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QUACKERY IN THE REGULAR PROFESSION.*

An Address delivered before the Bristol North Medical Society, March 8, 1871, by BENONI CARPENTER, M.D., Pawtucket, R. I.

It is a matter of deep interest to the student of medical science to search the records of early medical history, its truths, its laws, its fallacies, and its delusions, and compare them with those of the present age. In this examination, we are most forcibly impressed with the grossly empirical delusions in the early history of the healing art.

Scarcely had medicine been studied as a science, when then, as now, the empiric entered the field, not for the purpose of investigating and applying truths, but to delude and deceive with the most absurd hypotheses and gross falsifications.

Hence the marvellous cures pretended to be produced by means entirely inadequate to produce any medicinal results whatever. Witness the weapon ointment, whose virtue consisted not in the unguent itself, but in its application to the *instrument* with which the injury had been produced. Smear the bludgeon with which the skull had been fractured, or the stiletto whose sharp point had punctured the lungs, with the ointment, and the wound is healed!

How much more of reason is there in the modern assertion that the millionth part of a grain of carbonate of lime, or of common table salt, will produce a decided medicinal effect upon the human system?

Scarcely had this delusion disappeared when it was supplanted by another not less absurd, and so wide spread was it that nearly all Europe became subject to its

gross impositions. The royal touch was the grand panacea, not for scrofula only, but for nearly all the diseases in the medical vocabulary. So great was the crowd of applicants that many were unable to reach the kingly presence, and were compelled to retire, without receiving the benefit of the regal laying on of hands.

In immediate succession, Bishop Berkley discovered that *tar-water* was the panacea for all the ills to which flesh is heir. Unfortunately for him (but perhaps not for the rest of the human race), his life terminated suddenly, before he had an opportunity of making an universal application of his grand catholicon; and Dr. Holmes intimates that he would have lived to the age of Methuselah, and perhaps never have died at all, but for the severity of the disease, which killed him before he had time to mix a pint of his tar-water.

Then followed, in almost indecent haste, Perkins's celebrated metallic tractors, with power to extract pain from any part of the human system, by bringing the points from opposite directions into juxtaposition to each other. This delusion was almost world-wide, and the tractors sold for fabulous prices; nor was the delusion detected until it was proved, by experiment, that points of wood would produce equally marvellous results.

We are disposed to smile at the credulity which could tolerate for a single moment so great deceptions and absurdities. What, then, shall we say of that prince of humbugs now pervading the community, and which puts into the shadow of darkness all previous medical delusions and claims to be dignified with the name of science?

But it is not my purpose on this occasion to read a homily upon medical delusions, either ancient or modern, outside of the regular profession; but rather to notice, very briefly, some of the quackeries, or, to use a more agreeable term, violations of medical etiquette, or ethics, too often practised by members of the regular profession.

First. We propose to notice some of the quackeries of the regular physician in his daily routine of practice.

[WHOLE No. 2258]

TAUNTON, Mass., March 13, 1871.

* DEAR SIR,—At the meeting of the Bristol North Medical Society last Wednesday it was voted "That the thanks of the Society be tendered to Dr. Carpenter for his able and interesting essay." Also, voted, "That we request Dr. Carpenter to furnish a copy of his essay to the Secretary of the Society for the purpose of publishing in the Boston Medical and Surgical Journal."

Truly yours, E. J. BASSETT, Sec.

DR. BENONI CARPENTER, Pawtucket, R. I.

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Second. Of the consulting physician in his consultations.

And, first, the physician should never (if the disease be of any importance) relinquish a well-formed medical opinion, to that of a nurse, or any one else outside of the profession. Due regard should be given to the opinions of others, and they may be held for consideration; but never should they supplant a well-grounded medical opinion based upon a carefully formed diagnosis. No outside suggestion should be allowed to supersede such well formed opinion, however strong the outside pressure may be. I am aware we are often accosted by our patients in this wise:—"I cannot take this, and I cannot bear that; will not something else do as well? Will not some herb tea do in the place of a cathartic, or hot flannels instead of a blister?" &c. We answer, no physician should for a single moment give heed to such interrogatories, if they conflict with his own views and endanger in the slightest degree the safety of his patient. The moment he recognizes outside suggestions in place of his own convictions he ceases to be the adviser and becomes the advised, belittles himself and degrades the profession. It is related of the celebrated Dr. Physick, of Philadelphia, that in the early part of his practice he was called to a sick lady of distinction, and, after a careful examination, he proposed bleeding. "Oh no, she could not be bled; would not something else do as well?" The Doctor answered that, in his opinion, nothing would. Well, she could not be bled. The Doctor took his hat, and remarked as he left, "*Madam*, you had better call some physician in whom you have confidence." Had he succumbed to her wish and played the quack he would have retained his patient, but he preferred to be the physician. How many physicians of the present day would act the part of Dr. Physick?

Again, public opinion has a very decided influence upon medical practice. Every physician desires to be popular, and hence is in danger of seeking the applause of the populace rather than the welfare of his patients. Is not the profession (at the present time) often restrained from the use of active remedies, clearly indicated, in acute inflammatory diseases, on account of popular sentiment?

But it is averred that diseases have changed in their character; that they are less inflammatory in their nature, and that many are self-limited. Admit, if you please, that there have been some changes in the symptoms of diseases, and that many are

self-limited; yet pleurisy is inflammation of the pleura, and pneumonia inflammation of the lungs, and sanguineous apoplexy means a bloody effusion, or congestion, of the brain. Now if it be true that leeches relieve an inflamed eye by the abstraction of blood, why is not the same reasoning true when applied to other inflamed organs? And if so, then the lancet, or leeches, are most clearly indicated in many active inflammations. A few years since there was but one opinion in the profession with regard to the treatment of many acute inflammations. The lancet or leeches first, followed by a strictly antiphlogistic course, and this treatment was successful.

The late venerable Dr. Levi Wheaton, of Providence, said to me a short time before his death that, upon reviewing a practice of more than sixty years, if there was a single feature where, in his treatment, he had failed in answering the indications of disease correctly, it was in leaving his lancet in his pocket when he ought to have used it. He lived in an age when matters pertaining to medicine were shaped and expounded by the profession, and not by popular prejudice.

But we are assured that active treatment debilitates the patient. *Debility* is the elephant in our way; is it not easy to remove debility if the disease be overcome? What care you for the debility incident upon phlebotomy in pneumonia, if you have removed the disease? and so of many other active inflammatory diseases.

But methinks I hear the inquiry, what are we to do in such cases? I answer, be men! Have decision of character; abide by what is right. Do not turn nurse, apothecary, or quack, and allow either of them to take your place. But in all cases, and under all circumstances, answer correctly the indications of disease, regardless alike of non-medical advice, or the dictation of individuals, or pressure of public opinion.

A second form of quackery appears, under the head of the Specialist. *Fashion* is no more powerful, fickle, or tyrannical, in dress than in disease, and its medical treatment follows in her train with great facility. Some medical gentleman, with great avidity, seizes the signs of the times, and advertises that he is prepared to cure the latest fashionable disease, in the most approved and fashionable manner. He may be an ignoramus in relation to this or any other disease. Quite likely he is: but he has entered the lists; he has got into the field in advance; he has advertised as a specialist, and his office is crowded with patients, and

he is ready to receive them, and deceive also. Not many years since, it was fashionable for married ladies to be afflicted with real, or imaginary, prolapsus uteri, and they must have a specialist to treat them. The family physician (no matter how eminent in his profession) was of no account; his advice was nothing. It must be a doctor who advertised that he had special knowledge of this particular organ, and its diseases. *Liberties*, by way of examinations, and otherwise, are permitted to the specialist which are not allowed the family physician, because he (the specialist) deems them necessary to cure the disease. A few years since hundreds of women flocked to New York, to be Vanderveered for this disease, and after having endured treatment for weeks and months, returned with lighter purses and more quiet tongues, if not wiser heads. I never heard any one complain of having received any benefit from the treatment, but Vanderveer made a fortune.

Still more recently, it became fashionable for many persons, especially *clergymen*, to have sore throats (bronchitis), and immediately appeared the advertisements of throat doctors. There were sponges, swabbers and dusters. No physician could treat this disease but the special throat doctors, and to them patients resorted (especially *clergymen*) and had their throats swabbed and sponged and dusted, until the whole system became saturated with nitrate of silver, and the patient became a perfect *blue skin*. This bluing process put the disease out of fashion, and with it, the special treatment. *Clergymen* have ceased to have bronchitis, and hence it is not fashionable for their parishioners to have it. The specialist has ridden his hobby to its goal, and is now waiting (Micawber like), for something else to turn up.

A third species of quackery is often practised by misrepresenting the severity of disease, in order to create the belief that marvellous cures have been effected. Some physicians always have *very sick patients*, but they generally recover. Even in the simplest disease, they put on a long face, and a very wise expression, and prognosticate that this is a very, very doubtful case, and needs the utmost care and attention. This may be a very well arranged ruse for the physician, but quite a different affair to the patient. It may not always be wise to apprise the patient of his real condition, but the friends of the patient have a right to know the whole truth, and the physician

who misrepresents, or exaggerates, a disease, and thus produces unnecessary alarm on the part of the friends, and increases the danger of the patient, for the purpose of creating the belief that he produces marvellous cures, has no apology for his misrepresentations. It is downright quackery.

So also of him who misnames disease for the purpose of making it appear that he cures almost incurable diseases; as, for example, calling simple varioloid, confluent smallpox, or ordinary quinsy, or bronchitis, diphtheria.

A few years since, I was called in haste to see a sick child, and on my arrival was informed that the messenger had made a mistake; that another physician was wanted. As I turned to leave, the good lady asked me to walk in and see the child, saying, at the same time: "I hear you have never seen a case of diphtheria, and this child has that disease." I walked in and examined the patient, then asked: "Is this a case of diphtheria?" "Yes; so says Dr. —." "Then I have made a false statement. I have seen many cases like this." It was a very mild case of bronchitis. The good lady expressed great satisfaction that Dr. — understood the disease so well. He had had a great number of diphtheritic patients, and cured them every one. That Dr. — is an avowed Homœopath; is a member of the Massachusetts Medical Society in good standing, and resides within the limits of this district.

But this is not an innocent deception to the patient and his friends, if it be on the part of the medical attendant. Any alarm (especially if it be unnecessary) is entirely without excuse on the part of the physician. It creates an unnecessary anxiety on the part of friends, and upon the patient himself despondency, and depression of mental, moral and physical energies, which greatly retard recovery, and not unfrequently accelerate, if they do not produce, a fatal termination.

While in the army, I received a telegram announcing that a very dear friend of mine had diphtheria. I immediately hastened to her relief. I found her in a terrible state of depression and anxiety on account of the fatal nature of the disease. She knew what diphtheria was; she knew that it was generally fatal. The announcement of the disease by her physician, together with her knowledge of its nature, and generally fatal termination, had produced entire prostration of the moral and physical powers. Upon examination, I assured her there was

no diphtheria in her case. The anxiety and alarm were removed at once, and very little medical treatment was needed.

There is a *grave responsibility* resting upon the physician who misrepresents either the *name, nature, or severity* of disease, for the purpose of getting the reputation of effecting wonderful cures. It may be sport to him, but death to his patient. It is practising deception for the purpose of gain, and therefore the very essence of quackery.

Again, there is a kind of quackery, I will denominate social, or conventional quackery. It is exhibited in the formation of fee bills. The medical men of a district, village, or city, assemble in conclave, and agree that a fee bill, regulating and equalizing charges, is absolutely demanded. They draft such a bill, and all sign it, pledging themselves upon their honor that they will each and every one of them charge a certain amount for certain services. For an ordinary visit a certain sum, and so for consultations, obstetrics, night visits, surgical operations, &c. To such a bill, when properly matured, they all affix their names. They then agree to add, and do add, to the fee bill, "P. S. Any member may discriminate and discount upon each charge, or bill, as much as he deems expedient," and, as a general rule, the member who was most anxious for such a fee bill, will be the first to violate his word of honor by making free and liberal discounts. A fee bill was formed in a certain locality, one of the provisions in which was, that every member should charge one dollar for vaccination at the office. A few days after the formation of the bill, a lady called upon one of the signers to get a child vaccinated. He performed the operation, and charged one dollar. "But," said she, "Dr. — charged a friend of mine, yesterday, but fifty cents for this same service." This very Dr. — was the man most anxious for a fee bill. Such a compact reminds me of a certain merchant, who wished to sell a piece of property in a distant city. He wrote to a friend in the city where the property was located, instructing him to sell for a certain amount, and under no circumstances to sell for less, giving his strongest reasons for such a course. He then added, "P. S. If you cannot get the above-named amount, get what you can, *but sell*." You shall charge two dollars a visit, says the fee bill, but you are at perfect freedom so far as collecting is concerned.

4th. Criminal malpractice is most certainly a violation of medical ethics. Under

this head, we propose to include all practice, surgical or medical, *which is productive of positive injurious results, and cannot be justified by any rational explanation.* Criminal abortions are of this character, and we believe all abortions are criminal, except those rendered necessary on account of malformation of the pelvis, or some other equally rational cause, which renders it necessary in order to save the life of the mother or child, or both. In other words, all abortions instituted for the sole purpose of getting rid of the child, are criminal. There is a great diversity of opinion as to the time when an act of this nature becomes criminal. Some aver that the act is not criminal till the third month of pregnancy; others not until quickening, and others still later. We believe the act to be criminal the moment the germ becomes vitalized. It is then the embryo of a living being, and he who destroys that living conception is morally, if not legally, guilty of infanticide. No matter how it is done, whether by drugs or manipulation, the crime is the same, provided the intent be to destroy the life of the fetus. We may not plead that the reputation of the mother is at stake, for, with married ladies, this would not be true, and a large proportion of criminal abortions are produced upon married women; or that the child may be a monstrosity, or an idiot, or still-born; or that the mother's reputation should be saved at the expense of the life of the child. The presumption is, that the conception is a perfect living being, and the operator acts upon that belief. There is, however, upon this subject of child-killing a *moral obliquity* pervading the entire community, especially the female part of it, which (so far as I know) exists upon no other subject of so grave a nature. While other crimes, far less heinous in their nature, as counterfeiting, forgery, petty larceny, a misstep of an erring sister, and many others, receive the execrations of the entire community, the crime of infanticide scarcely elicits a passing rebuke. In fact, members of christian churches, in good standing, openly *justify* this nefarious crime. I once met a church member, and between us passed the following colloquy: "Were you with Mrs. B. in her recent confinement?" "I was." "I hear she has a living child without legs or arms; is that true?" I answered in the affirmative. "Well, sir, it was your duty to have *killed that child*." "What, my duty to commit murder!" "Yes; it would not have been murder, to have strangled such a monstrosity." I answered, "Madam, I somewhere

read, 'Thou shalt not kill,' " and we parted. It is a notorious fact that abortions are much more frequently produced upon married than unmarried women, and their only apology is, they *do not want the trouble of children*. An abortionist said to me very recently, that not a week passed in which he had not more or less applications of this kind, and that nearly all of them were from married women. I mention these facts to show the obtuse state of morals upon the subject.

But while we cannot too severely condemn this practice in the regular profession, we would not lay to their charge crimes not justly their due. There are many professed abortionists outside of the profession, who live by the commission of this nefarious crime. Besides, women frequently manipulate upon themselves. An unmarried lady said to me in conversation that she had three times been pregnant; had aborted each time, and twice she was her own operator. A second, acknowledged she had been manipulating with a knitting needle, and came very near losing her life in consequence. A third showed me an instrument which she called a self-operating instrument (a common male catheter), and which she assured me had an extensive *reputation and practice*. I have quoted the above cases to remove the wholesale charges brought against the profession, and also to show the low standard of morals in a professedly christian community, and among church members, upon this subject.

We have already remarked that prescriptions of a medicine *positively injurious*, and for which no *rational explanation* can be given, are either malpractice or quackery. We think alcoholic prescriptions in most *thoracic diseases*, especially *consumption*, should be included under this heading.

In the first place, let us analyze alcohol, and learn what its medicinal properties are. First, has it any nutritious principles? If you apply heat it evaporates as perfectly as ammonia or ether, leaving not the least residuum; if you apply fire, the combustion is perfect, leaving nothing. No physician would prescribe these airy nothings without the semblance of a base, as articles of diet. Besides, chemistry has proved (if it has proved anything) that alcohol does not contain a single particle of nourishment in any of its different forms. But suppose it did contain nutriment, it never digests, and I believe it is a truism that no substance can add strength or tone to the animal system, unless it be converted into blood, and therefore must pass through the

process of digestion. On the contrary, it is quite sure to produce disease, and as a consequence debility. But alcohol never changes its nature while in the system; it is alcohol when it enters and when it leaves the body. It has been clearly proved that a large proportion of the alcohol of the rum-drinker is exhaled by the lungs, and hence the strong alcoholic breath. But wherever found it is the same; it has been taken pure from the urine, and from the auricles of the heart. *Blood*, drawn from the arm of the confirmed drunkard, saturated with rum, has been burned, as it flowed from the vein, with that peculiar flame known to alcohol only. Dr. Percy extracted pure alcohol from the brain, and Messrs. Lallemand, Perrin and Duroy, of France (a commission of savans appointed by the government especially to investigate this subject), proved the deleterious effects of alcohol upon the entire animal system. In no one case was it found to be either food, or fuel.

The French chemists have also proved by experiment that the bloated or fleshy appearance, sometimes observed in whiskey drinkers, and by the friends, and physician also, believed to be an evidence of health, is nothing more than a morbid adipose deposit, or fatty degeneration, resulting from the use of whiskey, and decidedly an evidence of *disease, debility and decay*. But why press this inquiry farther? It was long since shown by our own Rush, and Mussey, and Warren, and a host of others, that alcohol contains no nutritious principles. Besides, this fact must be obvious to every well-read physician. In no case, then, should it be used on account of its nutritious properties.

But, again, is alcohol a tonic? What is a tonic? Webster says: "In medicine it is a substance that increases the strength, or the tone, of the animal system, obviating the effects of debility, and restoring healthy functions." Will alcohol do this? What medical man believes it ever did, or ever will, answer the indications of a tonic? And yet it is prescribed as such every day. Notice the effects upon the system. The man who is drunk three days, gets so thoroughly *tonicized* that he is obliged to lie in bed six days to recover from it, and then comes out but half a man.

The powers of endurance are invariably diminished by the use of alcohol, while the susceptibility to disease is increased by its use. Dr. Kane tells us that those men who drank whiskey in the polar regions, froze, while those who totally abstained, lived. In speaking of the prevention of heat apo-

plexy in India, Sir J. R. Martin says: The spirit ration and the abuse of ardent spirits constitute the chief accessories.

Sir Charles Napier, when serving in Sindh, says of an attack of insolation, or coup de soleil, he suffered there: "I was tumbled over by the heat with apoplexy; forty-three others were struck, all Europeans, and all died within three hours, except myself. I do not drink! That is the secret. The sun had no ally in liquor among my brains."

Here we have a statement of the effects of alcoholic beverages upon the human system, from the highest authority, in the two extremes of temperature, the polar and equatorial latitudes.

The chronic alcohol drinker can endure comparatively nothing: in the ordinary routine of duties he fails, and it was a matter of universal remark with surgeons in the army that none flagged on duty so soon as he. The medical authorities in New York, and other cities, enjoined *total abstinence* when cholera was prevalent. In fact, it is a matter of universal observation and remark that alcohol always debilitates its victims, and as a consequence renders them more susceptible to all diseases, and less able to endure them.

But methinks I hear it said, it promotes digestion. What, then, are its effects upon the human stomach? Dr. Beaumont, while testing the effects of various kinds of nourishment and beverages upon the stomach (in the case of St. Martin), assures us that a single glass of whiskey inflamed the mucous coat of the stomach, and evidently impaired the power of digestion. Dr. Sewall, for many years the leading physician in the city of Washington, long since delineated these effects by his plates, representing the healthy stomach, the stomach of the moderate drinker, of the occasional drunkard, of the sot, and of the men who died of mania a potu. And what, then, are these effects? First, stimulation, amounting to slight irritation; next, sub-acute inflammation; then acute; then congestion and ulceration, and, finally, delirium tremens and death. But the truth is, very few ask for alcohol, in any form, to promote digestion, until they have nearly destroyed the tone of the stomach by a long and free use of that article, and then resort to it on the principle that the hair of the same dog will cure, or on the homœopathic humbug of *similia similibus curantur*.

We think it is clear that alcohol cannot be prescribed upon rational principles as a nutriment, tonic or appetizer. But do you

say the sugar in the wine, the malt in the ale, and the savin or turpentine in the gin, are important? Then if they be thus important, why not prescribe them uncombined? Would not the doses be rather homœopathic? But it is not for the sugar, malt, &c., that these prescriptions are made. If so, why is it that *whiskey* (which contains none of them) is more frequently prescribed than all other alcoholic beverages, especially in thoracic diseases, *consumption* included?

And this leads us directly to the question, What are the medicinal properties of alcohol which render it a suitable remedy in thoracic diseases, and especially in *consumption*? It has already been shown that it contains no nutriment, never digests, is neither a tonic nor an appetizer. What, then, are its medicinal properties? Suppose we resolve it into its ultimate chemical elements of hydrogen, oxygen and carbon; nothing is gained, because no such separation takes place in the system; there it never changes, so that, if the elementary parts produced effects beneficial in disease, we fail entirely of obtaining them. In the Dispensatory it is arranged with the vegetable narcotic poisons, and is reckoned as one of that class of remedies. It is also a powerful stimulant, and we apprehend it is generally prescribed on account of its stimulant properties, no matter what the disease. Its narcotic effects are most certainly not desirable in any disease.

Suppose you have hypertrophy, or valvular disease of the heart? Do you need the stimulating property of alcohol to increase the action of an organ already worked beyond its powers, or its narcotic properties to paralyze its action? Not long since, I met a friend with a bottle of Bourbon in his hand, which Dr. — had advised for hypertrophy of the heart, and similar prescriptions are often made. A *post-mortem* examination (which the treatment soon made available) proved that there was no mistake in this disease.

But at the present time alcohol is the *fashionable* and *popular* remedy in phthisis, and is very generally prescribed for that disease. Does it in any case cure, or even retard the progress of the disease? Does it even mitigate the sufferings of the patient? Does it not rather accelerate to a fatal termination? Who will explain its *modus operandi* upon rational principles, and thus prove it a proper remedy in phthisis? I have never seen, or heard it done, on rational principles.

The only explanation I ever heard attempted was based upon the two following

points:—First, that all bronchial and lung diseases are debilitating; and, second, that alcohol is a powerful stimulant and narcotic; both of which postulates we admit. The explanation was as follows:—Alcohol stimulates the brain and nervous system, rallies the energies already existing in the animal system, diverts the mind from the immediate contemplation of the disease, and thus, for the time being, diminishes the sufferings of the patient.

But how is it after this artificial stimulus is over? Have you added anything to the tone, or strength, of the system? If not, is not your patient in a worse condition than before the stimulant was given? Is not action always followed by reaction, and if no strength has been added to the system, will not reaction invariably preponderate? Are you not obliged to continue the stimulant, day by day, leaving your patient in a more debilitated condition at every interval, until you stimulate him to his grave? Or, if perchance he recovers, is there not danger that you have made him a confirmed drunkard, and is it not a little difficult to determine which result is most to be lamented?

While a student of medicine, and going the rounds of the hospital with the class under the clinical instruction of that mentor of medicine, the late *venerable* Dr. James Jackson, of Boston, we were shown a patient with delirium tremens. The clinique was as follows:—"Gentlemen, here is a case of delirium tremens; you will notice the condition of the brain and nervous system; they are the effects of alcohol. I suppose a gill of brandy would quiet his nerves at once. But *I dare not assume the moral responsibility of its effects*; he will recover without it, and I will not make any prescription which will in any way increase or perpetuate his appetite for alcoholic drinks."

Not long since, I was in the office of a friend of mine during office hours, who deservedly (in New England at least) leads the profession in thoracic diseases. While there, patients were present from within and without the State. The Dr. gave them a thorough examination, followed by a prescription. I was a silent "looker on in Venice," but I noticed they all received the same prescription; it was *Bourbon whiskey and fusel oil*. After the office was cleared, I asked the Dr. if those patients were all diseased alike. He answered, not exactly, but they all had disease of the chest. I then asked him if he would be so kind as to explain to me the *rationale* of the

whiskey treatment, for I must acknowledge my entire ignorance of it. He answered unhesitatingly, there is none. What, said I, do you mean to say that you, standing at the head of the profession, are daily advising your patients to drink whiskey, and can give no reason for it? He answered, I know of none, except that in the English hospitals there are a less number of consumptive patients, in proportion to the number of inmates, among the alcohol drinkers, than any other class of patients. I told him I thought that discrepancy could be accounted for, upon other principles. He answered, I think so too.

Commissioner Wells, in his report for 1868, makes the expenditures for alcoholic beverages alone amount to one billion six hundred millions of dollars for that one year. This estimate does not include any of the expenditures necessarily incident to its consumption, as the costs resulting from crimes, pauperisms, &c. It is ascertained, on good authority, that there are at the present time, in the United States, one hundred and fifty thousand confirmed drunkards; that during the last year there were one hundred million bushels of grain converted into alcoholic beverages, for the use of these drunkards, the moderate drinkers, and that used in the arts and medicine; that sixty thousand persons die annually in the United States from the effects of alcohol, and that eighty per cent. of the criminals, paupers and insane are made such by the same cause.

But it is not our purpose to investigate, at this time, the statistical or moral effects of alcohol; our business is more especially with its physical and medical results. Still, it would be interesting to know what proportion of these crimes, deaths, &c., have their origin in the prescriptions of medical men; most certainly some of them do. How often do we hear drinking men, aye, and women, too, justify their course by referring to the advice of some physician, and one very likely eminent in his profession. That advice, or prescription, originated the appetite which may carry him to the drunkard's grave. Who is accountable? Instances of this kind are within the recollection of every one of us, and many melancholy ones within our own profession, and some, I fear, within our own Society.

Now, if our analysis of alcohol be true; if it contains no nutriment, never digests, is neither a tonic nor an appetizer; if it be the instrument by which the evils to which allusion has been made, are produced; and if such men as we have quoted are unable

to give any rational explanation of the alcoholic practice, *the one* openly avowing there is none, and the other refusing to prescribe it on account of the moral responsibility, and, of course, believing the practice not justifiable, where are we to look for *justification* for the *wholesale whiskey practice* of the present day? Is the profession justified in making whiskey prescriptions without reason, and thus taking the responsibility of making their patients drunkards, or of hastening them into eternity unhouselled, unanointed, with all their accumulated sins upon their heads? Do they not assume a fearful responsibility? Are they not accountable for the effects of the practice?

Neither is this practice justifiable on the ground of a placebo, for that, though given to please rather than benefit the patient, is free from all danger of producing injury. It has not, therefore, that miserable subterfuge as an apology. It is often prescribed because the physician thinks something must be done to satisfy the patient, and can imagine nothing that will please as well. But more generally—because it needs no thought, is easy to be made, and agreeable to the patient. The prescription costs nothing, and is quite sure to institute friendly relations. It is made without the possibility of *rational explanation* and entirely regardless of consequences.

We now pass to quackery in consultation. The object of a consultation is to benefit the patient, and not to bolster up the attending physician, or to supplant him by chicanery, insinuations, or legerdemain. The consulting physician should thoroughly examine the patient, and after a conference with the attending physician, agree upon a course of treatment which, in their united judgment, will be most beneficial to the patient, and in case of disagreement, a third party should be called in. If the treatment pursued by the attending physician be correct, a magnanimous mind will agree to it, and suggest no change. If not, such changes will be suggested as can be accounted for upon rational principles. But is this always done? Do we not often see consulting physicians differing in diagnosis, prognosis and treatment, one or all of them, when it is but too apparent that it is done not to benefit the patient, but because he thinks it necessary to satisfy the patient, and his friends, and at the same time make an exhibition of his superior skill, for his especial benefit. Hence, inert prescriptions, or distinctions where there is no difference, evidently for the purpose of change only.

I once knew of a consultation, in a case of severe puerperal anæmia, in which rennet whey was advised, in place of new milk, as an article of diet; Jamaica spirits for brandy (there was diarrhœa), and columbo for quinine. In another case, of severe bowel complaint, with typhoid symptoms, camphor water was advised; and in still another, stramonium in the place of conium, and tapioca for arrowroot.

Now in these, and all similar cases (and they are not few), the object of the consulting physician is not the welfare of the patient, but a desire to exhibit his superiority as an adviser by making some change. I have an anecdote illustrative of this practice. A consulting physician called, in the absence of the regular attendant, and, instead of waiting, or leaving a sealed opinion (one of which he should have done), he examined the patient, condemned the practice, changed the treatment, and left. In due time, the attending physician arrived; was informed of what had been done; examined the medicine, and remarked, "that it was quite as well to eat the devil as to drink his broth." He (the consulting physician) had condemned opium, and substituted laudanum. To a non-professional eye, here was quite a change. A fluid for a solid; drops for pills. Now we submit that all such cases are exhibitions of downright quackery, and in violation of all medical etiquette, and ethics, and yet we fear they are quite too frequent.

But we may not stop here. There is a species of quackery practised by *inuendo*, *implication*, and sometimes in *silence*, more subtle, and therefore more detestable. It is not looked for or expected, and hence, there is danger of its work being accomplished before one is aware of it. It is sometimes expressed by *inuendo* to a third person, in this way: "I do not wish to say much about the case, but the patient would certainly have died under that course of treatment." Or, that opium, or calomel, or whatever else the attendant physician was administering, was entirely wrong, and that he either mistook the disease or the treatment.

The same thing is sometimes done by insinuation. The consulting physician remarks (at the same time shaking his head ominously), "I am afraid it is too late. It is a great pity I had not been called sooner. I will do all that can be done, but at this late hour, the result is very doubtful; a great deal of valuable time has been lost."

There is another form of quackery, where not a word is spoken, more reprehensible

than either of those to which allusion has been made. Not a word is spoken, and yet, to a close observer, the intent cannot be mistaken. It is one of those cases where actions speak louder than words. The patient is at first astonished, and cannot divine the meaning of the course pursued; but it is persevered in until the object is made apparent, and the end of the manipulator accomplished. The attending physician may be unaware of the real object, but it is most effectual to his injury, and thus the intention of the performer is effected. The work is done with a great amount of tact; none but a skilful artist can succeed, and yet the result is attained, not one word having been spoken. It is done by searching for a disease which does not exist, and which the inquirer knows does not exist. To illustrate: a physician is called in consultation to see a patient, whose disease is *perfectly apparent*. There can be no mistake so far as the disease is concerned; that matter is settled. Take, for example, a well-marked case of dysentery. He sits by the side of the patient and begins by inquiring for disease in the brain, and after a long routine of very learned interrogatories, he passes to the chest, and with stethoscope and thermometer in hand (for display is one important agent in carrying out this farce), he goes through the whole routine of auscultation, percussion, and of ascertaining the heat, and then very sagely remarks that he is unable to detect disease in the *head or chest*. Of course he has found none. No one expected he would, nor did he expect it himself. That was not his object; he knew there was no disease there. Why then all this needless manipulation? To make the patient believe that his case had never before been properly examined, and that there had been neglect, or want of proper investigation, on the part of the attending physician, and to create (if possible) a belief in his own superior knowledge of disease, and powers of investigation. After all this tedious and unnecessary process, he very gravely recommends a little chamomile tea, camphor water, or some other equally inert substance. But he is sure to suggest some change, else the farce would not be fully carried out. With a certain class of patients, this system of quackery is as transparent as crystal; with others, it passes, as was intended, for superior medical knowledge.

I once heard a lady remark that she was a fortnight recovering from one of these unnecessary thumpings. She saw through the whole thing at once. Another lady

preferred Dr. A. to Dr. B. because she heard Dr. A. ask a lady the day after confinement if she had micturated, while Dr. B. omitted asking the question. But whatever may be the conviction of the patient, the object of the physician cannot be mistaken.

There is no field in which the members of the regular profession, so often, and so openly, violate medical etiquette and ethics as in their consultations with irregular practitioners, and especially with homœopaths. This they do openly and without disguise, and with a perfect knowledge of what they are doing. Nor do they presume to make any apology for this violation of medical ethics. It is becoming a matter of everyday occurrence.

The by-laws of the American Medical Association, of the Massachusetts Medical Society, and I believe of every medical society having any claims to respectability, make the consultation of any of its members with irregular practitioners a violation of those laws, for which the delinquent is liable to discipline, and, if persisted in, to expulsion. Every man, when he becomes a member of such an organization, knows, or is supposed to know, what the instrument is to which he affixes his name. If he does not know, the fault is his, and his only. Is he not under an obligation to the society and to himself (to say nothing about the moral obligation) to keep his word in good faith? Is he not bound by his voluntary acts to eschew empirics and empirical practice? He may ask what constitutes an empirical or irregular practitioner. Upon this point, men may have different views.

A person having all the required qualifications is admitted by the Censors to membership in the Massachusetts Medical Society, and afterwards changes his views and becomes an eclectic, Thomsonian, or an homœopath, but still retains his membership in the Society. Am I prohibited from consulting with him? Why should I refuse to consult in such cases? We answer, one man's wrong is no apology for another's. Let us do our duty, and in that way compel the Society to do its also. When any member abandons his obligations and goes over to any of the isms, he violates his good faith to the Society, and is no longer worthy of their favor or fellowship; while the member who consults with him violates the by-laws and subjects himself to the discipline of the Society. Members of the first and second of the above-named empirical systems have already been expelled from the Massachusetts Medical Society, and we ap-

prehend the day is not far distant when a clean sweep will be made of the third. I trust this Society will pledge its aid to any and every legitimate effort tending to such a result. We believe it is unanimously conceded by the members of the regular profession that *homœopathy* is quackery in the fullest acceptance of the term; that those who practise it are irregular practitioners, and therefore cannot be consulted in any way, except by violating the laws of the Society. Why, then, do members of the regular profession consult with them? Do you say they are members of the Massachusetts Medical Society in good standing? That may or may not be true; but we know they are irregulars, or quacks, and therefore we cannot as honorable men, true to our profession, consult with them. If the Society eschews its duties, that is no excuse for its true members. One member quiets his conscience by saying, if I do not consult, some one else will, and I may as well do it and take the fee as another. A second will tell you he does not consult; he visits the patient in connection with a quack, but does not consult with him. Oh, no! he ignores him entirely! As if this could be done, both being present.

But are we aware how far this doctrine may carry us? We may justify any violation of honorable conduct, and even the commission of crime, under this guise. The abortionist has this same plea. The applicant is determined to have an abortion produced, and if one does not do it she will find another who will.

The most deleterious consequences resulting from such consultations are made apparent in the character and support they give to this species of quackery; it makes it respectable and degrades us. The quack is sure to spread its broadcast that he has met Dr. A., Dr. B., or Dr. somebody else in consultation. He means the public shall know that these men are on consulting terms with him, and that he is in as good standing as they. The course many members of the profession are pursuing justifies him in the position he has assumed.

While medical societies ask fealty of their members, they should see to it that (as associations) they are loyal themselves. The branches will be offshoots of the tree which gives them birth and sustains them. We shall not gather figs from thorns or thistles. While the Massachusetts Medical Society retains *sixty homœopathic irregulars* in full membership, it will not be likely to chastise very severely those other members who consult with them. As a fountain cannot

rise above its source, so the individuals of a society can hardly be expected to be more pure than the power which creates and sustains them. What, then, is the duty of the Massachusetts Medical Society? Clearly to purify itself of all quackery of every description, and then demand equal purity from each and every one of its members. But this renovation, or purification, must be thorough and complete. No half way measures will do. The occasional expulsion of an eclectic or Thomsonian will not answer. The Augean stable must be thoroughly cleaned, especially of its homœopathic fungi, before the Society can consistently exact true fealty from its individual members. Besides, the therapeutics of the eclectic or Thomsonian are science illuminated, when compared with the homœopathic humbug, if its proselytes adhere to it; and if they do not, they are knaves and falsifiers, and ought to be expelled for their knavery and immorality. It is said some of these practitioners are educated men. So much the less excusable; they know or should know better, and are capable of doing greater mischief. An artful, designing, educated man has the means of doing much injury to the profession, while an ignorant quack is powerless of doing mischief.

I once heard an influential member remark, in a Councillors' meeting, that the Massachusetts Medical Society had no right to dictate to any member how much medicine he should give at a dose. Very true. But they have a right to express an opinion as to homœopathic theories; whether it be true that all chronic disease was originally the itch; whether the ism *similia similibus curantur* be true, and the administration of the infinitesimal dose, quackery. After they have examined these sophisms, they have a right, and ought to have sense enough, to expel the member who is fool enough to believe in them, because he is so great a fool, if not for his quackery.

It is said that they now ignore their sophistries, and do not tell every *lady* who is afflicted with chronic disease, that she has the *itch*; that they give as large doses of medicine as any physician, and that (in fact) they have renounced their homœopathic theories. If so, why do they not openly avow it? The truth is, it was not quite agreeable to *ears polite* to be assured they had the itch, and this part of the sophism was abandoned through policy.

It was very difficult to convince the public mind that if a person had taken a fatally poisonous dose of laudanum, an equal

amount of opium, stramonium, belladonna, or any other narcotic poison, would produce a cure, and hence this bugbear was abandoned. The infinitesimal dose was so transparent a fallacy that the masses saw through it at once, and they were obliged to relinquish that stupidity early in their practice.

But does all this prove that the homœopaths are qualified to be members of the Massachusetts or any other respectable Medical Society? No one of this belief, or who makes pretensions to it, can gain admission to the American Medical Association. It proves them dishonest, and if that qualifies for membership, let them in, and retain those already there. But, on the other hand, if quackery, conjoined with knavery, disqualifies, then shut the doors against any further admission of such members, expel those already admitted, and keep the Society, as it should be, free from quacks and quackery.

DUHRING'S "STUDY OF DERMATOLOGY."

An Abstract, by EDWARD WIGGLESWORTH, M.D.,
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MEDICINE, once a heterogeneous mass, theoretical, empirical and traditional, has at length crystallized into specialties which accept only proved, scientific facts. One of these crystals, Dermatology, has been so polished during the last twenty years by Professor Hebra, of Vienna, that it sheds a new light to the farthest parts of the civilized world. By the kind permission of a pupil of Hebra's, Dr. Duhring, we extract from a recent paper of his some views with regard to dermatology, in which we heartily coincide, and which may prove of value to those meditating foreign study.

Dr. Duhring says:—Of late the science of dermatology has taken such rapid strides forward, that if we examine the doctrines taught and regarded as true some thirty years ago, we shall find them widely different from those entertained by modern pathologists and investigators. The numerous experiments and observations made within the last twenty years have done much towards clearing away the mystery that for so long a time surrounded these troublesome and often obstinate affections. For years past so firmly and securely have false theories and notions regarding the nature of skin diseases been fixed in the minds of men, that time, patience, and the greatest amount of exertion have been necessary to induce people to give up faulty theories

and to credit facts rather than tradition. Even to-day, each country claims its own nomenclature for diseases of the skin, which it defends pertinaciously, caring apparently more for technicalities and words than for some recognized common form, which the whole civilized world can use and comprehend. Nowhere in the study of medicine is the necessity for a master, a thorough teacher, more seriously felt than in the investigation of this class of affections. The next point of importance is access to a clinic or hospital, where cases may be seen and examined; for no other method will give the student such a clue to these diseases and their numerous phases as constant contact with patients. The power of making a correct diagnosis is the key to all success in the treatment of skin diseases; without this faculty, the physician can never be a thorough dermatologist, and therapeutics at once cease to hold their proper position and become empirical.

Without referring to the subject as found in other localities, we would state that at the present day the teachings of Vienna, Paris and London, represent the dermatology of Europe, for we see the other countries adopting, with more or less variation, one or the other of these schools as their standard. The views of these three centres differ very much, not only in regard to the theories they hold concerning pathology, but also in reference to the treatment of these diseases. Great Britain is represented by Wilson, Startin, Fox, Anderson, Hutchinson, Fagge, Milton, Purdon, Sims, Squire and Gee. The advantage that London presents to the dermatologist is the opportunity of seeing an almost endless number of cases, and thus becoming acquainted with some of the rarer forms of disease. London possesses many institutions for the treatment of cutaneous affections, the majority of them being dispensaries, though they often bear the name of hospitals. The want here of a large hospital, with a number of beds, has always been an impediment to research and investigation, and especially unfortunate has this want proved for those who would study these diseases in all their aspects and changes. Dispensary service is eminently valuable for the opportunity it offers for seeing cases and making diagnoses, but the results obtained in the treatment must, as a rule, be received with caution. A service of this kind, where cases come and go at will, often very irregularly, using and abusing remedies, as the case may be, can never present the same definite results and statis-