion is a mere name; here we have no diplomas or certificates to buy—no reviewers to bribe—no humbug schools—no venal professors; here, having no mote in our own medical eye, we can the better distinguish and pluck out that of our neighbours. Who will doubt our superiority in this respect over all the other nations of the earth? Or who will question me in what that excellence principally consists? Scapegrace, sceptic, read Dr. Hawkins, read Dr. Bisset Hawkins' Continental Travels—and you will

there find it recorded, that the brightest feature of British medicine—the most distinguishing point of excellence in English treatment—is the copious blood-lettings we practise. “The neglect of copious blood-lettings,” quoth Hawkins, “is the great error of the continental hospitals!” Let us laugh, then, at the do-little “*médecine expectante*” of the French, ridicule the do-nothing homœopathy of the Germans, and turn up our lip in derision at the counter-stimulant doctrine of the Italians. What are the greatest medical professors of the continent, in comparison with our own meanest apothecaries even—to say nothing of our leading surgeons and physicians—presidents and vice-presidents of learned societies! Only look at the number of scientific bodies to which these little great men belong—you will find their names enrolled in every (so called) literary and scientific institution throughout the country—astronomical—botanical—geological—antiquarian—royal! Amiable and respectable persons! worthy of the carriages in which you ride, and the arms you bear; you are gentlemen—friendly and disinterested gentlemen; you owe your elevation to your own industry; you preserve your position by your incorruptible honesty; you recommend yourselves and each other, neither by letter nor affection, but upon the score of talent and integrity solely; you are all honourable men. Unlike the “honourable members” of a certain honourable place, who have been purchased, you, the members of an equally “honourable” profession, are unpurchaseable! This your colleges and coteries declare—this, the discriminating world believes and echoes. Who but the reptiles—the few that never think, never reflect—would answer, all is not gold that glitters! What is the difference betwixt a guinea and its counterfeit? Do not both sparkle with equal brightness? Have they not the same metallic impress, the same form, the same exterior colour? Can the eye detect the imposture? No! it is only by comparative trial of their respective weight and ring that you can make out the difference. Do you think mankind are to be judged in any other way than this? Is it not as necessary for a person to be a successful cheat, that he should borrow the exterior of worth and integrity, as it is for the counterfeit guinea to bear the name and livery of the coin it purposes to be, before it can pass for genuine. Be not, then, satisfied with fine names and appearances only; do not take men for what they pretend to be solely by their manner or title—because they are doctors of this college, or professors of that

university. What is a professorship but a place? "He who has the best talents for getting the office, has most commonly the least for filling it; and men are made moral [medical] and mathematical teachers by the same trick and filthiness with which they are made tide-waiters and clerks of the kitchen."—*Sydney Smith*. Depend upon it, professors thus elected, will always stand by each other—right or wrong, they will always support the same system. In this, they do no more than the members of the swell-mob, who work together by coterie and collusion. Like these professors too, they are all very respectable in their appearance, some of them doing business in a carriage even!

Where is the individual that has not his moral as well as his physical weakness? Upon this point at least, we are all liable to be overreached. Here we are every one of us imbecile as the infant; for we are placed as completely at the mercy of the charlatan, as the child is at the disposal of the parent, whose mental ascendancy he acknowledges. Speak to the prattler of the "haunted chamber," his countenance instantly falls. With the adult, assume an air of mystery, mutter darkly and indefinitely, and mark how his brain will reel. Is he sane? he becomes your tool. Has he come to you in his sickness? you gull him and guide him at your pleasure. But how can you wonder at the effect of this kind of agency on individuals, when you have seen a whole nation similarly hoodwinked by a coterie of doctors? I allude to what was done when the cholera first appeared in England. The influence of fear, in disposing to spread an epidemic, you know; the effect of confidence in strengthening the body against its attacks, you also know. What was the conduct of the College of Physicians when the cholera broke out? Did they try to allay the alarm of the masses? did they endeavour to inspire them with confidence and hope, that their bodies might be strengthened through their minds? No! they publicly, and by proclamation, declared the disease to be contagious; without a particle of proof, or the shadow of a shade of evidence, they solemnly announced that, like the small-pox, it was communicable from man to man! That was the signal to get up their cholera boards; and cholera bulletins, forsooth, must be published. I had just then returned from India, where, though I had seen more cases of cholera than all the Fellows of the College put together, I never heard of cholera contagion; no, nor cholera boards. In the barbaric East, the authorities, civil, military, and medical, acted with firm-

ness : what they could not arrest they awaited with fortitude ; they placed themselves and those committed to their care at the mercy of the great Disposer of events ; while in England, enlightened England, the leading lawgivers, under the influence of the leading medical men, introduced acts that disgrace the statute book, and permitted medical jobs to be got up that did any thing but honour to the medical profession. A new tax was actually levied to defray the salaries of their cholera boards ! The consequences of these measures might have been foreseen. Throughout the country universal panic was spread and universal gloom prevailed. The rich shut themselves up in their houses, each in terror of his neighbour's touch ; the middling classes suffered from the general stagnation which ensued in consequence, for every trade, but the drug-trade, languished or stood still ; and the poor when taken ill—for the disease was chiefly confined to that class—were by act of Parliament, dragged from their homes, and conveyed to cholera hospitals,—where, if they did not perish of the prostration induced by their removal, they had salt and water injected into their veins by the medical madmen in charge ! Debarred the society of their nearest and dearest relatives, and tortured in every possible way by their pedantic doctors, was it wonderful that few of these unfortunates should escape from the pest-houses in which they had been so inhumanly immured ? All this, the leading men of the country, peers, judges, and members of Parliament, saw and permitted from a puerile dread of the phantom contagion which the ignorance or cupidity of the College of Physicians had conjured up. When acted upon by intimidation, to what miseries will not the feeble submit, if

“ Even the wisest and the hardiest quail
To any goblin hid behind a veil ! ”

Is not this a subject for deep reflection ? To some it may suggest a feeling like shame. Let me speak of shame. Generally speaking, this is a depressing passion, and under its influence men sometimes, and women daily, commit suicide. I will give you an instance where it had the reverse effect. The girls of Miletus, a town in Greece, were seized with a mania that led them to believe self-destruction an act of heroism ; and many, accordingly, destroyed themselves. Physic and argument having been alike ineffectually tried, the authorities to prevent the spread of this fatal rage, ordered the bodies of the suicides to be dragged *naked* through the streets

of the city. From that moment the mania ceased. But everything depends upon a contingency, whether a particular passion act as a depressant or a tonic in disease. In the case of shame, the past and the future make a great deal of difference.

Some may, perhaps, feel inclined to remind me of the efficacy of fear in the cure of diseases; but in this case the fear must neither be a dread of the disease nor its event, but a dread of some circumstance completely unconnected with it. Thus, Sir John Malcom, in his History of Persia, tells us of a certain Hukeem who cured ague by the bastinado. In this case the Persian doctor availed himself of the double influence of fear and pain, neither of which were contingent upon the disease. The effect of terror in removing tooth-ache is familiar to many who have knocked at the dentist's door. The gout, too, has been cured and caused by every passion you can name. There does not pass a day but we hear of people being frightened into epileptic fits; yet Boerhaave terrified away an epilepsy from a school where it prevailed, by threatening to burn with a red-hot poker the first boy that should have another paroxysm. I have known asthma cured by rage, and also by grief; yet, if we may believe what we hear, people occasionally choke of both! Few medical men will dispute the influence of a passion in the cure of ague. Mention any mental impression, such as faith, fear, rage, or joy, as having succeeded in this affection, and they doubt it not; but superadd to the patient's state a palpable change of volume or structure, such as an enlarged gland or ulcer, and they smile in derision at the efficacy of a charm. Extremes in scepticism and credulity are equally diseases of the mind. The healthy brain is ever open to conviction, and he who can believe that the Obi-charm, or the magic of a monarch's touch, can so operate on the nervous system as to interrupt or avert the mutations of motion and temperature constituting an ague-fit, should pause before he denies their influence over an ulcer or a tumor, which can only be developed or removed by or with change of temperature. Indeed, from what we have already said, it is impossible for any individual to be the subject of any mental impression without experiencing a chill or heat, a tremor or a spasm, with a greater or less change in the atomic relations of every organ and secretion. Baron Alibert gives the case of a Parisian lady, who had a large wen in the neck—a *goitre*—which, from its deformity, occasioned her much annoyance. That tumor,

which had resisted every variety of medical treatment, disappeared during the Reign of Terror—a period when this lady, like many others of her rank, experienced the greatest mental agony and suspense. The agony and suspense in that case referred to a contingency altogether unconnected with her disease. The mere act of dwelling upon sickness will keep it up; while whatever withdraws the mind from it is beneficial. In my own experience, abscesses of considerable magnitude have been cured both by fear and joy. Few surgeons in much practice have been without the opportunity of satisfying themselves that purulent swellings may recede under the influence of fear. They have assured themselves of the presence of matter—they propose to open the tumor—the frightened patient begs another day, but on the morrow it has vanished.

Akin to terror is disgust, or that feeling which a person naturally entertains when, for the first time, he handles a toad or an asp. This passion has worked wonders in disease. The older physicians took advantage of it in their prescriptions; for they were very particular in their directions how to make broth of the flesh of puppies, vipers, snails and milipedes. The celebrated Mohawk chief, Joseph Brandt, while on a march, cured himself of a tertian ague, by eating broth made from the flesh of a rattle-snake! Here the cure must have been altogether the effect of disgust, for in reality, the flesh of a rattle-snake is as perfectly innocuous, and quite as nutritious as the flesh of an eel. Mr. Catlin, in his *Letters and Notes on the North American Indians*, tells us that when properly broiled and dressed, he found the rattlesnake to be “the most delicious food of the land.” But when you come to think of the living reptile and the venom of his fang, who among you could at first feed upon such fare without shuddering, shivering, shaking—without, in a word, experiencing the horrors and horripilations of ague! Spider-web, soot, moss from the dead man’s skull, the touch of a dead malefactor’s hand, are at this very hour remedies with the English vulgar for many diseases. With the Romans the yet warm blood of the newly slain gladiator was esteemed for its virtues in epilepsy. Even at this day, in some countries of Europe, the lower orders cure the same disorder by drinking the blood as it flows from the neck of the decapitated criminal. In the last century, a live toad hung round the neck was much esteemed, by the same class, for its efficacy in stopping bleeding at the nose. Now that the toad is known to be free from venom,

it might not be so successful as it once was in this instance. Any temporary benefit, real or supposed, which has accrued from the employment of the leech has appeared to me to be in many instances the effect of the horror the patient very naturally entertained for the reptile.

A consideration of the power by which the passions cure and cause diseases, affords at once the best refutation of medical error, and the most perfect test of medical truth. By this test I am willing that my doctrines should stand or fall. Take the influence of fear simply—what disease has not this passion caused?—what has it not cured? The mode of its action, then, establishes beyond cavil not only the unity of disease, but the unity of action of remedy and cause. What does the proper treatment of diseases come to at last, but to the common principle of reversing the existing motion and temperature of various parts of the body? Do this in a diseased body, and you have health—do the same in health, and you reproduce disease. Whatever will alter motion will cure or cause disease. This, then, is the mode in which all our remedies act. Just observe the effect of

BATHS.

In what disease have not baths been recommended?—and in what manner can they cure or ameliorate, but by change of temperature—by change of motion? Put your hand into ice-water—does it not shrink and become diminished in size? Place it in water as hot as you can bear—how it swells and enlarges. You see, then, that change of temperature necessarily implies change of motion;—and that change of motion produces change of temperature, you have only to run a certain distance to be satisfied; or you may save yourself the trouble, by looking out of your window in a winter morning, when you will see the hackney coachmen striking their breasts with their arms to warm themselves. Depend upon it, they would not do that for nothing. Heat, then, so far from being itself a material substance, as Black, and other chemists assert, is a mere condition of matter in motion—it is no more a substance than a colour, sound, or fluidity. Like all these, it is a motive condition merely, or an association of matter. What can be greater nonsense than an imponderable substance—as heat and light have been sometimes called? That only is matter or substance which can be weighed and measured—and this may be done with invisible as well as visible things,—in the case of a gas for example.

I am often asked, what baths are safest, as if every thing

by its fitness or unfitness is not safe, or the reverse. The value of all baths depends upon their fitness; and that, in many instances, can only be known by trial. It depends upon constitution, more than upon the name of a disease, whether particular patients shall be benefited by one bath or another. Generally speaking, when the skin is hot and dry, a cold bath will do good; and when chilly, a hot bath. But the reverse sometimes happens. For example, I have seen a shivering hypochondriac dash into the cold plunge bath, and come out, in a minute or two, perfectly cured of all his aches and whimsies. But in cases of this nature, every thing depends upon the glow or reaction, which the bath produces; and that has as much to do with surprise or shock as with the temperature of the bath. I have seen a person, with a hot dry skin, go into a warm bath, and come out just as refreshed as if he had taken a cold one. In that case, the perspiration which it excited, must have been the principal means of relief.

So far as my own experience goes, I prefer the cold and tepid shower-baths, and the cold plunge-bath to any other; but there are cases in which these disagree, and I, therefore, occasionally order the warm or vapour bath instead.

In diseases termed "inflammatory," what measure so ready or so efficacious as to dash a few pitchers of cold water over the patient—cold affusion as it is called? When I served in the army, I cut short, in this manner, hundreds of inflammatory fevers—fevers that, in the higher ranks of society, and under the bleeding and starving systems, would have kept an apothecary and physician—to say nothing of nurses and cuppers—visiting the patient twice or thrice a day for a month, if he happened to live so long.

With the cold dash, you also may easily,

"While others meanly take whole months to slay,
Produce a cure in half a summer's day."*

That being the case, do you wonder that prejudices should still continue to be artfully fostered against so unprofitable a mode of practice? Why do not the gullible public examine for themselves? Why will they continue to bribe their medical men to keep them ill? In their shops and out of

* I have stated in a former note that "Hydrotherapy," on a right principle, is an excellent chrono-thermal remedy. But in spite of the wrong principle on which it is practised by Priessnitz, I am bound to declare that I think some of the modifications of his application of cold water not only original and ingenious, but also exceedingly serviceable in many diseases. There is no question of their utility in particular cases.

their shops, the people of this world generally enact two very different characters. There they take advantage of their customers in every possible way ; but the moment they leave their counters, the same persons drop the knave, and become the dupe. The merchant and shop-keeper, who buy cheap and sell dear—the landowner and farmer, who keep up the corn-laws by every possible sophistry—the barrister and attorney, who rejoice and grow fat on the imperfections and mazes of the law—the clergyman and his clerk, whose gospel knowledge and psalm singing, are generally in juxtaposition with tithes and burial fees—become all perfect lambs when they leave their respective vocations,—each giving the others credit for a probity and disinterestedness in their particular line, which himself would laugh at as sheer weakness, were any body to practise in his own ! With the most childish simplicity, people ask their doctor what he thinks of this practice, and what he thinks of the other—never for a moment dreaming that the man of medicine’s answer, like the answer of every other man in business, will be sure to square with his own interests. Instead of using the eyes that God has given them, they shut them in the most determined manner, that their ears may be the more surely abused. “What a delightful person Dr. Such-a-one is,” you will hear persons say ; “he is so very kind, so very anxious about me.” Just as if all that affected solicitude, and all that pretty manner of his, were not part and parcel of the good doctor’s stock in trade. Silly, simple Americans ! why will you pin your faith to fallible or fallacious authority, when you may get the truth so easily by a little personal examination !—To be able to discriminate in the choice of a physician, and to guard against medical imposture, would not cost you half the time or any thing like the trouble of mastering the inflections of *τυπτω*, *verbero*, or *Amo, amare* ! Which kind of knowledge is of most use in life, I leave to pedants and philosophers to settle between them. Meantime, I shall beg your attention to the subject of

EXERCISE.

The effects of mere motion upon the body are sometimes very surprising. Only think of horse-exercise curing the people of consumption ! A case of this kind, you remember, I gave you, on the authority of Darwin. I knew a gentleman who was affected with habitual asthma, but who breathed freely when in his gig. I know, at this moment,

another, afflicted with giddiness, who is immediately "himself again," when on horseback. A dropsical female, who came many miles to consult me, not only felt corporeally better when she got into the coach, but her kidneys acted so powerfully as to be a source of much inconvenience to her during the journey. This corporeal change she experienced every time she came to see me. The motion of the circular swing has cured mania and epilepsy. But what, as we have repeatedly shown, is good for one patient, is bad for another. You will not, therefore, be astonished to find cases of all these various diseases, where aggravation may have been the result of horse exercise, and the other motions we have mentioned.

Exercise of the muscles, in any manner calculated to occupy the patient's whole attention, will often greatly alleviate every kind of chronic disease. Dr. Cheyne was not above taking a useful hint on this point, from an Irish charlatan. "This person," says Dr. Cheyne, "ordered his epileptic patients to walk, those who were not enfeebled, twelve, fifteen, or even twenty miles a day. They were to begin walking a moderate distance, and they were gradually to extend their walks, according to their ability. In some of the patients, a great improvement took place, both with respect to digestion and muscular strength; and this was so apparent in a short time, that ever since this luminary shone upon the metropolis of Ireland, most of our patients affected with epilepsy, have been with our advice peripatetics." Exercise then, is one of the best remedial means. Moreover, it may be turned to very great advantage in our common domestic matters. Were I to tell you all at once, that you might keep yourselves warm by a single log of wood all the winter over, you would think I was jesting, but really, the thing may be done. I believe we owe the discovery to our own countrymen; and I may as well give you the recipe;—"Take a log of wood of moderate size, carry it to the upper garret, and throw it from the window into the street, taking care, of course, not to knock any body on the head; this done, run down stairs as fast as you can; take it up again to the garret, and do as before. Repeat the process until you are sufficiently warm—when—you may lay by the log for another occasion!"

"One of the reverend bishops, who, Syndenham tells us, was famous for prudence and learning, having studied too hard a long while, fell at length into a hypochondriacal dis-

ease; which afflicted him for a long time, vitiated all the ferments of the body, and wholly subverted the concoctions. [Such was the jargon of the eminent of Syndenham's time.] He, the bishop, had passed through long steel courses more than once, and had tried almost all sorts of mineral waters, with often repeated purges and antiscorbutics of all kinds, and a great many testacious powders which are reckoned proper to sweeten the blood (!) and so being in a manner worn out, partly by the disease, and partly by physic used continually for so many years, he was at last seized with a colliquative looseness which is wont to be forerunner of death in consumption and other chronical diseases when the digestions are wholly destroyed. At length he consulted me; I presently considered that there was no more room for medicine, he having taken so much already without any benefit; for which reason I advised him to ride on horseback, and that first he should take such a small journey as was agreeable to his condition. Had he not been a judicious man, and one that considered things well, he would not have been persuaded so much as to try such a kind of exercise. I entreated him to persist in it daily, till in his own opinion he was well, going daily farther and farther, till at length he went so many miles, as prudent and moderate travellers that go a long journey upon business use to do, without any regard to meat or drink, or the weather, but that he should take every thing as it happens like a traveller. To be short, he continued this method, increasing his journey by degrees, till at length he rode twenty or thirty miles daily, and when he found he was much better in a few days, being encouraged by such a wonderful success, he followed this course for a pretty many months, in which, as he told me, he rode many thousand miles; so that at length he not only recovered, but also regained a strong and brisk habit of body. Nor is this kind of exercise more beneficial to hypochondriacal people than to those that are in a consumption; whereof some of my relations have been cured by riding long journeys by my advice; for I knew I could not cure them better by medicines of what value soever, or by any other method. Nor is this remedy proper only in small indispositions, accompanied with a frequent cough and leanness, but also in consumptions that are almost deplorable when the looseness above mentioned accompanies the night sweats, which are wont to be the forerunners of death in those that die of a consumption. To be short, how deadly soever a consumption is, and is said to

be—two-thirds of it dying who are spoiled by chonical diseases—yet I sincerely assert that mercury in the French pox and the jesuit's bark in agues, are not more effectual than the exercise above mentioned in curing a consumption, if the patient be careful, and the sheets be well aired, and that his journeys are long enough. But this must be noted, that those who are past the flower of their age, must use this exercise much longer than those that have not yet arrived at it; and this I have learned by long experience which scarce ever failed me. And though riding on horseback is chiefly beneficial to people that have consumption, yet riding journeys in a coach is sometimes very beneficial."

Sydenham's views were correct as regards exercise, but in addition to exercise, I use my cough syrup, my liniment, my breathing-tube, and prophylactic syrup, and my success being so far above the practice used in Sydenham's day, I am necessarily inclined to place more reliance on exercise combined with proper treatment.

The poet Coleridge, while at Malta, was in the habit of attending much to those about him, and particularly those who were sent there for pulmonary disease. "He frequently observed how much the invalid, at first landing, was relieved by the climate, and the stimulus of change, but when the novelty arising from that change had ceased, the monotonous sameness of the blue sky, accompanied by the summer heat of the clime, acted powerfully as a sedative, ending in speedy dissolution." Is not this a proof of the correctness of my previous observation, that in chronic disorder, remedies require to be frequently changed? The benefit to be derived from travelling, often great in chronic disorders, is partly to be ascribed to the change of motion, and partly to change of air and scene. Like every mode of treatment presenting frequent novelty, travelling therefore, offers many advantages to the invalid in every kind of chronic or habitual disease. How often, alas! do we find it recommended, as a last resource, under circumstances where it must inevitably hasten the fatal catastrophe. The breath that might otherwise have fanned the flame, now only contributes to its more rapid dissolution. How much the success of a measure depends upon time and season!

THE END.

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 Acet Scillae ʒij ʒij
 Tinct Jalap ʒp ʒij
 Tinct Hyos. ʒij ʒi
 opna ʒvi
 Tinct Lob ʒi ʒi
 Tinct sanguin ʒij

R^x Tinct emchon Comp ʒij
 " " Ferust ʒi
 " Serpentaria ʒij
 Tinct Nucis Vomicae ʒp
 " Symplicis ʒp
 An sig A dissolv spoonful
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