

the bleeding artery was seated in the anterior flap. Two very small branches were tied, making twelve in all, and cold-water dressing was applied. Brandy, tincture of opium, and ammonia, were freely administered; but collapse continued, with incessant vomiting.

8th.—Two A.M.: Collapse, with profuse cold sweats.—Seven A.M.: Collapse, if possible, increased; apparently sinking, yet no restlessness; voice very feeble; pulse not to be counted, and scarcely to be felt. Continue brandy and tincture of opium.—Noon: Given champagne. Vomiting continues. Injection of gravy soup, with thirty drops of tincture of opium, into the rectum.—Three P.M.: Continue champagne; repeat injection; urgent desire for cold water, which was instantly vomited.—Six P.M.: Refuses champagne; desires burnt brandy and ale; vomiting continues. Repeat injection.—Midnight: Collapse, sweating, and vomiting continue. Injections as before, which are all returned, and afford much comfort.

9th.—Symptoms as yesterday. Compound tincture of cardamoms, two drachms, with fifteen minims of tincture of opium, which remained down one hour and a half. The most harassing thirst continues, constantly asking for cold water, one tablespoonful of which is given every half hour, and instantly rejected. Brandy-and-water substituted for cold water: this, increasing the sickness, was discontinued. Ale was asked for, and given, with the like result.

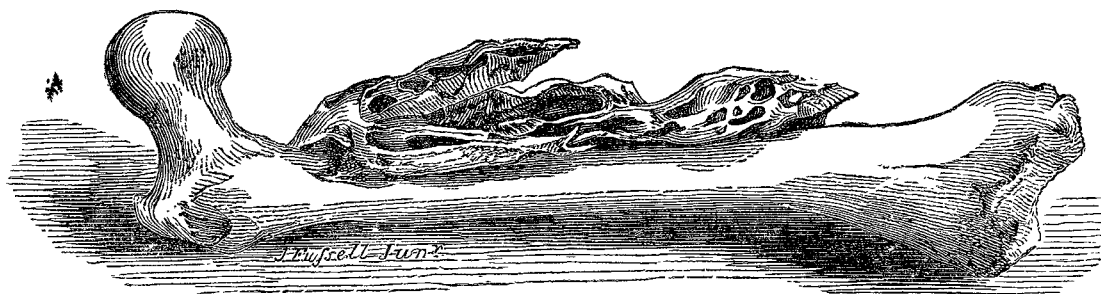
10th.—Eight A.M.: Small portions of ice ordered, and burnt brandy, which rather allayed the sickness; mustard cataplasms to the pit of the stomach. Pulse 140; skin rather warmer. Tincture of cinchona, with tincture of opium, every three hours.—Three P.M.: Mock turtle soup was tried, and occasionally remained down fifteen or twenty minutes. Thirst continues; same restrictions as to drink.—Half-past eleven P.M.: Remains in the same state, imploring for cold water.

11th.—Half-past five A.M.: On visiting the patient this morning, (the preceding being the first night I had left him,) I found him vomiting at least a pint of cold water, which had just been given by his wife, who, unfortunately, had been

allowed to sit up with the nurse, all his symptoms being aggravated by this excess in drinking. He was placed under the charge of the pupils, who released each other every four hours during the day, and all his wants were administered to by them.—Ten A.M.: Vomiting continues, with extreme prostration, and at the urgent suggestion of Dr. Younge, tincture of muriate of iron, with one-tenth of a grain of strychnia, was ordered, the first dose of which quieted the stomach; it was therefore repeated every three hours with advantage, there being longer intervals of rest from vomiting.—Four P.M.: The wound, which had been previously drawn together with adhesive plaster, was examined, and exhibited the appearance of dead muscle, long soaked in water; not the slightest adhesion in any part. Yeast dressing.—Ten P.M.—Vomiting less; skin warmer; pulse 135; thirst urgent. A table-spoonful of water, alternating with turtle-soup every hour. All stimulants, or even the proposal of them, cause sickness.

12th.—Ten A.M.: Pulse 130; in all respects better; wound evidencing improved circulation. Continue iron and strychnine; mock turtle soup, with a little ale, which is retained.—Five P.M.: As in the morning.—Eleven P.M.: On visiting him, found some of his family around him in tears, who, with the nurse, assured me he was nearly gone; and for the first time, he expressed a conviction he was sinking, complained of an indescribable sensation in his bowels, which proved the distention of the bladder from retention of urine: on this being drawn off, and my assuring him he was not worse, he became more calm, and rallied in a short time.

13th.—Ten A.M.: Better in every respect; wound granulating; dressed with adhesive plaster: continue beer, soup, and coffee. From this time he gradually improved, and therefore it is unnecessary to give a daily detail. All the ligatures came off by the eleventh day after the operation, excepting that on the femoral artery, which was retained until the twenty-second day. Wound healing kindly; granulations most luxuriant, requiring the occasional application of caustic. Discharged cured on the 15th April, sixty-seven days after the operation.



It will be seen, by the above sketch, that the cartilages and ligaments of the knee were wholly destroyed, and the bony growth, which, since maceration, proves to be periosteal, took place close to the trochanters, extending the whole length of the femur, not, however, attached, excepting whence it

sprung. The tibia and fibula were enlarged just below their upper heads, having the appearance of an old united fracture.

Oct. 29th.—Continues quite well, and has become enormously fat.

A BRIEF GLANCE AT THE RESOURCES OF THE MEDICAL ART.

By JAMES BOWER HARRISON, Esq., Surg.

HOWEVER professional and scientific men may affect to despise empiricism, there can be no doubt but that it is practically a serious evil; and therefore, however absurd many popular doctrines may be, it is not absurd to endeavour to disabuse the public mind of them. Nor does it appear to me that this can be more effectually done than by a fair estimate of medicine as it at present stands, pointing out what can be done by it, and upon what remedies we can actually rely.

When Dr. Armstrong was a student, he was struck with the number of articles which are comprehended in the *Materia Medica*. When he afterwards saw in what a number of combinations they were used, he imagined that the practice of physic must have arrived at a high degree of perfection, or otherwise must be in a condition of great confusion and uncertainty. The same idea must have presented itself to others. The first views of a student on this subject are better than those of the accomplished physician. The mind of the latter is so occupied with scholastic learning and technical information that he is apt to conceive an undue bias in favour of professional knowledge.

I here propose to inquire, calmly and dispassionately, and if possible, without prejudice, as to the real amount of our progress in the remedial art; for the present, leaving out the consideration of surgical science, in which it must be confessed by all, that very extraordinary resources are present. I do not suppose that it can possibly operate against the true interests of the medical profession to enter upon an investigation of this nature, for great discredit is often brought upon the physician by the unwarrantable expectations of the public, and nothing but disappointment can arise from anticipating results which can never be achieved. Nor do I wish in the slightest degree to impeach the necessity of medical supervision, because it will be seen, that a strict attention is necessary to see when and where to render the aid which really does accrue from medicine; and it will at once appear, that this can never be safely trusted to any but educated men. For my own part, I believe the considerations into which I am about to enter, will tend immediately to exalt the medical profession in the eyes of the public, and to render the better informed part doubly anxious to receive its aid, inasmuch as they will rely more on its honesty. There are many enlightened men who have no confidence in medicine, and fear the interference of the remedial art, which they regard as always perilous,—though, perhaps they will allow, sometimes advantageous. It is well known that the faculty do not themselves take medicines in the same manner that they prescribe them

to be taken. They have not, it must be owned, that large credence which they require from others. There is not, with them, the regular taking of spoonfuls at stated intervals, and the expectancy and confidence of the forthcoming result, which they ask of others. Why is this? The fact is, medicine can do much, but it cannot do all. It can give aid, and ward off evil, often and effectually, but not always and invariably; sometimes it can do very little, frequently nothing at all. But it would be thought to do something universally, and therefore it is assisted by empty show and by phials carefully labelled, and as carefully administered. Does it require this aid? Is it necessary to eke out what is good by professional mysteries or trade-like pretensions? I own there is something to be said even in exculpation of this empty show. I own that suffering humanity has need of the hope which is thus kept alive, and is comforted by words of promise which are yet continually being discovered false and unreal. Nay, even whilst the sufferer suspects the emptiness of the assurance, he allows himself to be nursed into quietness, and cheated into repose. And if this be not offered by science, he seeks it in empiricism; he becomes credulous in his despair, or wishes to catch at the least ray of hope which ignorance or presumption may offer. Certainly, there are times when the voice of consolation is good, albeit we are bid to hope where there is no hope, and hear the cry of peace where no peace is to be found. Medical men, above all others, are admitted into close intimacy with mankind; they are the true priests, who know what is in man, and often have "to step between him and his fighting soul." They go behind the scenes whilst the drama of life is being performed. It is to the physician, more than to all others, that the real feelings are discovered—the mask taken off—the assumed character laid aside—and the disguise and environment of ceremony and form put away. It would be a hard and ungracious task to show, that here, also, there is often little true cause for repose—that the physician can often suggest no relief—that even with him there is no refuge for our fears, no consolation for our distresses, and too often little consideration for our weaknesses and failings.

In many instances, the contradictory statements of even learned medical authorities, the complete change of professional opinions even on points of importance, and the palpable impotency of medicines in diseases of the most common and distressing kind, are too apparent to have escaped public observation, and hence the medical art has always been a favourite subject for the pen of the wit and the satirist. Nor have the caricatures which they have drawn been altogether devoid of likeness, nor altogether unmerited by the follies and vagaries which they are designed to expose. But "we who have free souls," this ridicule "touches us not;" and we hope that physic may yet be practised without the Lord Burleigh-shake of the head, or the administration of medicines which are recommended only by an interested routine. It is to be hoped that medical science may yet become simplified, and that learned physicians may learn at length to abandon those ingenious complications of drugs, the ultimate effects of which it is impossible to predicate.

But medicine *can* do something: we have not been employed since the time of Hippocrates with absolutely no results; and it is the separation of undue pretensions from real services which is chiefly to be desired. In estimating the value of different remedial agents, it is not improbable that I may neglect the mention of some which have an undoubted efficacy, and extol others beyond their real deserts; but this may be pardoned, in some measure, as every individual estimate must be liable to such inaccuracy. Yet, to a great extent, I think I shall be borne out by the profession in the observations which I shall offer; for by confining myself, in most instances, to general terms, and speaking of medicines chiefly in classes, I shall avoid many of the difficulties which are inseparable from the subject. I must own that I have, on all occasions, rather chosen to appear sceptical of the powers of medicine than anxious to set myself up as a champion of common opinions; and if I have mentioned many things which are both common-place and generally believed, it must be remembered that there are those who, in declaiming against the art of medicine, forget its greatest benefits because they are the most familiar.

This remark leads me to open these observations by alluding to the use of purgatives, the utility of which is sufficiently established by common experience. There can be no question that the employment of purgatives is of great occasional benefit, and that considerable discrimination may, moreover, be exercised, both in the choice and use of them. Nor does it in any measure operate against this estimation of purgative

medicines, that much mischief may arise from their abuse, since all our most valuable articles, both medical and otherwise, are capable of being misapplied. Indeed, it is to be regretted that purgatives have been much abused in the treatment of febrile disorders, and are employed with too little reserve in many cases, though to an unnecessary extent in most. Still we come back to this point, that mankind have found, and do continually find, very efficacious means for removing disease in the use of purgatives, much accelerating, in most cases, the period of cure, and, in some, accomplishing results which could not otherwise be achieved. The complaints in which purgatives are useful, are so numerous, that it would be difficult to point them out; and so frequently are they used, and so much is the confidence generally placed in them, that time, indeed, might be better employed in pointing out where they should be avoided altogether, or sparingly adopted.

Bloodletting, as a means of combating disease, perhaps, claims our next attention; for this is generally regarded as one of the principal agents in the hands of the medical practitioner. After the administration of purgatives, I think there is no remedy so much employed as bloodletting, so that many country practitioners pass from the one to the other, as a matter of course, in almost every disease, and consider, that until bleeding has been adopted, they have not put in force all which lies in their power. Most other remedies are really considered as only accessories to these; so that the spirit of Sangrado still lives in the present age. Few persons have the hardihood to deny the efficacy of bloodletting in inflammatory affections, or are willing to trust entirely to other means in the acute inflammation of important organs. Still we should not allow the mind to be shackled with prejudices, and never ask ourselves whether the routine be entirely good—whether the end can only be accomplished by the customary means, and whether it be always the best means of so doing. It must be confessed, that the use of antimonials in certain inflammatory affections of the chest has demonstrated the possibility, at least, of subduing even acute inflammation without recourse to bloodletting. Yet there can be no question that bloodletting is frequently necessary. I think I may say of bloodletting as I have of the use of purgatives, that there is so great a readiness to resort to it, as well on the part of the patient as the practitioner, that time would not be ill-spent in showing to what cases its employment should be restricted. Indeed, it is generally conceived that where bloodletting has not been used, the patient has not had a fair chance of recovery; and thus the practitioner is hurried into the adoption of means he may scarcely approve, lest he appear to have failed to put in force all which he was called upon to make trial of. This remark certainly applies to many cases of apoplexy resulting from injuries to the head, where it is dubious, at least, how far depletion is proper. Whatever the value of bloodletting may be, it must be granted that there is great reason to regret that the imperfect diagnosis of the affections requiring bloodletting on the part of some practitioners, and the injudicious application of received maxims on the part of others, in many instances may have tended rather to confirm than remove disease. It seems to me that we are only just arriving at correct notions of the use of bloodletting, and it is with pain that we look back to the treatment of lunatics and others in former days, when restraint and depletory measures were generally resorted to, to put a check to excitement which arose from, or was intimately connected with, poverty and starvation. The brain, highly sensitive, became more and more impatient of restraint, whilst it was more and more drained of its restorative power by bloodletting. To the highly-gifted Dr. Conolly we are under a great debt of gratitude for his eloquent appeals in favour of more rational and humane views.*

The connexion of inflammation with actual debility and states of constitution which are asthenic, and not robust, must show that even in undoubted cases of inflammation we are greatly restrained in our due application of bloodletting; and when we come to consider in how many cases where bloodletting was formerly adopted in ophthalmic surgery, every indication may now be accomplished by strictly local measures, we have reason to hope that, in many instances in which we now employ bloodletting, it may be yet possible to adopt a more eligible treatment. Still, in the present state of knowledge, it must be admitted that bleeding is, in many cases, the only available remedy; and in others it is a speedy and effectual, if not the essential, method of proceeding.

Next to bloodletting, Mercury perhaps stands in the estimation of British practitioners. Few medicines have been so

largely employed, so greatly valued, and so much deprecated, as mercury. In this country, at least, it enters largely into our prescriptions, and is considered by the majority of practitioners as one of our most valuable and efficacious medicines. Mercury, according to its administration or mode of preparation, is used with various objects. In many instances, the action of mercury as a purgative seems to be more effectual than that of any other medicine. Whether, in such cases, it have any specific effect on the biliary secretion I cannot say; but certainly much good arises from its use. The combination of calomel with colocynth, or a few grains of calomel, followed by a black draught, are eminently useful in many nameless states of indisposition,—probably more useful than any other cathartic. Again, mercury is extensively employed in the treatment of inflammation; and after bloodletting and the adoption of other measures designed to relieve the early and more acute symptoms, it is considered as chiefly to be relied on. I believe this opinion to be deserving of credit; but I imagine the confidence commonly placed in it much exceeds what it really deserves. In the majority of cases in which mercurials are pushed with a view to arrest morbid action, or to restore parts which have suffered lesions, it is impossible to say what may be the true amount of relief afforded; and it should never be forgotten that most of the effects attributed to medicine in this, as in many other cases, would probably have been brought about by the unaided operation of natural causes. Of mercury as an anti-syphilitic there is great difference of opinion. Large treatises and numerous volumes have been dedicated to the discussion, and it may appear presumptuous here to attempt to decide a controversy which has been so long and warmly carried on. Yet every practitioner must, in point of fact, decide this question for himself, so that an individual cannot do wrong in expressing his own convictions on the subject. For my own part, I have seen nothing to give me that undoubted confidence in mercury which it was formerly common to repose in it. The bad cases of syphilis which I have seen have been cases in which mercury was or had been employed; some of them, I think, have been greatly aggravated by it. When the disease has been early discovered, I have generally treated it without mercury, and have had no reason afterwards to regret that I have not had recourse to it. In most of the chronic cases I have met with, mercury had been given previously, or I was induced to make use of it, being unwilling that the patient should not have immediately the benefit of a line of treatment in which it is common to confide. Respecting the reputed *alterative* effects of mercury I cannot say much. The word *alterative* is, undoubtedly, a very flattering one to the patient; but it should be remembered that it is only a name. When a person has suffered for years from an obstinate complaint, and is fairly worn out by watching and unrest, it is evidently pleasant to him to imagine that he is taking an *alterative*, to *alter*, as he presumes, the condition of his system. But the case is far from appearing of so promising an aspect if the term *poison* be substituted, which is often quite as appropriate. Perhaps the patient may be taking minute doses of the bichloride of mercury; and if the practitioner were candidly to confess, he would be as much astonished as the patient would be pleased, if a cure were really accomplished ascribable fairly to the medicine employed. But what, then, does the practitioner expect? Why, if the truth must be spoken, he anticipates nothing whatever, and if any effect do happen to manifest itself, he is in great haste to withdraw the remedy. I grant that in some cases of chronic enlargements, as those of the testicle or mamma, the exhibition of small doses of mercury may be greatly beneficial, even curative; but here its influence is directed to the arrest of inflammatory action, or, more properly, to the removal of its consequences.

Blisters and counter-irritants next deserve consideration. Blisters are very frequently employed in subduing disease, and much confidence is placed in them. In cases of effusion in the chest, great relief, of a temporary nature at least, is undoubtedly obtained from them; in cases of chronic effusion in the joints they are also of eminent service. Vesicants are chiefly available in cases where serous effusions have to be removed; in other instances they are less serviceable. When employed with the view of producing counter-irritation, (as it is termed,) it is, in most cases, doubtful whether they produce all the good supposed. The idea that Nature is unable to support two local morbid actions is clearly far from correct, or very much over-stated. It is difficult to conceive how the principle of derivation can apply in most cases where blisters and counter-irritants are employed for deep-seated inflammations. The same difficulty applies to

setons and issues. I think there is less reliance placed in the use of caustic issues in spinal affections than formerly, or in epileptic and other cases. I would not say that they were never useful in cases of disease in the bones, but I am very dubious of their utility in the majority of cases in which they are used. Pale, scrofulous children, with carious vertebræ, we frequently find suffering from the combined operation of these local drains, and the constitutional malady for which they are used.

Nauseants and emetics are of great service in many diseases. The use of the latter in the early stages of croup, in hooping-cough, and other affections of the bronchial passages, is beyond all dispute. In bronchitis, great benefit arises from the use of the milder nauseant remedies after bloodletting. In pneumonia, antimony either as a substitute for, or in combination with, bloodletting, is especially serviceable. It is scarcely necessary to allude to the utility of emetics in dislodging offending matter from the stomach, and in the removal of poisons—these are triumphant exhibitions of the resources of the medical art.

The efficacy of diuretics is considerable in dropsical affections, particularly in those implicating the chest, chiefly as relieving urgent symptoms, but, probably, in many cases, of greatly protracting the period of existence. A combination of calomel and squill, the tincture of squill, and, sometimes, the tincture or infusion of digitalis, are employed for this purpose. Diuretics are less serviceable in ovarian disease attended with dropsical accumulation. In coughs, where we have reason to suppose that there exists an oedematous state of the lungs, they are of some use; but in many of these cases there exists a combination of disease which is altogether beyond the reach of actual cure, and even palliative measures are ineffectual, or of little promise. Diuretic purgatives, especially a combination of jalap with cream of tartar, are in the same manner, and in the same cases, valuable. Still, we may say generally of diuretics, that they are rather accessory to recovery than actually curative, and more useful than indispensable,—good, to some extent, in warding off the evil time, but come this does, at last, and the patient loses his faith in the medicine in which he had found a temporary assistance. Of digitalis, in particular, I may further state, that when given to reduce the pulse in affections of the heart, I consider it both dangerous and unscientific.

There can be no doubt that the use of narcotics, and particularly of opium and its preparations, is eminently serviceable in a great variety of diseases. The chief efficacy of medicines of this class is in palliating and relieving pain, which, however, is a very great boon; in some instances, they are nevertheless largely concerned in the cure of disease. In cases of obstinate diarrhœa, attended with ulceration of the intestines, opium and opiate injections are most valuable. In delirium tremens, the practice of giving opiates is, at the present day, one generally confided in; whether or not it be really indispensable, I will not undertake to say. In some obstetric cases, large opiates are found valuable, perhaps necessary. Externally employed, opium is also useful in the mitigation of pain, but, as will be readily supposed, its influence is not so marked.

Much has been said of the efficacy of iron in neuralgic affections. I have tried it, in some of these complaints, with, I think, good effect. I am not prepared to say in what manner it acts; but so far as my own experience goes, I have some reason to consider it useful. Of course there are a great many neuralgic affections dependent on causes utterly out of the reach of iron, but there are others scarcely distinguishable from them in which it is of service. In chorea, it seems that the administration of iron is of service; but as it is common in this complaint to combine it with purgatives, it is difficult to say how much may be due to the latter. The utility of chalybeates in chlorosis and other diseases characterized by a deficiency of the red particles of the blood, is further very evident, and I think generally admitted.

Iodine is one of those medicines which, in comparatively recent times, has risen to a high position in the materia medica. It has yet probably to have its claims to notice properly sifted, so that it may be applied with precision and nicety to the cases in which it is useful. There seems every reason to regard it as a very important addition to our curative means. It is supposed to have a considerable influence on the lymphatic system, and to promote absorption; but it does not seem that the fears which were formerly entertained as to its causing a destructive absorption of the mamma and testicle were well founded. Iodine is reputed to be greatly

serviceable in bronchocele. I have seen a cure effected during its administration in one or two instances; I do not remember of what duration they were. How far iodine may be valuable in scrofula generally, time only can fairly make evident; for in constitutional affections even medicines of undoubted value can scarcely be properly estimated until they have passed through the ordeal of lengthened experience. The external application of iodine is probably useful, but this inquiry bears chiefly upon surgical complaints. In syphilis, iodine is now extensively administered in the preparation called the iodide of potassium. From my own experience, and the best evidence I can collect, I am disposed to regard it as highly useful; but it must be remembered, that we are indebted to the *disuse* of mercury, as well as to the adoption of iodine, and possibly to some change in the complaint itself, for the greatly mitigated character which syphilis now presents. In rheumatism affecting the neighbourhood of the long bones, the iodide of potassium appears of service.

Colchicum possesses a considerable reputation in gout, and is probably serviceable also in rheumatism. No doubt some of its beneficial effects are ascribable to its purgative qualities, but something seems yet due to its specific influence.

Astringents may be considered as of some use in protracted fluxes not dependent on organic changes; but in many obstinate cases of diarrhoea, their use is extremely limited, and perhaps, in some, is contra-indicated.

Medicines called diaphoretics are frequently prescribed, and much confided in as popular remedies. That some benefit may be derived from medicines of this class is certain, but their efficacy is undoubtedly much over-estimated by all classes. In many states of disease, spontaneous perspirations are anything but serviceable, and artificial ones altogether useless.

A variety of drugs, professionally called carminatives, antispasmodics, and diffusible stimulants, do not possess any very decided medical properties. I do not suppose they possess much, if any, advantage over common domestic resources. These drugs give an appearance of complication to our prescriptions, and are useful enough, in this way, to the prescriber, who seldom studies simplicity in his formulæ.

What are called refrigerants and cooling medicines are scarcely deserving to be ranked higher than pleasant accessories to recovery, to be regulated as much by the feelings of the patient as the dictates of the practitioner. What are called "fever medicines," popularly supposed to throw off fevers, are to be viewed as of this class. Of emmenagogues—medicines to promote the uterine functions—little can be said, for those medicines, which are most serviceable in restoring or promoting the menstrual secretions, are such as operate in bringing about this end by their influence on the general health; particularly by acting on the bowels, or by correcting anæmic states, and have therefore already been estimated according to their value, which, it will be remembered, is considerable. A large class of medicines, composed of woods, barks, and aromatic bitters, are used with advantage, but cannot be said to be absolutely necessary for the treatment of the majority of cases in which they are used. They fill our dispensaries with names and our shops with drugs; they adorn our prescriptions, but are yet far from indispensable, so that many patients recover without recourse to them, even in those cases in which it is common to prescribe them. Amongst these we may enumerate gentian, cascarilla, calumba, &c. I do not by any means say that they are absolutely useless, but I think they are, in many instances, as useful to the physician as to his patient.

The efficacy of cinchona bark, or its active principles, in ague and diseases of an intermittent character, has long been admitted. In many other instances where it is prescribed, however, there is not the same expectation of benefit, and it is commonly employed in a *secundum artem* manner, to remove states of debility which are entirely beyond its control, and which are connected with lesions on which it can produce no possible influence.—Many medicines from which much benefit might reasonably be anticipated, cannot be got to bear on the parts to which they should be directed, without being altered *in transitu*, so as completely to lose their active properties. This observation applies to the use of medicines given with a view to correct diseases in a strictly chemical manner. Thus alkaline and acid medicines, in urinary affections, are often more promising in a scientific point of view, than really useful in obviating disease; so that in most of these cases we are obliged to content ourselves with the fulfilment of common indications, with little peculiar reference to the specific nature of the disease. In derangements of the stomach

and bowels, alkaline medicines are frequently of direct utility. Magnesia and chalk, in combination with opium and aromatics, are in this way commonly found of service.

I cannot here forbear to make a brief mention of the nitrate of silver; for though it is more employed in surgical than medical cases, so great is its utility, that it is difficult to pass it without notice. In ophthalmic surgery it often takes the place of bloodletting in the treatment of acute inflammation; and in limiting diseased action, and changing the character of sores, its agency is perfectly astonishing. Another important use of the nitrate of silver is that of destroying morbid poisons or correcting morbid states which are propagated by continuity of action. In this manner it is found most valuable in the early stages of chancres, rendering any other kind of treatment unnecessary, or, at least, greatly abridging the period of their continuance. The use of nitrate of silver in ulcerations of the mucous membrane of the uterus and adjacent parts I have little doubt is of the greatest service; but the difficulties which attach to the employment of the speculum, in the higher ranks of life, is a practical objection, which may stand in the way of its common or frequent application.

Observations such as these on the efficacy of particular medicines, however full,—and they can here be only very superficial, hasty, and perhaps partial,—are not, in all cases, the best vehicle for setting forth the services rendered by medical science; nor, on the other hand, of always exposing the unsoundness of its pretensions. Though opiates, for example, may be found to alleviate pain, we have painful affections in which they can afford little effectual service. We have seen that mercury, iodine, antimony, &c., are of use in removing lesions, and expediting curative processes; but many such lesions as they are reputed to relieve remain altogether unaffected by them. It is therefore necessary to view the subject from another aspect, and approach it by another route, in order to command a fair view of the prospect which it presents. The consideration of individual diseases may afford us this advantage, in leading us to inquire what resources we have in store for each particular and special affection. This might, indeed, seem an unnecessary task when it is remembered that most medical works are concerned in solving the problem; but how often it happens that the true position of the question is artfully concealed in professional technicalities, or an anxiety is discoverable to recommend some line of practice which may be conceived to be preferable to those generally adopted.

Now, it must appear, from the remarks which have already been made, in speaking of bloodletting, mercury, and antimony, that inflammatory complaints may be much abridged by a judicious selection and employment of these, according to the urgencies and necessities of the case. This, of course, is including a large class of complaints; and when we further observe that many of the affections not considered as inflammations are more or less mixed with inflammation, the utility of professional services becomes apparent in a vast many cases. Of the use of bloodletting in apoplexy I am disposed to be less sanguine; in fact, I question, in the majority of cases, whether the treatment be of much or any avail. This will go against common, especially popular, notions; but I do not think it is too strongly expressed. In cases of threatened apoplexy, full depletion may do much; but the good cannot be calculated because it can never be ascertained what would have been the result if nothing had been attempted.

In chest affections, besides the occasional adoption of antiphlogistic measures, nauseants, expectorants, and counter-irritants, are frequently serviceable; but what I have said under these heads may be considered sufficiently explanatory. In genuine asthma, I think nothing but palliation can be rationally expected from medicine. In complaints of the digestive organs, the administration of purgatives, and the observance of dietetic rules, may be of service; but many inveterate cases occur which defy medical assistance: some painful forms of indigestion are relieved by the trisnitrate of bismuth, and the prussic acid.

Of the powers of medicine in rheumatism, I think there prevails far too high an opinion—this opinion resulting rather from the frequency with which the complaint abates, than from any well-founded reliance on the specific influence of drugs. In fact, so many medicines are considered valuable in its treatment, and so many different lines of practice adopted, that it becomes doubtful whether they have any real share in the end which is brought about. Of the so-called *heroic* plan, which dictates desperate bleedings and active mercurials, I can scarcely think it justifiable even when the heart or peri-

cardium are involved; for in these cases there is much question whether, in the attempt to quench the flame of disease, the vital forces are not too often irretrievably and fatally depressed.

It is commonly admitted that many conditions of disease are altogether beyond treatment, or can only be partially alleviated by the care and skill of the physician. Most of what are called organic affections, by which is signified diseases in which the structure of organs is changed, and constitutional maladies, which resist the influences of good diet, fresh air, and exercise, are commonly beyond any remedial advantage further than is gained by attention to the condition of the bowels, and other simple indications of treatment. There are some ill-understood complaints which are beyond rational hope of cure, such as hydrophobia, tetanus, and diabetes; and there are others which, though better understood in respect to their pathology, are little more within the reach of professional aid. Thus, Bright's disease, consumption, cancer, and other malignant affections, are beyond the powers of medicine when fairly established, and whether anything can be done in the very earliest stages of these affections is at least questionable. The subject of Hygiene is important in relation to such diseases, but the practitioner, as such, is more concerned in the general advocacy of hygienic rules, than called upon to regulate their application in particular cases: a great number of complaints, therefore, having a constitutional origin, or mixed up with constitutional derangements, are little under the control of medicine, and baffle the practitioner, breaking down his confidence in his own resources, and showing him how much is beyond his power.

Many cutaneous affections are certainly capable of mitigation and cure, but others are so obstinate as to weary out endeavours for their relief, and a few are perfectly beyond control. Of the latter class, some of the forms of senile prurigo present us with melancholy instances of suffering little mitigated and never removed. Complaints, when described in books, are generally represented as counterbalanced by certain forms of treatment, the bane and antidote being set before us by the same pen. The one is purposely represented so as to fit the other. Here we have a set of symptoms pointed out, and there the counterpart procedure,—here the over-action, and there the depletory measures,—here the pain, and there the opiate. Such fitting-in and adaptation does not always exist in reality. Sometimes we are utterly at a loss for any indication, or so utterly unable to attain our end, that it matters little or not whether we know what design is to be accomplished. Do we feel that strength is wanted?—we cannot give it. Do we know that the process of spoliation is at work,—we cannot arrest it. Our treatment is either the fulfilment of plain measures, which could scarcely call for scientific supervision; or it degenerates into a meddling interference, which may take the garb of science, and borrow its terminology, but which is felt by every true man to be despicably unworthy of the name.

No doubt, medicine is already on the eve of great and important alterations, and medical men are beginning to question with a nice scrutiny all that has hitherto been considered as worthy of support; still we have yet much to do in getting rid of old prejudices, and the notions derived from mere scholastic teaching; we have yet to go over again, in a tentative manner, step by step, much that has been thought established, and that has enjoyed for a long period the common suffrages of mankind. In the meantime, it will be well to ask ourselves, what are the characteristics of the present age?—what are the rocks which impede our passage to a wider sea of discovery, and shut us out from the full rewards of scientific enterprise? Now there is, perhaps, too great a tendency in orthodox medicine to regard the effects of morbid action rather than the action itself. We study the diseases of the cardiac valves, and listen for the sounds of irremediable injuries, but pay little attention to the symptoms which are antecedent to their formation. It may be thought an achievement of science, and so it is, to ascertain the existence of a cavity in the lungs; but the early detection of the tubercular diathesis is still more to be prized than this detection of foregone mischief. We look for the traces of morbid action when the action itself has perhaps ceased; we lament over the ruins, but do not provide against the tempest. Even the patients themselves partake of this same infatuation; the disease itself is suffered to go on with impunity, but the learned physician is summoned only when the destroyer has done his work. He is there to say, not what is going forward, but what has taken place; and this is considered the most important of his functions—the detection of lesions for which nothing can be done!

In the same manner, it is common for the profession only fairly to notice the more advanced stages of a complaint; the existence of pericarditis or pleuritis is never even suspected, unless the physical signs are actually present. But though there be not this complete satisfaction, the possibility—may, even probability—of these affections existing in stages not admitting of this perfect demonstration, should be constantly before us. As we have acute morbid actions, so it is reasonable to infer that minor stages may, and do, exist, which issue in lesions as palpable as they were themselves obscure. We limit our notions of disease to our established school systems; a complaint cannot exist unless it exist according to the established formula. We speak, indeed, of life in our physiology, but we forget it in our pathology; still much has been gained by this love of demonstration, and the absurd hypotheses of former days have made way for many well-grounded observations. But why stop with these post-mortem observations—these observations on the effects already produced?—why not trace back, carefully and repeatedly, all which has gone before, connecting, or endeavouring to connect, them with the results before us? The antecedent symptoms are, in reality, the most important: a man may amuse himself by trying to make out by the sound the number of dice in a box; he may acquire an accuracy hitherto unattained, and thought unattainable; but without some useful application, his time would only be trifled in nothingness. The stethoscope has useful applications, and the true way to extend them is diligently to observe its phenomena in connexion with the earliest symptoms of derangement. Further, in the present practice of medicine, it is frequently overlooked, that many states and conditions of disease are in reality themselves of a remedial nature, or, at least, exchanges for other morbid actions; and this latter is a more correct mode of viewing the question. But the form which Nature herself seeks is mostly the best form of expressing her suffering. Now if we dam up the flood in one direction, it is only to see it force itself out in another. The palpable disease is the flood, which being pent up, bursts out at another point with a greater and less controllable energy. We resist Nature without always studying her, and defeat her purposes rather than turn them to our own account. But it should never be forgotten that Nature herself can alone work the cure. I remember reading an excellent lecture of Sir Benjamin Brodie's, (since republished in a recent volume,) in which he makes some remarks to the effect, that we do not mend the body as a carpenter mends a roof. We do not even reach the disorder; we can only assist Nature in her own efforts at repair; we never make the repair ourselves. But let us be careful that our zeal does not go too far. We must not destroy her power, but husband her resources;—we must always anxiously look for indications of her own efforts, and not extinguish the torch whilst we seek to restrict the flame. In a great many cases we must watch the case, and not venture to interfere. We observe the different stages of the measles or small-pox; but who could tell us how to act if the complaint did not pass away in natural transitions? Again, in the treatment of diseases, it is a fact of practical value yet to be learned by many, that chronic diseases require a chronic treatment, and habits of body, like habits of mind, are only to be altered by gentle and persevering exertions. Let it be remembered also, that the remarks which have been made in favour of medicine, apply to it only when correctly and properly used, and under the idea that discretion and judgment are employed. What shall we say of it as it actually exists—the good and the bad? I am almost afraid to say whether medicine, so considered, is not as often injurious as beneficial. The active and repeated employment of potent measures in systems already enfeebled with disease, and the *secundum artem* style of prescribing, which sees only good in drugs, and imagines their operation, of necessity, recuperative, pervades the profession, and infects with its baleful influence the very walks of science itself. Hunter, and his disciple, Abernethy, in one class of cases, at least, have probably done more harm than good in their own practice, unless, indeed, we conceive the disease (the venereal) to be greatly altered in its habitudes; certainly, by the example and precept of these men, thousands may be said to have been poisoned with mercury, and yet these men were, and are, the pride of English surgery. This I say not in depreciation of them, but to render us modest in our estimate of the art of medicine itself; for who shall say how a future generation may esteem our present modes of treatment, and with what value they may regard what we now consider the most incontrovertible points in practice?

Broughton, near Manchester, Dec. 1846.