

In concluding this communication, it may be proper for me to say that if, when stating and maintaining my own opinions, I have appeared wanting in due respect and deference for those of others, the seeming discourtesy of tone is altogether attributable to the conflicting nature of the opinions, and my desire to express myself concisely and perspicuously.

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ARTICLE X.—*English Practitioners and Practice at the End of the Seventeenth and Commencement of the Eighteenth Centuries, portrayed by themselves.* By JOHN MACPHERSON, M.D., Inspector-General of Hospitals (retired).

(Continued from page 160.)

WE shall next inquire what general notions of practice physicians had, and gather them first from some non-professional writers. And, first, Sir W. Temple writes thus:—"The usual practice of physic among us runs still the same course, and turns in a manner wholly upon evacuation, either by bleeding, vomits, or some sort of purgatives; though it be not often agreed among physicians in what cases or in what degrees any of these are necessary. So much is certain, that it depends a great deal upon the temper of the patient, the nature of the disease in its first causes, upon the skill and care of the physician, to decide whether any of these violences upon nature are necessary or no, or whether they are likely to do good or harm.

"The rest of our common practice consists in various compounds of innocent ingredients, which feed the hopes of the patient and the apothecary's gains, but leave nature to her course, who is the sovereign physician in most diseases; where they know no specific remedies, to prescribe diet; and above all, to prevent disorders from the stomach, so that it should not be weakened when it is most necessary to strengthen and support it. It is true, physicians must be in danger of losing their credit with the vulgar if they should often tell a patient he had no need of physic, and prescribe only rules of diet for common use. Most people would think that they had lost their fee. But the first excellence of a physician's

cising such portions as have a bearing on the point:—"To procure exemption from military service, two young men began and continued to eat digitalis leaves. One of them, who, in rather more than four weeks, had consumed 13·7 grammes, died suddenly on standing up. Some time before he had had a severe fainting fit on assuming the erect posture. The symptoms . . . were those of severe catarrh of the stomach, which was, however, characterized by . . . increasingly and strikingly slow pulse. . . . Post-mortem examination showed that the brain and large vessels were empty of blood," etc. Here, the "fainting fit" marked a degree of cardiac paralysis compatible with recovery in the horizontal position; but passive pressure, on the sudden assumption of the erect posture when the cumulative action of the poison had proceeded farther, proved fatal. In such circumstances, might not prompt recourse to Nelaton's method, aiding other appropriate measures, lead to a fortunate issue?

skill and care is discovered by resolving whether it be best in the case to administer any medicine or none, to trust to nature or to art; and the next, to give such prescriptions as, if they do no good, may be sure to do no harm."

Another non-professional writer observes, that "the uncertainty of medicine has so distracted our physicians, that they vary even in the most common methods. At one time they keep their patients so close and warm as almost to stifle them with care—and all on a sudden the cold regimen is in vogue. In one age alkalies are in fashion, and in the next acids begin to recover their credit. Antimony at one time is next to poison, and again the most innocent thing in the world if duly prepared. Bleeding is practised in one nation and condemned by their neighbours. Some people are prodigal of their blood, and others so sparing as if so much life and blood went together—and all of them with equal assurance that they are right."

If we turn next to the views expressed by the profession, we find that in those days they talked much of the exactness of chemistry, and more of what necessitated the application of mathematics to the explanation of the phenomena of life and disease—of tubes, their diameters, amount of friction, of vacuums, and other matters of hydraulics; but these views influenced English practice much less than might have been expected. It was often said that the immortal discovery of Harvey had borne much less fruit than had been expected, and one lecturer even went the length of saying, "For Harvey, we explode both him and his circulation." It was also attempted to apply the doctrines of Sanctorius regarding insensible transpiration, and the movements of the nervous fluids and animal spirits had to be taken into account.

Strother said that in general diseases must be cured by remedying their causes in such order as they arose. "The internal fixed causes are remedied by evacuation, under which head I reckon translation, and by alteration. Evacuations are emetics, cathartics, diaphoretics, diuretics. Translations are all the revulsions we make use of. Alteratives are of two sorts, both contrary to the cause. But it sometimes happens that diseases are irremediable, and yet we are, for the comfort of the rich, obliged to watch for a while, by remedying such symptoms as would destroy the patient." On the whole, the leading idea of English practice seems to have been that there was usually a plethora requiring to be relieved.

The general principles that guided practice appear to have been pretty much the same at the commencement and at the end of the period of which we treat. Clermont considered that all diseases arose from repletion or inanition—that those of the English certainly arose from repletion. Repletion was to be treated by evacuation, which might be made by purgatives and by venesection. In the case of the English, he preferred purgatives, for he knew no nation in Europe that, as a rule, bore bleeding so ill as the Eng-

lish, which he ascribed partly to their gross feeding, and partly to the heaviness of the air. Cheyne wrote to much the same purpose, that most of all the chronic diseases, the infirmities of old age, and the short lives of the English, are owing to repletion. "This is evident from hence, because evacuation of one kind or other is nine parts of ten in their remedy; for not only cupping, bleeding, blistering, issues, purging, vomiting, and sweating are manifest evacuations or drains to draw out what has been taken in unnecessarily, but even abstinence, exercise, alteratives, cordials, bitters, and alexipharmics, are but some means to disperse the gross humours."

Some notion is afforded of the prevailing modes of practice by G. Harvey's satirical division of doctors. He divided them into—

1. Farriers, those who found a panacea in iron, who ordered it for all complaints, alike for the green sickness and for coughs. Doubtless they are numerous at the present day.

2. Those who prescribe a diet of milk as a cure in a great variety of complaints, asses' milk being especially prescribed. The use of milk in the treatment of disease has been reviving of late years.

3. The bark doctors, who used the Jesuit's bark, and regarded it as the sole remedy. There were the same disputes in those days as to the quantity in which bark was to be given, and after what amount of preparation, as there often have been in later times.

4. There were the water doctors, who prescribed courses of mineral waters for all complaints, and who would insist on Tunbridge or Dulwich waters being drunk during hard frost.

5. The water doctors, or those who professed to decide from the appearance of the urine, were not extinct. Crowds of men and women went daily to them with vials and bottles, as for a definite sentence in their husbands', wives', and children's cases. Radcliffe ridiculed this by making the wife of a shoemaker carry back to him a specimen of the doctor's water, with the message, that if the shoemaker could fit him with a pair of boots by inspecting his urine, he would no longer decline to prescribe on merely seeing her husband's. "Reasons," says Fuller, "drawn from the water alone are as brittle as the vessel." Has not there been a slight tendency to revive this inspection of water? although, of course, modern examination of water is a very different thing from the mere sight of it formerly considered sufficient.

6. Bleeding doctors—those who thought they could not take too much blood. Most of them used phlebotomy at random. In acute fevers Dr White found five to six lbs. loss of blood necessary. We do not err in this way.

7. Purging doctors. This treatment is one that has always been the English treatment *par excellence*, although it has been relaxed of late, and patients do not now "squirt their souls out" under it.

8. Then there were the groping doctors, who actually pretended to find it not possible to "discover a disease in a man without groping at his side, which knack is taught them by some physicians in Paris"—so that auscultation and percussion are not the only means of diagnosis which we owe to the French.

9. Men-midwives, who even then were apt to make too much of their cases, and persuade the patient that "at her last lying-in, her midwife did not perform her office skilfully, or did not lay her well, whereby she received a great deal of prejudice, as displacing of the matrix, etc."

10. There were the expectation doctors, to whose principles Temple has alluded. Expectation might be described as "the applying of remedies that do little hurt and less good; for while the patient from day to day receives little benefit, yet nature and time, partially or entirely, cure the disease, when the doctor takes the credit of it." This is the satirical view of the case. Expectation treatment, or watching nature, has made great progress within the last half-quarter of a century, and has attained its great development in the spread of homœopathy.

11. There is one other class of doctors, the religious—some partly from necessity, some from desire. Temple remembered "an ingenious physician, who told him, in the fanatic times, he found most of his patients so disturbed with troubles of conscience, that he was forced to play the divine with them before he played the physician, whose greatest skill perhaps often lies in the infusing of hopes, and in inducing some composure and tranquillity of mind, before they enter upon the other operations of their art. And this ought to be the first endeavour of the patient too, without which all other medicines may lose their virtue."

Fuller says that "the good physician coming to the patient persuades him to put his trust in God, the fountain of health." There may be occasion to do this, but the general voice of the profession has always been that he should confine himself as much as possible to the cure of the body. A question connected with this is, how long a physician should withhold from the patient or his friends his conviction that the sick man will not recover. It is doubtless right enough that physicians should make the best of their patients' condition, but probably as a rule they are too tardy in disclosing the probably fatal result of a case.

12. Another set of doctors aped eccentricity in their manners or in their prescriptions. For instance, "they might prescribe beer that had been made in winter, or four or five ounces of peach kernels in spring, or ordain a restorative electuary out of (things not to be had) parrots' tongues and hawks' livers, as a most egregious physician of our town did." As to eccentricities of manner, the sayings of Radcliffe, which did not spare even royalty, offer an example. They are too well known for it to be necessary to repeat any of them here. Marked eccentricity of manner is

undoubtedly less frequently met with now than formerly. There is less variety of dress and of deportment.

Having got these general notions as to principles and practice, we may next inquire what some of the remedies used were. Here, again, Sir W. Temple gives a good ordinary view of the subject. "As diseases have changed vogue, so have remedies in my time and observation. I remember at one time the taking of tobacco, at another the drinking of warm beer, passed for universal remedies. The swallowing of pebble-stones, in imitation of falconers curing hawks. One doctor pretended to help all heats and fevers by drinking as much cold water as the patient could bear. At another time swallowing a spoonful of powder of sea-biscuit after meals was infallible for all indigestions, and so preventing diseases. Then coffee and tea began their successive reigns. The infusion or the powder of steel have had their turns, and certain drops of several names and compositions; but none that I find have established their authority either long or generally by any constant and sensible successes of their reign, but have rather passed like a mode which every one is apt to follow, and finds the most convenient and graceful, while it lasts."

There was a great complaint in those days, when people had nearly lost faith in astrology and in charms, that an immense number of useless articles remained in the Pharmacopœia. Harvey said that less than a third of the drugs of the London Pharmacopœia would suffice. "Many eminent physicians," says Blackmore, "have recorded abundance of medicines in their writings, and recommended them to the world as endowed with singular virtue, which, however, will disappoint the practitioner who relies upon them, as particularly those powerful medicines following:—The tooth of a boar, the jawbone of a pike, the bone of a stag's heart, the stone in a carp, the powder of goats' blood, the dung of labouring beasts and pigeons, the white excrement of a cock, the penis of the stag and bull, besides a great variety of description of plants, as well as numerous preparations made by fire, as diaphoretic antimony and chrysal mineral, as well as a great number of chymical liquors, of which spirit of hartshorn is the best, and will serve instead of all the rest." It would be easy to add, from books of the day, specimens of the strange compounds used in those days; but they are tolerably well known, and the value of them may be guessed by the fact of millipedes or hog lice being considered among the most efficient remedies. But, besides such harmless remedies, they had their evacuants—violent blistering, and sweating and purging, and the help of a multitude of vesications, cupping, with scarification, cauteries, setons, fontanelles, or issues. Some of the more popular secret medicines, but ordered by physicians, were Sir Walter Raleigh's cordial, plague water, Russell's powder, Dr Stephen's powder, Dr Goddard's drops, Goa stone, mummy, and endless panaceas. Butler's stone was nearly forgotten.

White, laughing at the complexity of the preparations, affirms that "if we jumble together, blindfold, such a mess as the precious hard stones and pebble stones, pearls and wilks, chinaware and tobacco-stoppers, terra Lemnia and English earth, bricks and slates, Welsh coal and Scots coal, human excrement, and goose-dung (especially because the last four have sulphur, and there is some manifest salt in the last), we shall have a good alexipharmatic medicine."

For a long time writers—Boyle one of the first of them—had seen the necessity for making our prescriptions more simple; and, while working out this idea, he had at the same time great confidence in specifics, and thought that remedies might be devised for each special disease. Blackmore wished to remove from the practice of medicine a great number of medicines, which he thought not only unnecessary, but burdensome. "Young physicians ought to be informed of the unusefulness and insignificance of the generality of medicines which they will find in the writings of the boastful chemist, superficial botanist, and systematical physician. It was desirable that the real force of medicines should be ascertained, and that more capable and experienced physicians should draw up and publish a catalogue of medicines in vogue, and kindly and honestly let students know that they have for many years, by repeated trials, observed their operation, and seldom or never discovered any virtue in them. Far the greatest number of the medicines in use would be found to be impertinent and unavailing; and by such a faithful scrutiny, how many celebrated distilled waters, apozems, pills, electuaries, etc., will be thrown out, which have no right to be recognised among effectual remedies. How great sufferers must even our most eminent authors be!"

Dr Blackmore was content to limit himself to his four great remedies; for, excepting opium, mercury, the Peruvian bark, and steel, either solid or dissolved in mineral waters, and next to these the Bath waters in several cases, they were all uncertain and precarious.

With respect to one of those more important remedies, that noble remedy, the Jesuit's bark, it is satisfactory to find, was appreciated by all writers, however they might differ as to time and mode of its use. "The discovery of the bark of Peru has furnished us with an indication never till then dreamed of, which I may call a period, though I mean the remission of that period only. So that, not only the intermissions of agues, and the remissions of putrids, but also periodical disorders, such as convulsions, dry asthmas, and epilepsies, receive advantage by the administration of this drug. Where there are any remissions or intermissions, the bark of Peru is the most remarkable remedy; but in any eruptive fever, it is useless or dangerous before a total eruption."

We may remark, in passing, of one other valuable medicine, which Dr Blackmore might well have added to his list of remedies, the dysenteric root, that by this time physicians had lost faith in

it very much, as a specific in dysentery; and, indeed, Dr Cockburn, in 1736, tells us that the French, who had been religious admirers of ipecacuanha as a specific for half a century, had now been for some years cured of their credulity. Something must be set down to Cockburn having a specific of his own. But White speaks in the same disappointed way of ipecacuanha.

At the period of which we speak, the inhalations of gum benzoin, sulphur, and various other substances recommended by Bennett in his *Theatrum Tabidorum*, had nearly died away, to be revived at successive periods, as at the present day.

Sulphur, too, was not quite in so high favour as it had been a few years before, when it was regarded as the true balsam for the lungs. The recent revival of its use in Scotland seems to have been shortlived.

Gideon Harvey laid down, perfectly correctly, that no waters, mineral or others, could really act as solvents of stone.

Grave doubts were entertained then as now regarding the absolute value of sarsaparilla.

Fuller, in his *Medicina Gymnastica*, had propounded much of what is now revived under the head of kinetic practice, although it was rather general exercise that he recommended than special gymnastic movements.

A word or two may be allowed about bleeding. We have seen how it was not used in Italy, while it was universally practised in London about 1672. Dr White, in 1712, observed that "it is evident that national dangerous errors may prevail among physicians, from what befell Germany and Holland by Paracelsus and Helmont, whose followers would not let blood in the distempers in which it was found to be of absolute use by the ancients, such as fevers, tremors, pleurisies, etc., and ever will be to the end of the world, unless mankind should get a new and different organization of body; and so this leaven crept over into England also, and prevailed so far that it was thought almost equal to murder for a physician to order bloodletting in the smallpox and malignant fevers." Harvey had called bleeding death in measles or smallpox. At the present day, we again practise little bloodletting, and accuse the Italians of bleeding their patients to death. There will always be a question how far these changes are founded on fashion or on reason—how far there is a different "organization," that is, condition of the body, or a difference in the character of disease, to warrant the change. However right or wrong we may, at the present day, be in proscribing bleeding in particular affections, there can be no question that the profession has greatly exaggerated the evil effects of bloodletting, when we consider that, even now, losing blood once a year is a common and innocuous habit in many countries of Europe, and that formerly the use of baths was generally accompanied with the free use of cupping.

In the period of which we treat, there was a great revival of

bathing. The English crowded to Bath, to Aix, and to Bourbon-L'Archambault. Vapour baths came anew into fashion. The Hummums and other bagnios sprang up, chiefly in the neighbourhood of Covent Garden and Long Acre. The cold-water cure was introduced, and many cases are related of fevers and small-pox cured by immersion.

Internally, cold water and ice were for a time believed to produce most wonderful effects in fever, both in England and in Naples. All the purgative and chalybeate waters in and about London were in constant employment. Among the chief, Dulwich and Northhall, and the chalybeates of Islington. Almost all consumptive cases were not only placed on a milk or whey cure—and asses' milk was the favourite—but the great majority of them were ordered chalybeates, and especially a mixture of milk and Islington Spa water.

We shall enlarge a little on a mode of treatment which is often supposed to be of modern origin, but which was in reality much employed during the period of which we treat—change of air and climatic cures.

Change of air was then, as now, used mainly in pulmonary affections, and the complex effect of its action was then understood. "Neither," says Harvey, "is it the change of air only that proves so sovereign to consumptives, but the change of bread, beer, and flesh. Fresh company, and other circumstances, do much conduce thereto." Carr commended even the effects of the sea voyage to Calais when people went abroad, and the merriness of the French, and the lightness of their air. Willis recommended villages in the neighbourhood of London, and the air of Banstead Downs was famous. For most consumptives, Harvey recommended the middle of England—Worcester, Gloucester, and Oxford shires. Abroad, Clermont in Auvergne, and Montpellier were in favour. Harvey thought that some places in Languedoc excelled even the Stabiae of Galen. Crowds, says Willis, went to the south of France, and Montpellier was the great place of resort. Charles II., at his own expense, sent Wycherley, the dramatist, to Montpellier for a winter, from which he returned cured of a bad cough. Cheyne advised old men to resort to warm climates if they would live as long as the crows. Blackmore seems to have studied the subject carefully, and arrived at these results. "It seems reasonable that persons that inhabit the vale, should remove to the purer air of the downs and hills; and, on the other hand, that the valetudinary people of the uplands should come down to the flats and lower districts, and by this exchange of patients a beneficial commerce of health may be carried on with success. Generally speaking, consumptive patients, that are emaciated and of a hot temperament, should not change their air for what is more rarified, especially if they are given to spit blood; and, therefore, such patients should not go into the subtle air of the south of France, but, on the contrary, should fly for pro-

tection to the United Provinces, where they will find the air of the Hague and Utrecht more beneficial to them than that of Clermont and Montpellier. On the other hand, persons heavy and encumbered with a load of humours, and with a cough by which they discharge great quantities of phlegm, may reasonably expect to find their arrest by removing to the hills in their own country, or to the purer, thinner air of France." Here we have the germs of modern views concerning sluggish and erethic cases, between stimulant and sedative climates. The subject is practically not much advanced since those days.

It is interesting to hear what Strother says of the effects of diminished and increased atmospheric pressure—a question now much discussed.

"If we live in a lower region, the column of air that presses on us is much heavier than when we live in mountainous places: so that they who spit blood live uneasy where the air presses the vessels of the lungs too much, but are helped by removal into an air less compressed (avoiding any extreme on this side too); and they who are asthmatick, and want to have the lungs more expanded, ought to live in a dry region, and somewhat inclinable to cold, where the air will be more compressed, and their chests will be more opened."

Then, as now, there was some doubt as to the expediency of always sending away consumptive patients. "All," says Willis, "do not receive help from such a change of place; for many, passing to France or to country villages, do, in these places, rather find their grave than health; and therefore London is not presently to be forsaken by all phthical persons: for I have known many subject to a cough or consumption to have enjoyed their health much better in this smoky air than in the country. So that, for cure of the same disease, while some avoid this city as hell, others fly to it as an asylum." Here is Harvey's picture of London as a hell. That his language is exaggerated there is no question, though one does not see why he should have indulged in it. "An air rendered thick by vapour and damps, nitrous evaporations out of the earth, filled with putrid streams, of sinks, gutters, ditches, muddy and dirty streets, and sulphur smokes of chimneys, stagnating and pent-up between narrow lanes and corners, seldom purified by the rays of a clear shining sun, nor frequently ventilated with easterly breezes. Such is the climate of London, where the air is experienced close, dull, damp, saline, and muddy, overspread with dense, dark saline clouds, attracted out of the sea for two-third parts, if not three-fourths, of the year." Things are not quite so bad nowadays. Indeed, with all our increase of coal fires, it seems doubtful whether our modern fogs are worse.

One word more about smoky air, because the very considerable, though by no means complete, immunity from phthisis of the inhabitants of the Western Highlands and Islands of Scotland has

been ascribed to their living in their huts in an atmosphere of peat smoke. Willis wrote that "it is manifest, by frequent experience, that a thicker air, provided it be sulphurous, proves very benign to some phthysical persons—I do not say to all. It is a common observation, that a consumption seldom infests those regions in England or in Holland where fires are nourished by turf, and do breathe a very sulphurous odour; yea, rather, those places are chiefly wholesome and sanative to persons obnoxious to a phthisis or labouring under it."

Although this was anterior to the date when we began to send our phthysical patients to Lisbon, the following account of the climate of that place, from a physician who practised there some years, is worth perusing:—"The air is excessively cold by reason of prodigious rains, which fall for three months at least (and two or three more), but more moderately as the spring advances. Thus, in the winter, the walls of the houses, and everything within them, are overflowed with such humidity, that our books on a table lying loose shall be swelled so that we cannot shut them, which is the more intolerable in a country that has little fire." This account of Lisbon is unnecessarily unfavourable.

A few words of Harvey about Italian climates are worth quoting, as something of the same kind exists now: "The air of Rome is likewise very pernicious, especially all the summer, at which time, I was informed, that no person will hazard to travel towards Naples for fear of incurring that dangerous phrensy or fever, which the change of air brings unavoidably on them, especially among those who return from Naples to Rome, among whom scarce one in a hundred escapes." Every one who has been in Rome will remember how the Roman doctors lay the blame of their fevers on Naples, and the Florentine ones of theirs on Rome.

While on the subject of climate, we may remark that Gideon Harvey, who had recently removed there, considered the air of Hatton Garden to be the most serene in London. Some of the worst air was about Romney Marsh and the hundreds in Essex, and the fens in Lincolnshire. Salisbury, Hull, and Lynn were also unhealthy. Cambridge, strange to say, is called good for memory, because near the fens. Speed described Suffolk as "having a sweet air, esteemed by the local physicians the best air in England, often prescribing the receipt thereof to consumptional patients."

In these sketches, we have confined ourselves to what was done or recommended by regular practitioners. If we had entered on the performances of avowed mountebanks and quacks, we might have opened up a very amusing and almost endless field of investigation. The syphilis doctors, although some were regular men, would have demanded our reprobation. There are minute accounts of fasting girls, resembling in almost every particular the case of the unfortunate Welsh girl, who, a few years ago, was allowed to starve herself to death.

We have, perhaps a year or two before our period, the wonderful strokings of Mr Gretorix, which, for a time, competed successfully with the royal touch, and in which we find much of the procedure of modern mesmeric practice foreshadowed. The bone-setters, too, whether male or female, were as numerous then as now, and, although occasionally producing wonderful results, usually practised the old trick of persuading the patient or his friends that some bone was out of place, which they returned with a snap.

Before concluding, we must remark that it is very interesting to observe the first indications of various modern doctrines and practices.

“What noise,” says the author of *Reflections on Learning*, “has been made about the transfusion of blood for some years; and the English and French have contended for the discovery, which, notwithstanding, so far as can be seen, is like to be of no use or credit to either nation.”

We have seen how England has passed through former periods of phlebotomyphobia.

At this time the idea of furnishing such tracings of the pulse as are now made with the sphygmograph, had arisen; for the Chinese had studied the indications of the pulse minutely, and their drawings were published in Europe, giving graphic representations of the different characters of pulses.

Then, again, Strother had distinctly indicated that the thermometer was the only certain test of the degree of increase of temperature in fever; and, by the way, mentioned cases of fever treated successfully by immersion in cold water.

Boyle was aware that water will soak through the pores of a fine bladder, and dissolve salt of tartar, or even white sugar, contained in it; and applied the doctrine of endosmosis to the theory of the absorption of medicines.

If we were to wander from medicine in its stricter shape, we might show how the old belief in equivocal generation had just been abandoned, and how the doctrine of the survival of the fittest was no novelty.

We shall leave it to our readers to draw their own conclusions from the matter now brought piecemeal together; but, in closing this slight sketch, we have one consolation in finding, that controversy is less bitter, in its language at least, than it used to be. We scarcely exchange such amenities of phrase as then were common—asses, grinning fools, butchers who made their patients ghost it, physic zanies, Jack-puddings of the town, physic town-top, hoccusser, are only a few of the milder terms of reproach that were freely bandied about; and among such phrases, that of antipodes of learning and good manners, has absolutely a certain amount of courtly suavity about it.