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Observations on

# Medical Practice.

There are two methods in which Diseases may be treated and Remedies Employed, — And then two methods are — or are said to be — adopted by two separate Classes of Practitioners. The members of the one Class practice their Art Empirically for the most part, and follow the Guidance of recorded Experience and their own observation. The members of the other Class profess to have Reason as the basis of their practice — to search into the intimate Nature and Causes of Disease, and therefrom to deduce the appropriate Remedy. They call Experience 'Blind' and consequently are distrustful of its Guidance. Medicine they consider to be a Science and not an Art.

— They go by the name of the Rational or Pathological School — found words — wounded by the

To determine the respective Merits of each of these Classes, an inquiry must be instituted into the History of certain Diseases, — of those namely which <sup>are</sup> notoriously capable of being influenced

Favourably, alleviated, or cured, by certain known Remedies, - and that with the view of determining whether or not these remedies were originally applied, or are now applied, with a due knowledge of the nature of the diseases on which they exert a beneficial action, and of the Specific nature of that action itself. - And secondly; Another inquiry must be instituted to determine whether, by the study of the nature, pathology, or proximate causes of disease, any important results have been elicited relative to the treatment of disease; - For though to the Scientific Pathologist the Examination and observation of all morbid Phenomena are interesting, yet the Practical Physician whose objects are to alleviate suffering and prolong life, looks upon these investigations (and rightly so) with interest, chiefly in so far as they furnish indications by which these objects may be more successfully attained. By following out these two lines of inquiry we shall find some grounds for deciding whether in our choice of remedies we have more reason to trust to ancient Experience, or Modern Theories -

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(1) Specifics are very few in Number, but such as do exist here on their discovery, and for the most

Are our approved Remedies used empirically or rationally?

part are to the present hour, employed without any know-  
 ledge of their mode of operating. To Quinine in Ague,  
 the Greatest and most certain Specific we possess this  
 remark applies. Its remedial properties in relation to  
 the disease in question were discovered accidentally,  
 and even now remain utterly unexplained. In this  
 case every practitioner practices empirically. No  
 one waits to find out the nature of intermittent  
 Fever before he administers the remedy. Yet here  
 blind Experience is the only guide: and following  
 the leadings of that same blind Experience has in  
 the single instance been the means of increasing to an  
 incalculable degree the usefulness of the medical art.  
 - The use of Lemon juice, Fresh vegetables &c in  
 Scurbutus is also empirical. Attempts have been  
 made indeed to show in what the disease essentially  
 consists, and how the approved Remedies act; but the  
 fact that five or six theories are at present afloat  
 with this object fully warrants us in deciding that the  
 rationale of the treatment of Scurbutus is not yet  
 satisfactorily determined. - Sulphur was used in  
 Scabies before it was known to be a parasitical  
 disease - and even so late as 1848 it was doubted  
 whether the *Acarus Scabiei* was the real cause of the

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Eruption (Christian); and other remedies, such as Chloride of Lime has been discovered before that period.

Now it is known that these medicinal agents cure Scabies by destroying the animal which causes it; but here the knowledge of the cause did not suggest; but merely explained the use of the Remedy.

Many remedies, not Specifics, are known to exert a beneficial influence, frequently, or generally, over certain morbid states. These will be found to stand in the same position as those just enumerated. The action of all our most familiar Therapeutical agents - Bloodletting in Inflammations - Mercury in certain forms and Stages of Syphilis - Copraiba & Cubeba in Gonorrhoea &c are far from being Satisfactorily Explained - Sulphate of Soda was discovered to be of use in Hemorrhages by mere accident. Burnt Sponge was administered in Cases of Bronchocele long before it was suspected to contain Iodine - and to the present day there is no probable theory of the action of the latter Remedy. Iodide of Potassium is used empirically in the treatment of mercurio-Syphilis - So is Colchicum in Gout - So is Arsenic in Chorea: So are Cannabis indica in Tetanus, Creosote in vomiting, Chloroform in puerperal Convulsions, Chlorate of Potash in Dyspnoea, - So are in

fact almost all the medicinal agents prescribed by practical Physicians in every day practice —

One great discovery has been claimed as a triumphant example of Rational treatment of disease — not remedial in this case, but prophylactic: I mean Vaccination — And yet it is empirically employed to this day. For before it can be said to be understood, we must account for the fact that Smallpox does not as a general rule occur twice in the same individual. And though a very ingenious theory has been framed with this object, yet it is by no means established, is wholly theoretical and open to several objections. But true or false, it was certainly not known to Dr Jenner, who was led to employ vaccination by observing that Milkmaids who had Cowpox were unaffected by the poison of smallpox: i.e. it was experience of the efficacy of the pre-existence of the Cowpox vesicle, that led to his great discovery. The only exercise of reason required of him was this, that most probably the Cowpox artificially & intentionally produced, would be as efficacious in preventing the occurrence of Smallpox as when it was induced by accident —

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(2) What then is the state of so called Rational Medicine at the present day? The Study of the tissues

Chloroform —

under pathological conditions has been prosecuted with great industry, energy, and talent. The nature and causes of disease have been explored by men whose names alone would tend to give us confidence in their observations. Experiments without number have been performed. Chemical analysis has been brought into requisition. The microscope has afforded valuable assistance. The greatest pathologists, chemists, and practical physicians have contributed their part towards the furtherance of this one branch of medical knowledge. — But the difficulty of the task they have undertaken sufficiently accounts for the number of the labourers. When we consider the almost-incalculable number of diseases to which the human body is subject; — the fact that one single disease is seldom found in the body alone and uncomplicated; — and the great variety of organs and tissues that may be affected, we may be able to form some idea of the difficulties to be overcome. — But even the normal microscopic and chemical constitution of these tissues and organs is in many instances far from being satisfactorily determined. How then are we to study the alterations which they ~~are~~ undergo in disease? Chemical analysis is inadequate for the one task, is by many

degrees if possible more inadequate for the other. The minute differences in the proportion of Elements, or the presence of a very small amount of a morbid Element, which are held to account for very important changes in the general system, are at present to a great extent unappreciable by the most careful examination. Is it safe then, to trust to the comparatively rude and coarse means of conducting Chemical analysis which we at present possess in our attempts to determine the Causes, and what is of greater moment - the treatment of important and dangerous diseases?

The diseases most favourably situated for investigation of this kind are certainly those for which we possess a cure. If we find a certain Malady which we have the means of arresting or preventing by certain medicinal agents, - most undoubtedly of the nature of any Malady is capable of being ascertained, it is this one in particular - Intermittent Fever is in this favourable position. Nay, not only is its Cure established, but its habitats are ascertained. Particular districts and Localities are allotted to it, in which the peculiar agent which gives rise to it must be located - an agent which must be common to the various districts in which ague

is generated, and which must be absent from other districts in which Ague is unknown - An agent which has been banished from some portions of territory (by draining and other means) when it must have existed - yet an agent which to the present day has eluded the most vigorous investigation. So much for the Cause. As for the intimate nature of Ague, it also - as well as the Modes Operandi of Quinine - is utterly unknown - Notwithstanding, though no disease is more obscure, yet none is amenable to more satisfactory treatment. - Again, the Exanthematus Fevers stand in a comparatively favorable position for investigation - If a disease is found to occur only once in a lifetime, one would suppose some difference to exist between the Constitution of some tissues or tissues of an individual who had, and one who had not experienced an attack of that disease - especially as almost all are susceptible of its influence. And a theory of the Pathology of this Class of affections has been propounded, which some hold to account for all the facts observed. The theory is, that there are several elements in the blood (Corresponding to certain diseases), which are acted (or capable of being acted) upon by certain <sup>Corresponding</sup> poisons: whereupon an action is set up, analogous to fermentation, producing symptoms

terms of disturbance in the System, until the poison  
 and the element upon which it acted are both elim-  
 inated. This supposes several of these elements - for  
 the theory is held to account for the occurrence only  
 once in a lifetime of all the Exanthematous Fevers,  
~~Yet not one of these elements has been demonstrated~~  
~~to exist.~~ The only things wanting are proof - and  
 perhaps probability. For not one of these elements has  
 been demonstrated to exist. - And if the assumption  
 be true that they are actually present, what can we  
 think of our powers of Chemical Analysis that can  
 allow such a number of elements to go undetected?  
 - Again, Scorbuto is in an equally favourable posi-  
 tion for investigation as the other diseases I have been  
 adverting to. And many attempts have been made  
 to determine its nature; as evidenced by the fact that  
 several separate theories have been broached upon  
 the subject. Not one of them however has been un-  
 controvertably established - a state of matters the less  
 to be deplored, as the disease is quite amenable to  
 treatment, Empirical indeed, and established by ex-  
 perience, but not the less on that account effectual  
 and satisfactory. - If, then, pathologists have  
 failed to determine the nature of diseases such as these -

- of diseases whose causes are to be looked for within definite limits - & whose antidotes have been correctly ascertained and applied; - under circumstances therefore the most favorable, or rather the least unfavorable for their purpose, - Circumstances in which they can examine the tissues and organs affected while in their morbid condition, and compare the results with those of an examination of the same tissues and organs in a state of health, - both in those who have never been attacked by, and in those who have recovered from, the disease; - when further, they can watch the progressive cure of such diseases, under the administration of certain medicinal agents, and mark the various effects upon part and system which these remedial agents produce; - if they have failed in such circumstances, under what conditions are they to succeed? What prospect of success have they in such a disease as Cholera, whose cause is vaguely supposed to be contagion, and whose treatment - is utterly unknown? - Or what prospect of success have they in those affections called functional, and indefinitely referred for their origin to 'disorder of the Nervous System', - Affections of which the causes are unknown - the treatment (to say the least) unsatisfactory; - and in which after

death no lesion can be traced which accounts for the symptoms manifested during the life of the individual?

But my object is not to bring discredit upon the study of disease - Far from it. I believe these investigations will in future be productive of the most valuable results, - and that the prosecution of them is the true and only scientific method of advancing the art of medicine. But this branch is still in its infancy. Our means of investigation are confessedly imperfect; and the difference of opinion that exists on almost every point in pathology sufficiently attests the insufficiency of the means, and the uncertainty of the results that have been attained. My object therefore is, to suggest caution in applying these results - in many cases necessarily erroneous - to the treatment of disease. At some future time correct results will undoubtedly be obtained, and will then have an important bearing upon practice; but in the present state of the science just as undoubtedly fatal mistakes may happen - and have happened - in consequence of following the guidance of erroneous, though plausible theories -

Examples are not wanting to prove the latter statement. Continued Fever was considered at one time by high authorities to be nothing else than a fever symptomatic of a local inflammation - of inflammation in fact of the Brain

and its membranes. This, from the Symptoms and from  
 certain lesions observed after death, was supposed to be  
 the Essence of the disease, - and hence bloodletting was freely  
 practised. Dr Armstrong advocated this plan of treatment.  
 Now if any thing has been ascertained about the treatment  
 of continued fever, it is that depletion cannot be borne  
 in this disease - at least in those forms of it that have  
 prevailed for many years back in this Country. Yet in  
 consequence of foundling the treatment upon the theory  
 just mentioned (and now established to be erroneous) pro-  
 bably many lives have been unnecessarily sacrificed -  
 Another example may be cited of an opposite character  
 in regard to the Employment of the same remedy. Upon  
 a certain theory, bloodletting is held by some to be not only  
 useless but absolutely hurtful in Inflammations. Perhaps  
 the theory was formed to justify the practice after the  
 latter was commenced; but at all events the former plays  
 an important part - leading (on the part of those who  
 believe in it) to the perpetuation of the practice, if it did  
 not absolutely originate it - Now I would not venture  
 to characterize the abandonment of bloodletting in In-  
 flammations as fatal practice, because that has not  
 yet been proved; - but I would characterize as dan-  
 gerous the principle upon which it is based. To reject

altogether a remedy that has been employed more generally than any other without exception, is a proceeding that ought to be upheld by the most conclusive evidence in its favour: To throw overboard the experience of centuries is an innovation that would require to be supported by something more than a new theory however plausible - or a few years practice however apparently attended with success. In even admitting - which is not admitted - that all inflammations can be satisfactorily treated at the present day without abstraction of blood, yet the lapse of a few years may utterly change the character of the disease, and reverse the success of the practice; - just as in one epidemic of continued fever a physician treated all his patients with injections of poppy syrup and warm water - with the result that he lost only one out of sixty three; - while in another epidemic under the same treatment the mortality was one in four or five; - And just as at one time general fever has been treated very successfully (comparatively) by emetics, - while at other times these were found utterly useless, and diaphoretics - or free bloodletting - in different cases found of the utmost service - So with inflammations. Bloodletting may be omitted this year with comparative impunity. Next year fatal results may be the consequence of the omission - One more instance

Can non bleeding in inflammations, justify?

of the failure of theoretical practice and I have done. Cholera was held to be a disease in which the principal fault was deficiency of salts in the blood. The practice of injecting saline solutions <sup>into the veins followed.</sup> The result was Curious - a surprising temporary amendment: but I believe no one holds that the mortality from the disease was diminished by a single instance in consequence of the practice. Besides, the fact that injections of warm water were followed by the same effects, shows that the introduction of the salts said to be deficient was absolutely useless. — But the Anti-empirical practitioners may claim some methods of treating disease as of a rational character, — Such for instance as the use of alkalis in acidity of the stomach. And they might almost be allowed to triumph over this great successful instance. But after all the acidity is undoubtedly only a symptom of a diseased state of the system and not the essence of the complaint. However so far as it goes the treatment is rational, for the *modus operandi* is clearly ascertained. In the same position stands the treatment of poisoning by the administration of chemical antidotes. But this is not the treatment of disease — inasmuch as it is only available while the *matres morbi* is still

in the stomach, & therefore without the body — and not after it has been absorbed and introduced into the System. —

It appears in fact, that almost all instances of the Successful Treatment of diseases here Empirical or Experimental in their origin, and that most of them are used Empirically even to the present day. Not that this state of things is satisfactory. On the contrary I consider the Researches into the pathology and Causes of disease as of the first importance. If medicine is ever to hold the rank of a science; if there is ever to be any certainty or satisfaction in the practice of the art, it must be by means of such Researches. My object is merely to show — that as yet, from defect in the means and methods of observation which we at present possess, these investigations have not resulted in success proportioned to the labour that has been bestowed upon them, — and that in the mean time it is of the utmost importance to use the greatest caution in applying such results to the treatment of disease, — and to guard against the possibility of a favourite theory leading us into erroneous & doubtful practice, and blinding us to its fatal consequences —

What is the prospect of our long empirical practice —

Medical Practice has in reality been one gigantic Experiment. Up to the present time the Question has been, Will this or that Drug cure this or that disease? And men have been content to employ the remedies when useful, and to cast them off when useless, without particularly inquiring into the reason of success on the one hand, or of failure on the other. The Experiment upon the whole has undoubtedly been a failure. A few diseases indeed have been brought under the Power of medicine, - but if it be true that for every disease there exists an appropriate remedy, how vast is the field of discovery yet open to the Medical Pioneer! - The causes of the failure are very obvious, for the difficulties to be encountered are enormous - - For in the first place, the same disease under different conditions is not amenable to the same treatment. In one epidemic of Typhus a bottle of Demerol a day may be administered and almost all the patients recover; but we could hardly maintain that this is the appropriate treatment of the disease under all circumstances. Yet this is the sort of mistake that people are continually falling into. And it is a mistake that they will always fall into if they trust to the Experience of others in any disease where the Symptoms and

Experimental  
nature of med-  
ical practice.

difficulties

Complications alone are treated. And such has been the treatment of Typhus and of all the allied fevers. But the prominent Symptoms vary infinitely according to Circumstances: The danger frequently arises not from the disease itself, but from the Complications generated or favoured by such Circumstances: And therefore the Remedies employed, being directed, not to the disease which is fixed and constant - but to the Symptoms & Complications which are numerous and variable, must necessarily vary to suit the Symptoms and Complications which arise in particular Cases. So it must ever be with those diseases for which an Antidote has not been discovered - with those diseases which the Physician can only undertake to guide and not to cure; and to lay down dogmatic Rules for the administration of certain Medicines in such Cases appears to be not only useless but dangerous - The Circumstances which determine the differences that exist not only between different Epidemics, but between single cases in the same Epidemic are infinitely varied. The Climate, the season of the Year, the situation of the place - whether high or low - dry or marshy - in the Country or in the City, - the sanitary Condition of the District & of the house, the age of the patient, his position as to food, clothing &c,

18.  
his individual Constitution, Even his Temperament,  
and the associations with which he is surrounded, - all  
Exert a marked influence upon the course of the  
disease, and must be considered by the Physician  
in relation both to prognosis and to treatment -

X Another source of error and therefore cause of fail-  
ure in the application of remedies to disease is traceable  
to mistakes of the Physician himself - viz. the mistaking  
of recovery for cure. Nothing is more common than for  
medical men to speak of having cured such and such  
a disease by the administration of certain drugs - when it  
may be as reasonable to suppose that the patients got  
well in spite of such administration, as that they  
Recovered in consequence of it - This is an important  
source of fallacy; not only affecting the man who com-  
mits the mistake, but those to whom he communicates  
an account of his imagined success - if they believe it -

This error occurs chiefly in reference to acute diseases  
whose duration is either variable or not ascertained. No-  
thing, I suppose can guard against the fallacy except  
great caution, and the observation of a vast number of  
Cases - noting not only the name of the disease, but  
its apparent severity and all the circumstances that may  
have exerted upon it a modifying influence - For

When amendment follows the administration of certain Remedies in one or two cases, how is it to be ascertained whether the amendment merely followed the administration or was caused by it? Difficulties and errors such as these have led to the notorious diversity of opinion that exists among practitioners, - to the present uncertain and unsatisfactory state of medicine, - and to the excessive abuse of remedies that has arisen in the practice of it -

The abuse of Remedies is a subject too extensive to be more than entered upon here. It will be sufficient to cite one or two instances in illustration. Acute Rheumatism has been recommended to be treated by Bloodletting, Mercury - Opium - Nitrate of Potash - Acetate of Potash - Lemon Juice - Sudorifics - Purgatives - Bitters &c. In the treatment of Tetanus almost the whole materia medica has been exhausted. Whooping Cough has been attacked by means of Opium - Tartar Emetic - Belladonna - Specacuan, - Alum - Musk - Hydrocyanic acid, and a host of others - Continued Fever also affords a good illustration. The principal remedies that have been recommended are - Bloodletting - Mercury - Cold Affusion - Emetics - Sudorifics - Quinine - Saline Draughts &c. - Remedies it will be observed having not

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only a different, but in some cases even an antagonistic action. Now most undoubtedly most of these remedies if not all have been at one time or another used in the treatment of continued Fever. Yet I have not the slightest doubt that all of them have been of use in certain cases of the same disease. The error committed has been the same as that noticed above - that of mistaking <sup>the treatment of</sup> certain forms, complications, or stages of a disease for the treatment of the disease itself. There can be no question that in the Synocha a inflammatory form Bloodletting was of very great advantage - while in the Typhus and Enteric forms depletion is counted not useless but positively injurious. But these three forms being for a long time undistinguished, the remedy applicable to one was applied also to the other two, for which it was, and is, certainly unsuited - Again, Mercury seems to have been advantageously employed in certain epidemics, probably in consequence of some common complication occurring at ~~that~~ these particular periods. Yet it is acknowledged in other cases to have done more harm than good. Again, at certain stages of continued fever, opiates may be of the greatest service - viz, in the latter periods of the disease, when

The patient threatens to sink from exhaustion, but they are by no means generally applicable in the treatment.

So with Emetics, purgatives, and the whole host of drugs that have been vaunted as Curative agents in this disease. All may have been useful under certain conditions, — in particular forms; in particular stages; or as directed against particular Complications. Yet all, if recommended and employed under all circumstances whatever, are most undoubtedly so many remedies abused.

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Abuse of certain remedies in various diseases.

But look for a moment at the same subject in another aspect: viz: the abuse of certain remedies, or their too indiscriminate employment, in various diseases. One or two remedies may serve as instances. Perhaps the most powerful, the most universally employed and the most useful of all when judiciously used is Bloodletting, — the most lauded on the one hand — the most depreciated on the other, of all remedial agents. There is scarcely a disease, nervous or inflammatory, chronic or acute, sthenic or asthenic, where bloodletting has not been recommended and employed as the proper remedy. And in almost all the cases in which it has been applied unsuitably there has probably been the same source of fallacy as before — for there is scarcely a disease in which

Some complication may not arise requiring a rendering advisable the abstraction of blood. But the Extensive abuse of the practice is by no means an argument for its total abandonment, but only for increased Caution in the use of it. The present reaction against Bloodletting is too violent. The extreme to which some have proceeded, - Considering Bloodletting as a remedy not to be employed upon any account or under any circumstances, - is probably as dangerous as the opposite extreme - the too reckless use of it: and the disasters attending the one practice, though not so obvious or so easily demonstrated may be ultimately found as great and as fatal as those attending the other. — Mercury stands in the same category. The dreadful results that most undoubtedly flowed from its prodigal employment, especially in those affected with the venereal disease ought not to create a prejudice in our minds against its use under any circumstances: - And the allegation of its opponents that it is a dangerous poison, intended to lead us to this conviction, only proves it to have the same rank as the most important medicinal agents in the Materia Medica. - But the Subject of Abuse of Remedies is too wide to be fully entered into here. That abuse can only

be avoided by great caution on the part of the practitioner - by extensive observation, - by care in distinguishing the effect of drugs from spontaneous amendment, or change in the course of the disease under treatment, - and by being thoroughly convinced of the correctness of his observations and conclusions before he publishes them for the use of others - Also, he ought to guard against being blinded by any favourite theory, or rather against trusting to any theory whatever, implicitly, until it is ratified by experience and the results of practice -

One great duty of the Physician is to do all that he can for the prevention of disease - and to call the attention, not only of the profession but of the General public to the subject. 'Prevention is better than cure.' And not only so but it is probably much more within our power. Prophylactic remedies we have reason to believe do exist - though few, if any, have been certainly determined. Belladonna seems really to have some preventive power against ~~Scarlatina~~ ~~Scarlatina~~ - although there is a great difference of opinion in reference to this point. The use of Arsenic is said to guard against an attack of Asiatic Cholera. Vaccination need scarcely be alluded to, as its power and inestimable advantages have been thos-

oughly established. — Probably this department of Medicine will at some future time be greatly extended; and then can be no doubt that if preventive remedies could be discovered for contagious diseases, much more benefit would result than from the discovery of merely curative measures. — But as it is, there are many means within our power, if not of preventing the outbreak of such diseases altogether, at least of limiting to a great extent their extension, and so vastly diminishing the mortality from their attacks. It is a significant fact that in the houses of the middle and upper classes contagious diseases very seldom spread: one or two individuals may be attacked, incidentally, and there it ends: while in poor and neglected districts — in crowded streets of large cities for instance, epidemics are commonly very general and very fatal. The explanation evidently is that in the former case the ventilation is perfect, and prevents the accumulation and concentration of the poison; while in the latter the same poison finds conditions the most favourable for its lodgment that can possibly be conceived. In hospitals where fresh air is abundant and the beds are not too much crowded, continued fever is found not to be contagious one or two yards' distance from

intermittent

The individual affected by it; and one or two Typhus patients can be laid in a general ward without any danger of the rest of the inmates catching the disease.

Of course, however, if a whole ward were filled with fever patients, however perfect the ventilation might be, the noxious exhaling from so many living bodies would become too concentrated for the safety of occasional visitors. — The practical deduction from these facts is obvious. They show the immense advantage of proper sanitary regulations, and point to the duty of endeavoring to improve the condition of the poorer classes, who suffer most severely from all contagious diseases.

These duties however belong to other parties more than to medical men, whose part is to prep them upon the attention of the proper authorities, by showing the advantages that would be derived from their fulfillment —

It is a question agitated at the present time, whether or not the study and observation of individual constitutions or diatheses ought to have any bearing upon treatment; and whether these constitutional peculiarities can be ascertained by inspection of the external form & features of each individual. Of course I do

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not feel competent to give any opinion upon the  
point - and it is so comparatively new - at least  
as a systematic branch of medicine that the opin-  
ions of others cannot be cited upon the subject.  
Certain constitutions have been recognized from a  
very ancient date - as for instance the Scrofulous,  
but the systematic arrangement of the various di-  
atheses, - the rules laid down for the ascertaining  
of them, - and the recognition of their practical  
bearing upon treatment are certainly of modern  
introduction. That there are difficulties to be en-  
countered in the practical application of the Dia-  
thetic Theory to practice, can be seen at a glance.  
For however few be the original typical forms of  
Constitution, they must be infinitely multiplied and  
interwoven by intermarriages. Hence it is very rare  
to find a typical form at all. And if almost  
every individual has a composite constitution, and  
all the elements of it in different proportions; -  
if for instance an individual is partly of the Stru-  
mous and partly of the Aesthetic diathesis; - and  
if the Strumous and the Aesthetic require under  
the same disease, essentially different management,  
it is difficult to conceive how it is possible to

apply the appropriate remedies - In individuals of a more complex constitution of course the difficulty would be still greater. - Again the study of the diatheses is said to be of great use in diagnosis. - But it is not easy to see how, - Except in the typical - or almost typical forms. For if each diathesis is liable to a certain set of diseases will not the composite diatheses be liable to all? - Here however as elsewhere, experience only can finally decide upon the advantages or disadvantages of this auxiliary to practice - and if its verdict be favourable, all merely theoretical objections, however plausible must be thrown to the winds. The opposition it has encountered ought to have no weight either for or against; since no innovation in medicine, good or bad, has ever been started but it has met with a similar reception. - And it seems to me that the theory of difference of constitution is the only one by which we can attempt to explain the great diversity of effects referred to the same exciting cause. For instance the application of cold to the human body is generally held to account for the occurrence of any inflammation whatever. Whether it be in-

inflammation of a serous, a fibrous, or a mucous  
 tissue, if the individual has been exposed to cold,  
 the practitioner is content, and thinks he has as-  
 certained a point in the Etiology of disease. But  
 why does cold produce its effects in one individual  
 on the pleura, or pericardium, or synovial membrane  
 of the joints; and in another, on the mucous mem-  
 brane of the lung, or of the intestinal canal? This  
 has remained utterly unexplained. But if it be  
 ascertained that there are differences of constitu-  
 tion or diathesis, - and that, corresponding to  
 these there are different diseases to which each is  
 liable, and different portions or tissues of the body  
 apt to be affected, - that is an advance in Etiology, -  
 furnishing a predisposing cause, or predisposition,  
 by which the effects of the exciting causes of di-  
 sease are brought under definite restrictions and  
 modifications.

The state of Medical Practice at the present-  
 day if not altogether satisfactory is at least hope-  
 ful. An immense advance has been made within  
 the last half century, in the diagnosis of disease;  
 - and if Treatment has not improved in the same

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proportion, yet it has made progress — let us hope,  
in the right direction. Routine practice is  
becoming obsolete. Men are showing a determined  
spirit of inquiry — and expressing dissatisfaction  
with the present condition of medicine — premoni-  
tory, perhaps, of some great advance or im-  
provement that is to follow. —

Charles Edie —