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Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

PUBLISHED WEEKLY.

VOL. IV.

CHICAGO, FEBRUARY 14, 1885.

No. 7.

ORIGINAL ARTICLES.

NEW REMEDIES.

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Read before the Mott Medical Club, of Pittsburg, Jan. 28, 1885.

MR. PRESIDENT AND GENTLEMEN:—In order that the scope of this paper may be understood at the outset, it is necessary to state to what preparations and productions the name, New Remedies, is therein applied; and, also, that the paper is limited to a desultory consideration of the popularity, in the profession, of new remedies, of the foundation of this popularity, and of some conclusions that may be adduced from it.

The class of therapeutical agents to be herein considered in the limited aspect which has been indicated, embraces, under the generic name of New Remedies, all preparations and productions not officinal in the United States nor foreign pharmacopœias, with the single exception of that very limited number of such agents which have been proven, beyond reasonable doubt, to possess the qualities attributed to them; this proof being founded upon evidence furnished by an extended clinical experience, at various hands, irrespective of and uninfluenced by the results of theoretical speculations, of chemical or microscopical researches, and of experiments on animals.

That the therapeutical agents entitled New Remedies, are popular in the profession, and that their popularity is on the increase, cannot be truthfully denied. An inspection of the cases and shelves of any apothecary will show an accumulation of them which is a demonstration of their demand by the profession. The flourishing condition of the numerous establishments devoted to their preparation and production, is, also, proof that they are popular. The magnitude of these establishments, and the magnitude of their correspondence and transactions, as compared to those which limit themselves to the preparation and production of officinal remedies, is evidence determining the same conclusion. If further argument be needed to establish the existence of this popularity in the profession, it may be cited, as additional evidence in proof, that this popularity is very well appreciated and employed, inasmuch as two

medical journals are published and circulated in this country, under the popular title of New Remedies, one of which, perhaps both of which, enjoy a large and ready sale.

When it is asked upon what this popularity is founded, in other words, upon what grounds the extensive employment of new remedies, by the profession rests, no sophistry can obscure the answer, if the question be lucidly considered. The answer is arrived at as inevitably as reluctantly; the answer is not a flattering one to the profession. An endeavor to discover good and sufficient reason for the existent employment of these remedies, is a natural and laudable one; but it is a fruitless one, also. It is proper to inquire, then, What is a good and sufficient reason for the exhibition of any therapeutical agent in any case of disease? The answer to this is, A clear indication, founded upon the results of clinical experience. This is the unalterable law. All time can only disseminate its wisdom; it can never overthrow it. Every result of the most elaborate studies and experiments, which shall be made by ways and means and appliances of which we have, as yet, no conception, all that all time may do, must be submitted to that infallible standard of judgment, clinical experience, and must be proven there, before it is accepted. This is the law, and must be always. Let this law be applied to the employment of the remedies under discussion, in the treatment of disease. Is this law observed in the treatment of disease by the exhibition of new remedies? The answer must be, No; it is not. They are not employed, then, in consonance with the indications furnished by clinical experience? They are not employed, because of the only good and sufficient reason, that their effects are known and desired? And again the answer must be, No; they are not.

It is obvious that opponents of this conclusion are many and great. They are active and energetic also; their cry, Progress—Original Observation, is heard and applauded throughout the land. But it is affrighting and dismaying to the true lover of his profession. He appreciates the power of zeal. He recognizes the contagion of enthusiasm. He has witnessed the large following of more than one brilliant illusion. He is aware that brilliancy, enthusiasm, and zeal are more often effective of evil to science, than of good to it; that these qualities more often serve to retard, than to further its progress; and that their results, when weighed in the balance of truth, are thrown in air,—a nothing, by the accumulated evidence of centuries.

As a pertinent illustration of this, reference may be made to the *furor* created in this country and extended throughout the world, some ten years since, by the radicalism—the positivism—of deluded members of the profession with the cancer-plant, *cundurango*. And again, how this experience was repeated when the profession was informed, from England, of the curative properties, in cancer, of chian turpentine. With such apparently decisive evidence were these fallacies promulgated throughout the world, that they were received with credence, were largely adopted, and were allowed to displace well-tried, well-proven, and well-established treatment. The pain, the misery, the hopes revived to be but crushed again, the loss of life,—all must be ascribed to the brilliancy, enthusiasm, and zeal of the promulgators of the delusions referred to.

But the truth of the proposition herein submitted, that new remedies are extensively employed by the profession, irrespective of the results of clinical experience, or without the existence of any results of clinical experience regarding their employment, will be denied. The proposition will be assailed by those who employ these agents, because it implies that their employment rests upon insufficient grounds; or in other words, if the gravity and responsibility of the matter be considered as influencing life and health, that it is unjustifiable. It becomes necessary, therefore, to examine the grounds upon which the use of new remedies rests. An endeavor to ascertain these is met, first, by a mass of evidence from medical practitioners of all grades. In it the certificate of utility, excellence, or specific virtue, obtained from an obscure "swamp doctor," is printed side by side with that of the eminent practitioner of a metropolis, and that of the learned college professor. The unanimity of conviction of the excellence of such a remedy, expressed and advertised from many and such varied sources, is a cause of, and is seized upon in justification of, its employment. The office of the physician is, to-day, flooded with such evidence. It embraces favorable and commending notices, from the before-mentioned sources, of remedies for every class of diseases, and for every disease—from a table water to a specific for syphilis. It is furnished in circulars, letters, treatises, and in the advertising columns of medical journals. Who so assiduously supplies this evidence? The flourishing manufacturers and producers of the remedies. What is the motive in the expensive manufacture and circulation of this evidence? It is to persuade the profession to employ the remedies, and thus to create a consumption, or sale, for them. The more evidence the producers can offer, and the more convincing they can make it, the greater will be the sale of their products. This evidence, under the name of clinical experience, convinces members of the profession of the utility, excellence, or specific virtues of these remedies. The motives of these manufacturers are venal only. Irrespective of any good or bad qualities their remedies may possess, the success of these producers in disposing of their wares, depends entirely upon their ability to create and disseminate such evidence. The evident prosperity of these producers is a reflection,

in all aspects, upon the profession; their success is a detriment to it; it is also a demonstration of a credulity in the profession, deserving the qualification superstitious. The ways and means the producers employ to create the evidence upon which their prosperity is founded, it is not within the province of this paper to consider.

This evidence which, by its creators and promulgators, is made to appear to be the result of clinical experience, if considered with the deliberation a medical education should breed and the practice of medicine should foster, will appear at its intrinsic value. It is characterized by a bias, by an evident pre-determination to find, in the remedy commended, those qualities which are attributed to it, or those effects which it is desirable should follow its administration. This bias is pronounced by the absence of all consideration of the natural course of disease. This evidence is characterized by bold assertions which defy contradiction, or by speculative insinuations which seem to fear it, both of which are antagonistic to very well established laws of disease. This evidence lacks all circumspection, and all discrimination of such events natural to disease, from such others as may be properly ascribed to a remedy. This evidence ignores the laws of disease, or makes these laws appear inoperative in the presence of a remedy. Further, this evidence is characterized by a spirit of surprise at the magnitude of the beneficial results and effects of remedies; by a spirit of superlativism in the consideration of the superiority ascribed to remedies; and by a spirit of the importance of making known, as rapidly and as emphatically as is possible, such effects and results. This tumultuous spirit desires no confirmations of observation or inference; it does not admit the possibility of erroneous conclusions; and it debars all cavil and all doubt. A spirit totally at variance with that which pervades true scientific observation. Again, this evidence is characterized by a wonderful rapidity of growth: two years ago a certain new remedy was thrust upon the profession, which, simultaneously with its appearance, was commended by the evidence, characterized as above, and dated at points from New York to California, of fifty-eight practitioners, of whom one is a medical author, and of whom three occupy chairs in medical colleges. Not long before, a new remedy was introduced by the evidence, characterized as above, of its utility and excellence; this evidence was obtained from—among many others—thirteen representatives of medical colleges. Again, this evidence is characterized by a perversion of rationality. The following is an instance of this: A physician relates the cure of three women of "sterility." He relates, then, how these women, before their cure, *i. e.*, while they were "sterile," repeatedly aborted in early pregnancy, how they were cured of this habit by the specific administered for the purpose, and concludes by saying, "It may be objected that I used iodoform and iron in these cases, but this was only done on account of their anæmic condition, and to restore lost vigor." Another reports, "Mrs. P., abscess of left lung; usual symptoms." Gave the new specific. "After two days she raised about a

pint of greenish-yellow pus. Continued medicine six days; lung troubles all removed."

These characteristics are prominent and abundant throughout this evidence. Can it then, by the greatest strain upon leniency and courtesy, be dignified by the title, clinical experience? The answer, compelled by its consideration is, Most certainly not. It demonstrates the lack of that conservatism which is essential to endow clinical observation with value. It demonstrates the lack of many other qualities and requirements, also essential to clinical observation, which it is not within the province of this paper to designate and comment upon.

Other ground for the existent extensive employment of new remedies is formed by what has been called, elegant pharmacy. It is, beyond a doubt, of prominent importance to the welfare of medical science, that palatable and well-looking preparations be dispensed to the public. A considerable portion of the public has been alienated from regular medicine by the nauseating and ill-looking preparations sometimes administered to it; this is likely to happen when ailments are considered to be of little gravity, on which occasions irregular and illegitimate systems of practice are, for the avoidance of unpleasant doses, preferred and patronized. To have palatable, well-looking, neatly labeled and packed preparations dispensed, is a desideratum deserving of great estimation. Although a matter of much importance, it was neglected by the pharmacists throughout the country. The value of this art was appreciated, however, by the manufacturing chemists; cultivated by them, this field has borne good fruit. As illustrative of this, the elixir, which, to a great extent, has displaced the tincture, is an example. So popular has it become, and so deserving is it, that it has been admitted to the United States pharmacopœa. Another example of the progress of this art, is the coating of pills, which is a perfection of utility and elegance. In so far as these and similar desirable changes go, the profession is indebted to the manufacturing chemists. But their endeavors have been productive also of much evil. And this evil it is which forms another ground upon which the results of clinical experience are ignored in the employment of new remedies.

This evil presents itself in the endeavor, by manufacturing chemists, to force upon the profession the use of certain elegant new remedies, which consist of combinations of well-known agents, with published formulæ, in agreeable vehicles and fine dresses, and under delusive and ridiculous names. The forcing process employed is the abundant circulation of medical evidence testifying to their utility, excellence, and specific virtues; which evidence is accepted by those in the profession who use these remedies, as clinical experience. These "happy combinations" are condemned by scientific medicine because they originate in the chemist's laboratory and not from the clinician's observations. To attach particular value to them, is to believe that the physician is incompetent, or is less competent than the chemist, to combine and prescribe remedies for disease;—a palpable absurdity. They are condemned by scientific medicine, also, be-

cause its practice requires—among other things—an adaptation of therapeutical agents to individual cases of disease; and because its spirit wisely denies that a certain remedy, or a certain combination of remedies, is always indicated in a certain disease.

The profession is justly indebted to a chemist who will make a remedy agreeable to sight, taste and smell;—an ability a chemist may possess and a physician may lack; but when the profession allows itself to be persuaded by a chemist that his combination of remedies, by reason of its special therapeutical properties, is preferable to a combination the experience of the profession might dictate, then the profession deserts scientific medicine. Its practice rests upon no such unstable foundation. Its intelligence instinctively abhors gratuitous speculations, and rejects all conclusions not supported upon clinical evidence. Its discipline is enforced by knowledge which debars experiment. Its foundation is the principles its practice has established. The employment of the remedies created in the laboratory, and in the study, is antagonistic to the spirit of scientific medicine. The evidence as to utility, excellence, and specific virtues, characterized as above stated, and coming from those who employ these remedies, is worthless to scientific medicine, and is not entitled to rank as the result of clinical experience. It is promulgated with a venal—a commercial motive, only. Contrast the manner of the spread of this evidence with the manner of the spread of that of an agent deserving consideration; for example, muriate of cocaine—new, also, for its present use. How is such evidence spread world wide? This requires no capital, no advertisement, no reams of certificates, no polite emissaries to stock a doctor's office with samples. Such evidence is promulgated alone by that glorious and beneficent characteristic of our profession, humanity!

But this extensive employment of new remedies by the profession has other causes; causes which underlie and determine the activity of those which have been considered. There exists in a moiety of the profession a controlling desire to accomplish impossibilities. This desire is generated, most certainly, by laudable and commendable instincts and motives; but it is nevertheless unreasonable; and, unless held in subjection by scientific knowledge, will lead to much evil. It is the desire which prompts attempts to accomplish what, in the great majority of diseases, is impossible: the abortion of disease, or the limitation, as regards time, of the course of disease. The possession of this desire, unguarded by a familiarity with, and regulation by the natural course of disease, is a most unfortunate one. The attempts to control disease by potential agents, irrespective of its natural course, constantly afflict the possessor of this desire with the disappointments and vexations of failure. His not less earnest because mistaken course, is thus beset with unpleasant experiences, which are substituted for the satisfaction and pleasure which should cheer the physician as he daily observes the expected and interesting course of diseases and their intrinsic tendency to recovery. A physician who, in the hope of achieving abortive effects upon disease by the ex-

hibition of potential agents, habitually interferes with the normal course of disease, will not grow and gather the reliable and valuable experience which he would accumulate were he to content himself with observing, and when necessary directing, the course of disease. The constant failure of his therapeutics will result in his underestimate of potential agents. The confusion of his clinical experience will obscure his perception of the arrival of events in disease, which imperatively demand decisive treatment. This desire breeds, also, a perversion of intellect, which diverts even the possession of skill and positive knowledge from its proper use. The practitioner who overestimates the importance of new remedies, is very apt to underestimate that of well established ones. This aberration is visible in the eager expectancy with which he studies and employs new remedies; in the exultation with which he notes beneficial changes; in the certainty with which he ascribes these changes to his remedy; and in his discovery of the evanescent fallacies, which leave him helpless in painful uncertainty, eager to seize and ready to rely upon the next deception which chance may bring to his notice. As illustrative of this, the following occurrence is pertinent: A medical practitioner of this city, seized by an acute inflammatory affection, presented an abnormally high temperature. His physician, with the additional stimulus of friendship and fraternity in medicine, devotedly exerted himself to render the best possible service. Heedless of the existence of well established agents to effect the desirable reduction of temperature, he employed for this purpose a new remedy highly commended for its antithermic qualities, an alkaloid built up synthetically in the laboratory of the chemist. With the best intentions he persisted in its use, without any effect, until his patient's condition became extremely alarming and additional advice was solicited, which, by means of the previously despised, well-established antipyretics, rescued his patient from impending death.

The possession of this desire and the uncertain state of mind, as regards remedial agents, produced by exercise of this desire, in conjunction with the unfortunate results of treatment which must follow, will compel—it might almost be said—a practitioner constantly to employ new remedies, when the printed evidence of their utility, excellence, and specific virtue constantly surrounds him. Exemplifications of this picture are numerous, and from them may be learned how the cry, Progress, unknown to its utterers, but in reality, may mean retrogression.

Nothing contained in this paper is intended to support or excuse foggyism, or to depreciate the value of the results of original observations of new remedies if these be attained in proper and reliable,—*i. e.*, scientific—manner, and by those possessing the necessary acquirements and opportunities to make and record them. So qualified, the observation of the effects of new remedies will result in a class of evidence, very different from that now at our service. The limits of this paper forbid a consideration of the requirements of such scientific observation, as well as that of a subject of equal, if not of greater, importance

and interest, namely, the continued study of the natural history of diseases, together with the modifications of the natural course of diseases, which may be effected by the exhibition of well established therapeutical agents. This latter subject is, to the practitioner, of vastly more importance than the former, and will repay him richly for all the time and pains he may devote to it.

It has been emphasized above, that the only good and sufficient ground for the administration of a remedy in disease, is a clear indication for its use. It is appreciated, at the same time, that to confine the administration of medicines in disease within the letter of this law, is impracticable. The understanding of medical practice existent in the public mind determines this impracticability. The era of the placebo has not yet expired. But the reign of the placebo comes entirely within the spirit of the law. The placebo is clearly indicated in the course of disease, by the absence of all indications for potential agents, in conjunction with a result of the existent medical education of the public. The employment of the placebo, when thus clearly indicated, is followed by the most salutary results.

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ALCOHOL IN THE SICK ROOM.

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Clinical studies of the histories and early causes of many cases of inebriety, indicate that the injudicious use of alcohol or its compounds, prescribed as medicine, have been the starting point of many lamentable cases. There can be no doubt that such cases are more frequent than we are aware of; also that irregular practitioners and domestic prescriptions are responsible for a large share of them.

A book on domestic medicine, quite popular a few years ago, and somewhat widely circulated, written by an irregular, in which alcohol was the common remedy recommended, has been the exciting cause in several well-authenticated cases of inebriety, and has probably been the origin of many others. The free use of bitters, containing alcohol in combination with very impure drugs, is responsible for a large per cent of such cases. Remedies that appear recommended in the newspapers, with alcohol as a base, are also dangerous. Medical men who have become enthusiastic as to the possibilities of alcohol, have not infrequently prescribed it for every condition of exhaustion for a long time. The results in many cases have been a possible transient good, at the expense of propagating another disease more intractable and disastrous than the one they sought to relieve. The frequency of inebriety arising from such causes has brought out a special medical declaration in England, signed by most of the leading physicians and surgeons of the kingdom, calling attention to the belief that the inconsiderate prescription of large quantities of alcoholic liquids by med-