General Remarks

ON THE

PRACTICE OF MEDICINE.

BY

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II.—CURE.

On Special Medicines, and especially Cinchona. Specifics and Cure contrasted with Non-specifics and Treatment. The Difference between Curing and Treating a Fever.

REMEDIES given to cure diseases in some occult way of their own we have called "special" remedies. Would not "specifics" have been a better name, as being of more popular use? Why, no. Medical men, indeed, have never been remarkably exact about the meaning of the terms they employ. Nevertheless, as long as terms convey no error, it is well to abide by them and let them pass. They cannot, however, be always made to suit our purpose without some little explanation. Thus the common notion of a "specific" is, that it deals with the disease after its own way; and, moreover, that it deals with it *successfully*. The term "specific" always includes the idea of success; and for this reason it would be too restrictive for our purpose. "Specifics", in the popular sense, would still remain the choicest and best, but would comprise a few only, of the remedies which have place in the department of medicine which we call "cure"; whereas "special" remedies would comprise them all, whether they cure single-handed and by themselves, or conjointly with others and as auxiliaries; with constant or occasional, with complete or partial, or with whatever degrees of real or imputed success.

"Specifics", then, represent the perfection of special remedies. But perhaps they may not be always found the most interesting of the class to which they belong. Special remedies, in proportion as they approach nearer to specifics, work with a concealment which is impenetrable, and invite inquiry with little hope of reward. But, in proportion as they fall short of specifics, they are less absolutely covert in their operation, and leave, as it were, chinks and crevices through which, as they work, we may catch sometimes a glimpse of practical and pathological truths.

The most universally allowed specific is cinchona; and its specific virtue is most eminently declared when it cures an ague. It may then be taken as a standard by which to try the claim of any other remedy pretended to be a specific; and a standard, moreover, by which to try itself when it is used as a specific for other diseases. In the cure of ague by cinchona, the peculiarity of the whole affair is this, that the cure follows the use of the remedy, without the apparent intervention of any prior operation whatever.

Now cinchona has been found to do the work of cure in certain other diseases as summarily, and as exclusively of any intermediate operation, as it does in ague; and so far it equally deserves the character of a specific. But it does not do this work of cure so constantly in them as in ague; and therefore in

them it is not at all times to be fully trusted as a specific.

Cinchona often cures the severest headache; the more surely if it take the form of hemicrania, and have an intermittent character; and the more surely still if the patient be, or have been, where agues prevail. And so cinchona often cures severe neuralgia in all parts of the body, the intermittent character and the probable malarious origin still giving a better promise of its success.

It is remarkable the number of diseases (if diseases they can be called of which nosology takes no notice)—the number, I mean, of undescribed and indescribable ailments having their origin, growth, and increase among agues and in agueish districts—which are cured by quinine.

But a disease need not always claim known kindred with ague, either in its intermittent character or in the place where it is found, to be sometimes curable by quinine. Erysipelas has often found in it a summary remedy. By its use, foul and ill-conditioned sores have changed their complexion completely and at once, and become healthy; and thus the expectation of gradual sinking and death has in twenty-four hours given place to a confident hope of recovery and life. Such effects, so rapid and so springing up under our very eye, can hardly be brought about by any mere *tonic* power belonging to cinchona in common with many other substances. Surely none of the class of bitters could be trusted for the same result. Neither can they be well conceived to come from cinchona operating as a mere stimulant. It does not merely do the work which wine or brandy could do just as well. One cannot help believing it does the work which only itself can do, and nothing else; and it does it acting by a specific power of its own, as much as when it cures an ague.

The specific effects of cinchona which are best known are really so full of wonder, that new and less familiar displays of its curative power occurring from time to time do not surprise us. Indeed, we can hardly make up our minds to be incredulous when report is made of marvels wrought by it, which go far beyond our own experience. What, however, has been of late promulgated is startling. It should almost seem that, as long as there is quinine in the world, no fever need go uncured. Intermittent, remittent, and continuous fevers, typhus and typhoid fevers, simple and complex, and in all climates and in all stages of their progress, are to be cured by quinine. So it is positively stated. The fault of physicians, it should seem, has been that they have never given it often enough or in quantity enough, otherwise they would have acknowledged it for an universal antifebrile specific long ago.

Now, for the present, I would hint no suspicion that the accidents of time, place, or circumstance might have largely influenced the results, giving a new element to the disease, and allowing an extraordinary virtue to the remedy. I will take it for granted that the fevers mentioned by name, each and several, and the classes of fevers indicated, are in their own nature curable, and were actually cured by quinine; for I wish to make the important difference between *cure* and *treatment* as intelligible as possible. And this I can best do by displaying them in contrast; and the contrast can never be more

striking than when each is seen in its separate dealing with the same disease.

Let us then consider fever in its largest sense, and see first what it is to *cure* it, and then what it is to *treat* it. This difference will display the difference between *cure* and *treatment*, as applied to the management of all other diseases whatever.

Take cold, and heat, and perspiration, occurring interchangeably, whether regularly or irregularly, and in any manner or degree; and a frequent pulse, whether strong or weak, and pain in the head with wakefulness and delirium, or drowsiness and torpor; and the tongue dry and red and clean, or sordid and black; the breathing hurried, and perhaps the bronchi wheezing, the abdomen tympanitic and painful on pressure, and perhaps a sanious discharge running from the bowels; take these symptoms on any day early or late in the course of the disease; take them all in a heap, and regard them as one, and make them serve collectively for the single aim of the single remedy, and that remedy quinine. This is preeminently the cure of fever; and its success, which comes suddenly when it comes at all, must be a sort of triumph.

Again, take all these same phenomena which tell of disorder and disease in the vascular system and the nervous system, and in any or every organ of the body; take them, not as they appear on any one day, but as they ebb and flow and fluctuate every day and night for more than twenty days and nights in succession; and watch each, and try to interpret the meaning of each, and judge which is most perilous in itself, and which bears most perilously upon the whole disease; and which is most within reach of a remedy, and which is most urgent for relief; then choose and apply, not *the* one remedy, but remedies many and various, or few and simple, according to the aims proposed; and take care the right remedy of to-day be not the wrong remedy of to-morrow: pure air to breathe, and pure water to drink; affusions or ablutions of the whole body, cold, warm, or tepid; lotions or fomentations of this part or that; remedies for pain according to its nature and seat; expedients for preventing sores, and expedients for healing them; aperients, and astringents, and mercurial alteratives, according to their several needs; also opium, that great saver or destroyer of life as it is rightly or wrongly given in fever, in its various uses. These are the sort of implements which the physician has to work with when he has to *treat* a fever. And being thus vigilant and analytical about the bedside emergencies of fever, and dextrous in ministering to them, he saves many lives.

And this is preeminently the *treatment* of fever; but it may be, and often is, one part of it only. For, after all has been done that need, or can, be done, in the way of thus noting particulars and ministering to them, lives cannot be saved without engaging observation and treatment in larger aims. More in one case and less in another, more in one stage of the same case and less in another; but in some stage of almost every case, we have to take the sum of the symptoms, and calculate whether, upon the whole, they mean strength or weakness, vital reaction or vital yielding; and to make choice accordingly, whether it be right to restrain, to lower, to deplete, or to support, to raise, to stimulate; whether to give calomel and antimonials, or to use some

kind of bleeding, or to give wine, or brandy, or ethers.

This is the *treatment* of fever in another of its parts. Both together, that which is analytical and that which is summary, comprise the *whole treatment*. If it succeed, its success is after the lapse of many days, and the trial of many hopes and fears. And when success comes at last, it produces nothing like exultation and triumph, but rather quiet satisfaction and thankfulness.

Such is the difference between cure and treatment, when we come to follow them out in their operations, and to think what the one is and what the other, practically and in truth. The difference is so great, that if this vast class of diseases, called fevers, belonging to the whole world, and always existing and raging somewhere, could be taken at once out of the domain of *treatment* and transferred to the domain of *cure* now and for ever; and if, instead of needing remedies, as many and various as are the times and places, and men and circumstances wherein they arise, they were found capable of being safely and successfully consigned to one and the same remedy always, and everywhere, and in all persons, the practice of medicine would suffer the nature of a revolution. The thoughts, studies, habits, and feelings of medical men would be utterly changed.

So great a revolution is not likely to happen. But a man need not have grown old in the practice of medicine to bear witness to its having undergone considerable changes; and the diseases which have been the objects of them are especially those we have been speaking of; and the changes themselves have still respected *treatment* and *cure*. They have not, however, amounted to anything like a substitution of one for the other; but have only involved measures of more or less, in which treatment and cure have been mixed together, and that not always and everywhere, but partially and from time to time, yet for long times together, and in this place or that; yet it may be over many countries. Thus, febrile diseases which have a contagious or malarious origin, or which arise from causes so occult that they seem spontaneously engendered; also, typhus and typhoid fevers, scarlatina, erysipelas, spontaneous febrile hæmorrhage, and purpura, will for a time, even for a series of years, and over a great portion of the world, be capable of successful management by remedies addressed to the circumstances and conditions of individual cases—that is, simply by treatment. Again, some or all of these diseases in the same place, during another series of years, will yield less satisfactorily to the same remedial method. The indications will be as well chosen as before, and the medicines used will fulfil their immediate purpose, but the whole disease will not decline as easily or come to an end as soon or as completely as before. And then physicians will not be able to make up for the failure of their tried resources by seeking and finding new indications and new remedies rationally suited to them, but by using a special remedy which acts and cures nobody knows how or why—even the great specific cinchona. Then cure has become the needful auxiliary of treatment; and a special remedy given on the faith of a large experience has completed the imperfect work of remedies addressed to rational indications.

Now there are subjects upon which the most sober and practical minds cannot help speculating a little

beyond what they know. Sure and great results—yet familiar and common, and procured at will and by certain means, but in an unaccountable manner—naturally set us thinking and forming notions how they come to pass; and then it is safest and best to fill up the gaps of our knowledge from analogy. When we are treating a disease, our aim may be to raise the pulse or to lower it, to cool the skin or to warm it, to purge the bowels or restrain them, to augment the secretion of this or that gland or to diminish it or alter its quality; and as our remedies do their appointed work, we witness the whole disease brought to an end. But, when we give cinchona for an ague, we have no single aims; we give it for the whole disease, and the cure follows. Nevertheless, it is according to analogy to believe that it hits a mark of its own, which is more particular than any within the scope of our discernment. Thus cinchona, and all so called specifics, may work after the same manner with other remedies, which are better understood. They may all equally produce their great results by intermediate operations; only in the one case the intermediate operation is seen, and unseen in the other; aimed at in the one, and unaimed at in the other.

From this view of the matter, it would turn out that our distinction between *cure* and *treatment* is not in the nature of things, but in the imperfection of our knowledge.

Further, from the same analogy, we may fairly believe that there is a certain morbid element, of which cinchona is the specific antidote; that it exists most pure and unmixed in ague, but that it may add itself as an accident to other elements whose property is to produce other forms of disease; and that wherever it exists, and in whatever combinations, its power is still predominant, and cinchona is still needed to bring the disease to an end.

These things may be as analogy would suggest. But in practice there is a mischief in conceiving ourselves wiser than we are. Granted that of the many morbid actions and sufferings which make up the disease, one only may be reached and swayed, or annulled, or curatively modified, by the one special remedy; granted, that thus the complex disease may cease by removal of some one main element, and by some intermediate operation of the remedy; but inasmuch as we know no such element of the disease, and see no such intermediate operation of the remedy, they must be to us as if they did not exist. We cannot construct aims and indications of practice out of hidden things, but must be content for the present to regard the whole disease as a single comprehensive indication, and so prescribe for it the single remedy and expect the cure. We shall perhaps know better some time; but no good will come from our pretending to know better now. Patience under imperfect knowledge is no proof of an unwise mind.

MEDICAL REFORM IN AUSTRALIA. The new Medical Bill begins to put the doctors on the *qui vive*. Several of them have taken down their plates, and those who do not happen to possess diplomas, have substituted the word "Medical Institution, etc."; but not one has ceased to practise. The Medical Board lately refused to register an American diploma, obtained by a gentleman who was in the colony at the time it was bestowed. (*Australian Medical Record*.)

Lecture

ON

VESICO-VAGINAL AND RECTO-VAGINAL FISTULA.

DELIVERED AT THE SAMARITAN HOSPITAL,
MAY 24TH, 1861.

BY

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GENTLEMEN,—During the last few years surgery has made great progress in various directions. Joints are now excised, and useful limbs preserved, where amputation would have been formerly the unhesitating sentence. Cripples who were left to endure hopeless deformity are now easily restored to happiness and vigour by tenotomy and mechanical after-treatment. Hernia, generally left to the palliative relief afforded by the truss-maker, may now be cured radically by the surgeon. Lithotrity is, in a considerable proportion of cases, safely performed in place of the more hazardous operation, lithotomy. All the ill effects of ruptured perineum and prolapsus uteri are relieved with certainty by a simple plastic operation. Women are no longer allowed to die, worn out by hopeless long-suffering, because they have a diseased ovary; they are restored to health and happiness by ovariectomy. We are reducing the rate of mortality after all operations by securing to all our patients the freest possible supply of pure air and pure water, sufficient light, wholesome food, and clean clothing and bedding, thus avoiding the two greatest enemies of the surgeon—fever and pyæmia. And we have taken another step in the same direction, by substituting for silk or hempen ligatures and sutures, which become receptacles for decomposing and poisoning fluids, the metallic needle or the wire of silver or iron; while, thanks to chloroform, all surgical operations are now painless.

But of all the triumphs of modern surgery, the cure of vesico-vaginal fistula is perhaps the most brilliant. Ten years ago, most surgeons believed this distressing condition to be incurable. At long intervals one heard of a case successfully treated by caustics or the cautery, or of a spontaneous cure after sloughing and cicatrization; and occasionally, though very rarely, a cure was obtained by surgical operation. I believe I had been quite as fortunate as other surgeons, having had successful cases both after cautery and the suture between 1845 and 1853. I and my colleague Dr. Savage had each a case in which a small fistula healed after a single silk stitch. I had tried the lead-wire suture, after Dieffenbach; the hare-lip pin suture, after Wutzer; and various forms of silk and metallic sutures, with some encouragement, but I failed after several operations in some cases which I feel confident I could cure now at a single trial. I believe other surgeons were much more discouraged than I was. Many openly expressed their disbelief in the possibility of cure, and attributed the success in cases they could not deny to "luck".

Lecturing thirty years ago (*Lancet*, June 23rd,