diseases the more grave, as they affect the most essential organs of life, and whose termination is most frequently the destruction of the organ and the loss of the patient. Such is the general course of scrofula. At the next meeting we shall speak of the causes of scrofulous affections.

December, 1835.

THE SCIENCE OF HUMAN LIFE.

EXTRACT FROM MR. GRAHAM'S INTRODUCTORY LECTURE.

[Communicated for the Boston Medical and Surgical Journal.]

WE see that both the natural and acquired appetites, propensities and habits of man, and all the circumstances of life which act on his natural and moral susceptibilities, concur to divert his attention from the study of the science of human life, and fix it on present self-enjoyment, and on the pursuit of the means of supplying his natural and artificial wants. And hence, he is left to *feel* his way to, or gather from what he calls experience, most or all the conclusions which he embraces, in regard to the laws of life, health, and disease.

This source of knowledge is as utterly fallacious, as it is delusively specious; and the more deeply and extensively mankind are betrayed by it, the more totally blinded do they become to its treachery, and the more zealously and confidently do they contend for its validity.

Suppose a number of individuals were engaged in the study of mineralogy, and the following dialogue were to take place between them and their teacher. Advancing to one of them, with a specimen in his hand, the teacher inquires—"What do you call this?" "It is granite, sir." "Granite! are you confident?" "Quite confident, sir, I am certain I cannot be mistaken." "But why do you think it is granite?" "O, sir, I know it is—I know by my *experience*, sir, perfectly well. I have not lived so long in the world for nothing, I assure you. I have had a great deal of experience, and my experience has taught me, these twenty years, that it is granite, and nothing but granite; therefore I know it is granite." Passing the same specimen to another individual, the teacher repeats the interrogation—"What do you call that?" "Why, sir, that is limestone, to be sure." "Limestone! are you not mistaken?" "O, no, sir, I am perfectly certain it is limestone, sir—I feel that it is limestone, sir. I know it is. I know by my own feelings, sir,—and I am sure I know my own feelings better than anybody else does." "But the person who examined it before you," says the teacher, "asserted with equal confidence that it was granite, and declared that his experience, for twenty years, had proved it to be granite." "O, very well, sir, very well. That may be, too, and both be right." "How so?" "Why, don't you know, sir, that what is granite to one man is limestone to another?" Surely, you know, sir, that all constitutions are not alike. There is a great difference in constitutions, sir; and what is granite to one constitution may be limestone, or quartz, or felspar, or hornblende, or gypsum, or something else, to another constitution. That everybody knows, sir. At any rate, I know by my own feelings that this specimen

is limestone to my constitution." "But may you not be mistaken in regard to your feelings?" inquires the teacher. "Mistaken, sir! How should I be mistaken? Who should know my feelings if I don't? I guess you won't convince me that I don't know my own feelings better than anybody else does—and I know I can't be deceived by my own feelings, sir—and my feelings tell me that to my constitution this is limestone."

Now, what would be thought of such a mode of studying mineralogy? or what attainments in the knowledge of the character and properties of minerals, could be expected from such a course? Yet, it is precisely the manner in which everybody reasons in regard to human life and health and disease, and general regimen. Every person knows from his own *feelings* and *experience*, precisely what kind of constitution he has—and what agrees and what disagrees with it; and everybody knows exactly what agrees and what disagrees with his own stomach; and is taught by his own experience what is best for his constitution and his health and strength and comfort. And surely, if a lady has the headache, she knows her own feelings better than anybody else does: and if she drinks a good strong cup of tea and the pain leaves her head, nobody ought to be guilty of so gross an insult to her understanding as to attempt to convince her that tea is a poison, and that her use of it is a principal cause of her headache; for she knows that she always feels better after drinking tea; and, from fifteen to twenty years experience, she knows that there is no better remedy for headache, than a good strong cup of tea: for she has been subject to the headache for nearly twenty years, and the frequency and violence of the turns have gradually increased upon her from the first, till she is now obliged to give up all business, or pleasures, and take to her bed for the whole day, whenever she has a turn, which is certainly as often as once a week, and sometimes more frequent: and she has always found that tea is "the sovereignest remedy in the world" for headache.

Who can reason against such facts as these? or have the temerity to advance a theory which contradicts the universal experience of mankind? We confess that the enterprise is an arduous and a daring one; and is cheered by no encouraging prospect, except the possibility that mankind can be undeceived in regard to the validity of their feelings and their experience, as rules of life.

We do not, however, wish to convince our fellow creatures that they have no *feelings*, nor that they do not know when, and how much they feel: but we wish to convince them that the kind and degree of their feeling by no means teach them what causes it, nor the principles upon which its existence depends. We are willing to concede to the lady, that she knows best how her own headache *feels*, and that she knows it is relieved by a cup of tea. But does she know either the remote or immediate cause of her headache? Does she know the vital properties and powers and functional relations of the organs of her body; and does she accurately understand the healthy and the diseased affections and sympathies of those organs? Does she know the qualities of the tea in relation to the vital properties and functional powers of her system? Does she know the direct and the ultimate effects of the tea on her

system?—how it produces the pleasurable feelings, and how it removes the pain of her head? And does she know whether the very effects of the tea, by which the paroxysms of her headache are relieved, are not the principal source of her headache, and the main cause of the frequency and violence of the paroxysms? If not, what are her feelings and experience worth, to herself or others, as rules of life, by which she or any one can judge of the fitness of her habits to the laws of life and health? We answer, not a farthing! Nay, indeed, they are worse than nothing—mere delusions by which we are decoyed from step to step along the specious labyrinths of sensuality and suffering. And such, with rarely an individual exception, is the universal experience of mankind. We acknowledge that they *feel*, and that they know whether their feelings are pleasurable or painful. But do they know physiologically *how* or *why* they feel; and understand the relation of their feelings to the powers and laws of vitality, and to the condition and functions of the living organs?

AUTOPSY OF AN OPIUM EATER.

BY M. S. PERRY, M.D.

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Was called to see Mrs. —, aged 77, Dec. 8th, and obtained the following history of her case from her friends. Patient was of nervous temperament, but enjoyed very good health till about nineteen years since. At this time had an attack of pleuritis, which left her with a cough. For this she was advised to take tinct. opii. Her cough has continued from that time to this, worse in winter than in summer; has raised blood occasionally, mixed with mucus; always expectorates some when she coughs. For last nine years has used the solid opium in large quantities—15, 20, and sometimes 30 grains per day. Has been confined now to chamber seven weeks, and for five weeks has not taken any food; has only drank a little water occasionally; has taken 30 grains of opium every night—could not sleep without it, but would scream till she had the quantity; 15 or 20 grains would not quiet her. She is naturally a small eater. She has had no dejection for five weeks; has made but little water, and that was thick and dark-colored. She died the same night.

Autopsy, twelve hours after death.

External appearance.—Very much emaciated; skin of a dark brown color; cuticle loose, falling off in scales; muscles rigid; chest sounds well on percussion; abdomen flat.

Chest.—Right lung adhering by a strong membrane near apex and posterior part of upper lobe; apex filled with small grey tubercles, two or three of which were softened. There was also in this part of the lung a small abscess, the size of a common walnut, filled with pus; did not communicate with the bronchia. No tubercles in middle or lower lobe; some congestion in latter. Left lung adhering near apex, adhesions firm and strong. There was also a small membranous band running from the inferior part of upper lobe, and adhering near fourth rib. This was of