mighty's battery, one charge from which brought on the menstrual flow, which continued regularly for the two succeeding years.

Thus, each form of electricity has its specific action and produces its specific results; and, therefore, the cause of the affection should be sought and well understood in order to apply the agent appropriately.

The author would gratefully acknowledge his obligations to Dr. D. F. Lincoln and others for their valuable suggestions in the preparation of this article.

Boston, Mass., July 1, 1872.

MEDICATION IN DISEASE.

Read at a meeting of the Norfolk (Mass.) District Medical Society,* July 10th, 1872.

By JOHN P. MAYNARD, M.D. Harv.

UNANIMITY of opinion cannot be expected regarding a subject depending on so many and varied contingencies as medication in disease.

Less diversity would exist, however, if we could be sure of a basis on which to rest our premises, and from which to draw our conclusions. Then would the faithful seeker after medical truth more readily avoid the manifold error of mistaking sequences for consequences, and chance coincidences for actual causations.

There is, perhaps, no subject in which there are inherently more difficulties and greater obstacles in fully appreciating and properly determining the absolute relation of cause and effect than in the one now under discussion. Prominent among these obstacles is the too common tendency to hasty generalization and premature conclusions from limited facts, with the propensity to promulgate hypotheses or theories built on insufficient data. Nothing can be a greater hindrance to the progress of true medical science; for a theory once started, perhaps fortuitously, corroborated by casual incidents and plausible sophistry—while it wins the confidence and obtains the support of the illogical physician who accepts it without examination—often entails a tedious investigation upon the more philosophical to demonstrate its absurdity or to prove its emptiness.

Besides, to these obstacles to obtaining a true estimate of the value of medication

in disease, comes the problem, all important to the patient as well as to the physician, but heretofore seldom if ever propounded, and now too often ignored—the problem involved in the question, what would be the natural course of the disease uninterfered with by medication. In what way are we to attain to this knowledge, which is the only true basis on which to found a correct opinion of the value or necessity of medication, is not so easily answered. Still, be the opportunities few or many for so doing, it behooves us all to seek the solution whenever such opportunities occur. Not until we have acquired a knowledge of the natural history of diseases can we use with perfect confidence remedial agents which have been and still are esteemed of value by ourselves and others whom we have considered close observers and rigid scrutinizers of facts. Not until then shall we be saved also from much of the trash which now too often appears in medical journals at home and abroad.

Some time ago an article was published in *Braithwaite's Retrospect* by an English physician who, with apparent honesty, appeared to have deluded himself into the belief that by giving large doses of the tincture of digitalis he cured delirium tremens. What foundation had he for such a conclusion? Why, he was called to a patient who had been laboring under the disease between two and three days, after ordinary narcotics had in the mean time been given without the desired effect; and, wonderful to relate, twelve hours after the dose of digitalis, the patient went to sleep, and awoke cured!

From time to time, other physicians have testified to the same beneficial effects of this and other similar medicines, when given near the close of the third day of the disease, apparently not aware that delirium tremens will generally go through its natural course without medication in about three days. I think there is not a member of this Society who is not familiar with the observations of the late Dr. John Ware on the natural course and length of delirium tremens.

Called to attend a severe case of disease, with threatening symptoms and unfavorable prognosis, you treat the patient on the most recent approved plan; you give the last, most certain remedy, and the patient recovers; you congratulate yourself that you gave the very medication necessary. Soon, another case of the same disease occurs, with the same symptoms, but in less severe

* It is customary in this District Society to propose questions for discussion, and to appoint members (in alphabetical order) to open the discussion by short written papers. Hence this article.

riety, and, to your disappointment, the former successful remedy fails, and the patient succumbs. In such instances how natural to infer that the medication was inert, without once surmising that it was equally so in the first.

Among those diseases of which we know something of the natural course may be cited pneumonia. Medication will not prevent crepitus advancing, hepatization developing, or crepitus recurring. Our knowledge of the natural progress, and generally favorable termination of this disease during the second week, has led to better medication in its treatment—the patient no longer being doomed to antimony in doses *ad nauseam*, “heroically” administered and more heroically endured.

So, too, of typhoid fever, our New England scourge; the natural course of this disease has been studied more thoroughly perhaps than any other. It had long been known that this disease generally reached its crisis by the twenty-first day, provided there had been blistering of the head for concomitant delirium, and purging by calomel one day to be followed by castor oil the next! Fortunate the patient who survived both disease and treatment, for *post-mortems* too plainly revealed that Peyer’s patches and other lesions would not be healed by any such medication. Better the French ptisan and odorous mint, supplemented with plenty of milk, beef juice and the like.

And here I am reminded of an instance of the eye seeing what the mind looks for—a very common illusion. About twenty-five years ago a well-known physician published an article on the treatment of typhoid fever, in which he stated that, if he saw the case early enough, he could always “break up” the disease by powerful purgative doses. It was a sweeping statement, but it was the premeditated public statement of a practitioner of large experience, and whose honesty of opinion could hardly be questioned. A few months only after reading the article, I happened to be at the hospital when a patient was brought in, not quite moribund, but in the last stages of typhoid fever. With some effort she could reply to the queries, “How long have you been sick?” “About three weeks.” “Did you have a physician?” “Oh, yes.” “What physician?” “Dr. —.” “Indeed! how early in the fever did he see you?” “As soon as I was taken sick.” I have been these many years trying to reconcile the physician’s published theory with the patient’s unpublished fact.

In rheumatism, who among us, in the

present state of our knowledge, would rely exclusively on any known special treatment, notwithstanding the lauded efficacy of lime and other agents, alkaline or acid. We cannot admit that the statistics brought forward appear to be of much value as yet, especially when compared with those of some of our own hospitals; and we may well inquire in what number of days patients in this disease would get well without any special medication.

In conclusion, I cannot refrain from alluding to medication in cancer. In this disease natural changes and spontaneous alterations in appearance may often beguile an honest observer. Occasionally, an apparent improvement will inspire hope in the patient and friends, and delude for a while even the experienced practitioner. A recognition of this fact would have saved from mortification a young and talented member of our profession, who, recently, on making a trial of a newly vaunted agent at one of these periods of apparent improvement in a case of cancer, was led into the illogical conclusion that it was in consequence of the drug administered, and to prematurely announce his deductions to the public. A few weeks only sufficed to disabuse his own mind, when too late to retract his published statements; for the patient died, notwithstanding the continued use of *cundurango*.

Enough has now been said to indicate my own views on the subject under discussion. They may be summed in a single sentence—*medication in disease is likely to be of value in proportion to our knowledge of disease without medication*. With such knowledge we can better judge *when*, as well as *what*, medication blesseth him who receives more than him who gives.

Dedham, July, 1872.

POST PARTUM EXPLOITS.—At a recent meeting of the Obstetrical Society of Edinburgh, Dr. Keiller observed that he had recently witnessed several instances of extraordinary exploits of women immediately after confinement without subsequent suffering. He stated that a woman was delivered in the Old Assembly Close, no one being with her at the time. After the placenta came away, she put her room in order, and then, placing the child and the placenta in a basket, she walked, within an hour of her confinement, to the Maternity Hospital, to see if everything was right about her. Dr. Keiller exhibited the fetus, which was apparently about the seventh month.—*Brit. Med. Jour.*