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REMARKS ON THE PRESENT ASPECT OF MEDICINE.

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Whether it be true or false—just or unjust—a fact or a calumny, shall not be discussed on the present occasion; but justly or unjustly, it has been remarked of the medical profession, that it is particularly prone to jump to a conclusion without sufficient reasoning,—to adopt this conclusion most heroically,—to retain it most pertinaciously,—and to be driven from it ultimately, not by the process of conviction, but by the quiet ousting of one favorite hypothesis, through the fresher charms, and newer attractions of some younger competitor.

The history of the healing art would give countenance to such an assertion; and within the memory of some of my readers, who, like myself, have been conversant with medicine more than forty years, it would not be difficult to chronicle the rise and fall of many an ingenious system; or the enthusiastic admiration of some potent medicine, which has enjoyed its little hour of idolatry, and has then been thrown aside as useless. We, too, may have witnessed the prurient fondness for novelty on the one hand, and the condemnation of that which is new on the other, simply because it is new. Perhaps we have been partakers in the enthusiasm of the one or scepticism of the other: and perhaps by the mere influence of age, we have arrived at juster, soberer, and more lasting views, simply because sexagenarian feelings have become less acutely sensitive, and the voice of reason is more distinctly audible, in proportion as that of passion has become feeble.

But it was reserved for the present day to witness the resurrection of an exploded system of medicine, which has been resuscitated under high sanction, and which is prophetically destined to run a prosperous day of admiration, simply because it is so very convenient to all those who wish to save themselves the trouble of thought, and the burden and responsibility of the treatment of disease. The authority of its foster parent will protect its feeble life; and its native attractions will ensure a host of admirers, among those who prefer throwing the responsibility of consequences upon an unseen unknown agent called *nature*, rather than incur the onus of directing these efforts towards their right end,—of controlling them

where they are excessive,—supporting them when languid,—or supplying them when defective.

These observations have been called up by the “Natural History of Disease,”—a new name, under the disguise of which it is impossible not to perceive, that with some slight modifications, this new doctrine is a resurrection of the old “expectant system of medicine,” with all its exploded and entombed errors,—*exploded* from their awful consequences, and *entombed* by the wisdom of our progenitors.

It would be inconsistent with the plan of my present communication, to attempt a history of the expectant system of medicine, or to do more than briefly to point out a few of the fallacies on which it rests its claim to respect and admiration.

Its first principle is erroneous, because the event is never left to a natural termination. It is true, that medicine is proscribed, but other means are employed—such as diet, regimen, repose, air, temperature, water externally and internally, attention to mental conditions, &c., &c. Now, it is obvious that these are employed, for the purpose of controlling, or aiding, or modifying nature's processes; and if so, they are employed *quasi* medicinal; and it follows, that if it be permitted to employ one *modifying agent* in the treatment of disease, it must be also permitted to retain another *modifying agent*,—and *à fortiori*, it must be *necessary* to employ any medicinal agent which can effect the same purpose in a quicker, safer, easier, and more perfect manner; and this is the legitimate dominion of medicine. Failing, therefore, in its first principle, the basis is unsound, and the superstructure crumbles into atoms.

Not that we would be supposed to favour that heroic system of treatment which has been gradually expiring for many years, and from whose ashes has arisen this renovated expectant Phoenix. We have seen the grievous errors committed by the injudicious *heroism* of some of our body, and we trust have learned wisdom by their, and our own mistakes; but the antithesis to wrong is not necessarily right, and I venture to believe that the passive indolence of leaving disease to the tender mercies of nature, will destroy many more than the ruthless havoc occasioned by the *by-gone* “*nimia diligentia medici*.” I believe I may safely appeal to all diligent, and learned, and unprejudiced practitioners in medicine,—not to those who have spent their days in indolent scepticism;—not to those who have been forced into the profession by the pressure of circumstances;—

not to those who have pursued it as a means of subsistence only;—not to those who have been disappointed in life;—nor to those who have pursued the well-beaten path of routinism, but to those, who, sincerely attached to their profession, and deeply imbued with its learning, and *successfully* engaged in its practice, and supported by the esteem of their friends, and devoted enthusiasts to the good of their patients, whether they have not justly calculated upon a certain effect from certain remedies within a given time; and whether they have not always witnessed that effect, more or less happily developed, except in those cases in which subsequent events have shewn that they were in error? If, indeed, such has not been the case, the prescriber has either been wrong in his diagnosis of the malady, or very unhappy in his choice of remedies, or very unfortunate in his selection of patients.

It might, perhaps, be enough to leave this subject where it is, but feeling as I do, the importance of at least attempting to stem the torrent of so fascinating and so overwhelming a tide of prejudice, I shall venture to detain my readers, not as the advocate of hyper-activity in medicine, but as the determined enemy of that indolence which would suffer the patient to die without one strenuous effort to save him.

One fundamental error of this system is that of leaving it to *nature* to remedy that which is *unnatural*. We shall admit the *vis medicatrix nature*; we shall admit that nature ever tries to restore all manner of lesions in her economy; and we shall admit, that it is folly and madness to contravene her efforts. But then, we must also admit, that in every instance disorder is (as the very term implies,) a deviation from nature's established functions, and a disturbance of all her regular agencies. We must also admit, that the *vis medicatrix* is imperfect, often failing in its effects, at other times producing results which are in themselves disease, and at others yielding to the agency of the destroying cause; we must admit that her curative efforts are frequently attended with violent re-action, which requires to be moderated; and we must admit, finally, that the *natural history* of disease *uncontrolled* is too frequently the extinction of life.

We have said that it would be folly and madness to contravene nature's curative efforts. Undoubtedly it would. Suppose a simple incised wound to be repaired by nature by the formative or agglutinative process, it would be folly and madness to *contravene this process* by keeping the edges of the wound asunder; but it would at least be equal folly and madness not to aid nature in the accomplishment of her process by bringing the edges of the wound together, removing extraneous bodies from its surfaces, and maintaining them in undisturbed apposition.

So again with the specific disorders—measles for instance; this must run a definite course, and if it be a mild case, it does as well under the marigold tea of the old woman, the handmaid of nature, as it does under the influence of more powerful articles of the *Materia Medica*. Here the practitioner may stand by and observe, and leave nature to her own agencies.

But during the course of measles, the lungs, the brain, the mucous surfaces of the alimentary canal, are very apt to suffer; and is he then to look on, and allow disease to run its destroying course, and to say to a patient suffering from consecutive pneumonia, "wait," and to expect that by this talismanic word the disorganizing agencies will be controlled? Surely there is deep criminality involved in such a proceeding, and yet such would be the result of pursuing the principles of expectation in medicine. We must never forget, however, that this revival of a long exorcised ghost, has been evoked by the cruelties of that heroic system, which under these circumstances would have bled repeatedly *ad deliquium, coup sur coup*, and then would have rapidly placed the patient under the influence of mercury, and the sufferer would have apparently recovered, most slowly, only to fall a victim to phthisis. All this was very bad, but it was not worse than standing supinely by, and tauntingly advising the patient to "wait," aye, "to wait," while the folds of his shroud were drawn more closely around him, and until his last breath had been drawn in *expectation*!

But after all, the great field of battle for these respective treatments is FEVER! It is manifest that this system of *waiting* can attach only to *acute disease*,—to forms of malady which possess a definite though, perhaps, not a well understood course; and that while we admit the value of a wise expectation under some circumstances, we also insist that there are other circumstances in which this expectation would be criminal, and in which prompt and energetic measures are required to avert fatal consequences. The first step, therefore, which can be safely taken in this crusade against medicine, is to distinguish the cases which will do well, if left to themselves, from those which, if not treated energetically, will terminate fatally. But how is this object to be accomplished? Is it by pursuing the natural history of disease, and leaving the patient to die, without one serious effort to save him, till a sufficient number of facts have been accumulated to decide the question; or is it by greater and closer attention in distinguishing disorder,—in selecting medicinal agents,—in watching and honestly chronicling their effects, and in recording the successful and unsuccessful cases,—the cases in which the efficacy of medicine may be fairly traced, and those in which it seems to have been useless or injurious, distinguishing their peculiarities? Surely the latter is the only secure method of enlarging the boundaries of our science, and of snatching it from the quackery of the do-nothing system.

With regard to the treatment of fever, there are many of my readers who can remember when bark and port wine were considered as the panacea for this form of malady,—who can recollect the revulsion from this treatment to that of cold affusion,—who can trace the subsequent history of their professional life, in the recommendation of bleeding, and of mercury quietly administered, so as to induce gentle pyalism;—there are those who can well remember the localization of fever to some one irritated organ of the economy, varying according to the occasional circumstances of

its production, or the peculiarities of the individual constitution, or of the prevailing epidemic, and its remote and collateral causes;—there are those who can well remember that this comparatively rational doctrine has been narrowed by some professional exclusives, who could see only arachnitis on the one hand, or gastro-enteritis on the other, as the sole cause of fever; and of later years we have been told that all these supposed causes are but consequences, and are themselves dependent upon changes in the blood, induced by fever, and so disturbing all the organs of the animal economy. And chemistry has shewn that these changes do occur, and thus we have again fallen back upon the humoral pathology. Now, although we are quite ready to admit the established fact of these changes in the blood *during* fever, yet we cannot admit as demonstrated, that these changes are the *cause* of fever, since they may be its consequences; nor that the several organs are disturbed from this cause, since they may have been disturbed beforehand, and it is clear that they are very unequally irritated; much less can we admit, that any one organ, or series of organs, is the cause of the evil. But with all these, and many more ill-defined and undetermined questions, is it wise,—is it prudent,—is it scientific,—is it just to ourselves or our patients, to stand quietly by, and watch the ravages of disease, till the case becomes hopeless, without trying to moderate the excessive actions,—to restore disordered secretions,—to watch over all the organs and functions of the system, and relieve the first symptom of embarrassment, and maintain, as far as possible, the harmony and integrity of the system. Even here then the doctrines of expectation are most cruel and unscientific, but much more so in chronic malady, where there can be no pretence of a definite course to run, and when, if left to itself, disease will usually exert a destructive influence over organs which are essential to life.

An illustration of this position occurs to me in the history of two parallel cases; both happened to children;—both were deep-seated abscess in the neck;—both threatened suffocation from the pressure on the trachea. One was left to nature, and the little victim of the expectant or natural-history system was early destroyed, while the other was relieved by a careful puncture, and life was saved, and health quickly restored: Surely the remorse of the former medical attendant must have been poignant, while the reflections of the latter must have been most enviable. It may be said that this was surgical treatment, and so it was, but it was adopted as a means to an end; and the question is not, *what kind* of interference with nature, but whether any rational treatment is to be adopted.

It is manifest that in order to secure any logical standing place for this system of expectation, it must be assumed that *all* disease has a regular course, and a favourable tendency; yet nothing can be more untrue, for it is only acute disorder, which in the present state of our knowledge can even be presumed to have such a course; and even here it must be allowed, that the uncontrolled tendency is not always favourable, but that on the contrary, in a great number of cases, the

most dangerous symptoms arise, requiring the most active and the best directed efforts, to prevent their fatal termination; and again, we see the insecurity of the pretended “natural history” of disease, which is about equivalent to Whiter’s quaint title, the “*Disorder of Death*,” which he assumes to be *remediable* under the balmy influence of the grave.

Originating in the seventeenth century, bibliographical researches enable us to trace much learning and talent expended upon this heresy, and many valuable treatises for and against, which we have not now time to follow; I shall therefore only notice a satirical treatise, published in 1695, by our countryman, Gideon Harvey, and entitled, “*Art of Curing Diseases by Expectation*.” This was translated, and published two years afterwards, at Amsterdam, with a more offensive title, viz., “*Ars Curandi Mobos Expectatione; item de Vanitatibus, Dolis et Mendaciis Medicorum*.” How far the translator intended the latter part of his title to be a commentary upon the former, shall not now be estimated, but I must for one moment refer to the frontispiece of Harvey’s original work, in which are engraved the apothecary, with his syringe and phials, the sick man anxiously sighing for the prescription from which he hopes for relief, and the physician replying to the officious zeal of the former, and the deep solicitude of the latter, by this simple term, (equally full of despondency to both,) “*Expecta*”—*Wait*. A pithy exclamation, calculated to excite a smile in reflecting upon the past, but in sober earnest, no joke to the patient, and full of the most ominous forebodings.

It is necessary in forming a judgment concerning the curative powers of nature, to throw aside equally the vacillating character of certain practitioners, whose physical conformation, or long acquired habits, lead them to be fearful of the effect of the most simple remedies; and the hasty, intemperate rashness of others, who prescribe the most energetic treatment upon trifling occasions. Both are exceedingly mischievous, the former by allowing the patient to die without an effort to save him, and the latter by destroying his patient through misplaced activity. It is neither by the one nor by the other, that the expectant or natural system can be tested, but only by the results of wise, and enlightened, and unprejudiced experience.

We cheerfully admit that the greater number of acute maladies pass of themselves through the successive periods of incubation, gradual development, highest degree of intensity, decline, and convalescence, without the employment of serious remedies. But then, we insist that in every one of these stages, nature often fails in her duty, or overacts her part, or allows some great secondary organic mischief to be produced; and that the only wise and safe plan is,—not indeed to *contravene*, but to *direct* her efforts,—to *watch*, but not to *wait* upon, her movements,—to check what is redundant, and arouse what is inactive,—and supply what is defective,—and not to postpone this conduct, till death has put his seal upon futurity.

We are quite aware that the fondness for expectation may be the result of a wish to proclaim ourselves free

from the prejudices of the vulgar in favour of physic, and as accompanying a mental stium inaccessible to them. But prejudice exists at both ends of the scale of intellect; and the prejudices of the learned are equally narrow,—equally intense,—equally difficult of removal—more bitter, and more injurious, because of their power to disseminate, and uphold, and extend their specious errors.

The most eloquent and the most learned advocate for the expectant system is, perhaps, Voulomme, whose essay gained the prize offered by the Academy of Dijon, in 1776. This celebrated author admits as the basis of malady, a certain morbid principle, which presents an obstacle to the free exercise of the functions of the animal economy; and a certain vital principle which is disturbed by this obstacle, and exerts and sustains various movements, for the purpose of restoring the lost order and harmony. And on this feeble basis he works out the distinction between active and expectant medicine. But he proceeds to show that in order that the latter or expectant medicine may be safe, the efforts of nature must not be *too great*, nor *too languishing*, and that they must not *endanger the safety* of any one organ.

Such is the scheme of this redoubted champion of expectant medicine, and I presume there are few who would think it desirable to interfere while nature was doing her own work, and so long as her efforts were neither too great nor too small, nor the integrity of any organ was endangered. Such is the feebleness of expectant medicine, or the natural history of disease, when honestly and fairly practised at the bedside by one who, during a considerable life, had thrown his whole energies into his profession, who had literally studied and experienced every day of that life, and had not been disappointed in his day-dreams of eminence. I will venture to add, that the testimony of all those who have so done, and learned, and watched, and reasoned for thirty years, will confirm the fact that their power of distinguishing and controlling disorder has greatly increased, and that, in the great majority of cases, when called on to prescribe, they are certain of the effects they may expect and will meet with from the remedies employed. Rather, therefore, than take up this expectant system of treatment as a substitute for the medicinal; rather than moot the question which is abstractedly best, active and energetic watchfulness, or indolent and careless contemplation, for the patient, let us seek to determine what forms of malady may, notwithstanding their apparent violence, be left to very simple agencies, because they have an essential tendency to a favourable termination, and will generally be cured by the simple resources of nature, *from those*, which if left to themselves, will terminate unfavourably,—a question which, after all, will greatly rest for its solution upon the constitution of the patient, rendering each case an individual study, and requiring the adaptation of means to its peculiarities. Here, then, we return to diligent active medicine, wisely directed and controlled, by zeal on the one hand, combined with knowledge, and by prudence and experience on the other. With such views it is quite possible that

active treatment may be required in a case which has a natural tendency to recovery; *not* against the malady itself, but against certain symptoms, which if uncontrolled would prevent this natural tendency from being developed and sustained.

If, by attracting attention to the natural history of disease, the prescriber may be alienated from an *exclusive* attachment to drugs, and can be led to a profounder study of regimenal and hygienic treatment, *good must arise*; but unqualified, *unmitigated evil*, if by these attentions he is enticed away from the far more powerful resources of medicine,—resources, which if wisely directed, will produce equally good effects in a shorter time, and with less expense to the constitution. Even those forms of malady which are admitted to possess a natural tendency towards recovery, may not be abandoned to the sole resources of nature, for these, too, require active vigilance to second and support nature's agencies, and carry them on to a perfect restoration of health.

In cases, where the opposite tendency is remarkable, and these very largely preponderate,—where the functions generally are disturbed, the circulating system agitated, the distribution of animal heat irregular, the secretions perverted, spasms and other affections of the nervous system present, too great or too little activity, or perversion of the sensorial and intellectual functions, and various other forms of disturbance, what is there to be expected from the conservative influence of unassisted nature? Then, indeed, it would be folly, and madness, and wickedness, to stand by, idle spectators of our friend's destruction, and apply the last flatteringunction to our souls, that at least he had died a natural death. Such a proceeding is not to be tolerated; and even in the only cases to which expectant medicine can be at all applicable,—those of acute disorder,—it is very seldom indeed that we can find such disorder simple and uncomplicated, and unless such should be the case, the basis upon which this hypothesis seems to rest is subverted; since for a safe-conduct of the malady to a happy termination, these complications will require the greatest care, and most delicate attention—a sort of alternation of action and expectation well calculated to test the strength of the medical man, whose greatest value consists in knowing *when* to be active, and *where* to avoid disturbing nature's agencies, and in not only *knowing but doing*.

If by *expectation* he really intended *observation* on the course of the malady, and supplying the appropriate remedies, which such watchfulness may indicate, only in such order and in such doses as shall most safely lead to the convalescence of the patient,—accomplishing this object, by the mildest known efficacious remedies, and attending diligently to all the beneficial influences which may be conveyed through the moral nature of man, as well as to all similar impressions conveyed by attention to diet, and regimen, and air, and quiet, and the general proper management of a sick room; why this is only to abstain from that which would be a positive hindrance to nature's agencies, and here we go hand in hand with our expectant physician. But this will not satisfy him, because this

would involve the employment of every remedy calculated to favour our object, and assist nature in the accomplishment of her views, and assuredly this would be to interfere with the natural history of disease.

It is not easy to bring this question to the test of experience, for in the first place men judge very differently as to the form and degree of malady; they arrive at very different opinions of the self-same disorders; and their inveterate prejudices lead them to find their preconceived notions confirmed. Then, a great majority of diseases would get well of themselves, and the touchstone of utility of treatment is the experience of an honest and true heart, with regard to those frightful forms of malady which threaten the extinction of life; and in man's present imperfect state, one despairs of obtaining such results.

It should ever be borne in mind, that the administration of medicine is *one* important means of controlling disease, and of favoring returning health; let it, in fact, be called a portion of our hygienic agency; allow it a place in the scale of influence at least equal to other means of this description; and then, *if the one be necessary, so will be the other*. Then, let us not indolently sit by, and contemplate the ravages of disorder, but while we prudently and cautiously avoid all means, hygienic and regimenal, as well as medical, which may be calculated to contravene nature's efforts, let us also wisely and zealously employ all the means in our power, *medicinal as well as hygienic and regimenal*, to favour this result; let us anticipate if we can what have been supposed to be the critical terminations of malady, by acting upon the secretions; and if we cannot effect this anticipation, let us supply such lack of service by subsidiary influence; let us carefully avoid that blind and misplaced security in the curative powers of nature, which would lead us to overlook or undervalue important remedies, on the hollow pretext of not interfering with the natural history of malady; let us not cruelly delay the application of remedies until the golden period for action has escaped us, and the time in which we could be useful to our patients has fled for ever,—fled with the *first* lengthening, and then fast receding, shadows of life. Even in the happier forms of malady, let us carefully endeavour to screen our patient from those complications which may prevent an agreeable result; let us try to *second* the salutary efforts of nature, and control her too great vehemence of action; while in the severer, as well as in the slighter disorders, let all our remedies be employed *cito tute, jucunde*.

(To be continued.)

SHORT NOTES OF THE OPINIONS AND PRACTICE OF THE LATE JOHN PEARSON, ESQ., F.R.S., ON SYPHILITIC DISEASE.*

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The Effect of the Venereal Virus upon Bones.—It is taken for granted in general that the bone is affected in the same manner as the periosteum, but no fair

case can be shewn in which the bone was primarily affected by the venereal disease. If this effect were produced, it is necessary that the bone should become soft, so as to admit of dilatation, or that its bulk be increased by a deposit of new matter. The venereal virus attacks the cortical plates of the bones from the periosteum, and of those bones which are nearest the surface; the effects therefore just mentioned must have been seen if they did take place.

The bones certainly become soft in other diseases, as in scrofula, where the medullary part is attacked; but the only primary effect from the venereal disease which can be discovered, is death of the bone. There is not ulceration, as in scrofula, or a loose fragment, as in necrosis, but the solid part of the bone dies.

When the matter is under the periosteum, the bone always suffers, and as those bones are generally attacked which are nearest to the external air, a secondary effect is produced by exposure.

In the bones of the cranium the outer table is sometimes destroyed, but the disease does not often go beyond the diploë. [I remember to have seen a case of this kind in a young man, in which almost the whole of the outer table of the frontal bone was dead and loose, whilst the inner table did not appear to be involved. The dead bone was removed by Sir Benjamin Brodie.]

The membranes covering the base of the nostrils, formed by the maxillary apophyses, the vomer and the inferior spongy bones, being exposed to a stream of air, are very liable to become affected by the venereal virus. A carious state of one or more of these has always been connected with an ulcer in the nose. It may be doubted whether an ulcer can long exist on the upper part of the mouth, without being associated with some disease of the palate bone. Even in such a case, the disease generally begins in the membrane of the nose. Whenever, therefore, there is a viscid secretion obstructing the nostrils, or an offensive discharge, tinged with blood, with a sense of soreness about the part, a carious bone is to be suspected.

Again, when there is a small rising at the upper part of the mouth, a plate of bone will often be found bare; but when the greater part of the horizontal plate is carious, it is probable that the palate bone, vomer, and nasal lamella of the ethmoid bone, are in the same state. Sometimes along with this, the alveolar processes of the four front teeth are involved; but if the soft palate remain, the inconvenience is not considerable. The ossa nasi are never diseased, except when there has been great destruction of the soft parts.

Wherever examination can be made for local symptoms, it ought to be done, however much the patient may refer them to internal maladies, as many complaints may be discovered to arise from mere local causes, unconnected altogether with the venereal disease.