

all to an antecedent disturbance of the nervous system; and I am strengthened in this view, when I observe the symptoms of uterine disease in some cases to disappear without any specific treatment, by simply directing remedies to the spinal cord and the nervous system generally. On the other hand, I am not induced to relinquish this opinion on finding that such measures sometimes fail of their intended object, because I know that the causes of spinal irritation are at the same time those of various associated disorders of other organs, which, together with that of the spinal cord, originate and maintain a state of uterine irritation and disorder. But I am above all convinced of the truth of the position which I have assumed, when I meet with cases in which these affections have co-existed with uterine derangement, and have been supposed to be dependent upon it, and where, conformably with this view, it has been sought to remedy them by the constant, repeated, and persistent, but unsuccessful employment of measures specifically directed to the uterine organs, for periods varying from one to two years, and this, too, by practitioners of authority and eminence.

(To be continued.)

Chester Place, Hyde Park Gardens, October 1851.

THE FIRST OF OCTOBER 1851.

BY AN OCTOGENARIAN.

THE first of October is an interesting day to the medical profession: on it the different schools are opened, at which such acquirements and knowledge are to be obtained as will qualify the pupil to pass his examination at Apothecaries' Hall, at the College of Surgeons, or at the College of Physicians; and the public journals have announced more than twenty well-provided lecture-rooms, at colleges, hospitals, halls, and private institutions, where the necessary instruction may be acquired.

Anterior to the year 1815, few medical schools existed, and those were very incomplete, with the exception of those founded for anatomical and surgical teaching; but even upon these the attendance was not compulsory, and many persons practised as physicians, surgeons, and apothecaries, who had never attended a single course of lectures, or witnessed one dissection. In the year 1814, at the seven London Hospitals, namely, St. Bartholomew's, St. Thomas's, St. George's, Guy's, the London, Middlesex, and Westminster, there were only thirty-eight physician's pupils; in less than twenty years after the Apothecaries' Act passed, they increased to three hundred and twenty-six, and are now still more numerous.

The first important incentive to a more careful and appropriate medical education was effected by the privilege, granted by Parliament to the Society of Apothecaries in London, of electing a Court of Examiners, to inquire into the competency to practise medicine of all future apothecaries throughout England and Wales. This bill passed

through Parliament in the year 1815, but so little did the upper ranks of society estimate the value of a sound medical education, that after being, with great difficulty, got through the House of Commons, it at last passed the Lords by the paltry majority of ONE.

Some years afterwards, when, as one of the consequences of this Act, it became necessary to render the study and practice of anatomy more easy and unobjectionable, and when a bill was brought into Parliament to effect this desirable object, the measure was strongly opposed, and more than one honourable member urged as a most cogent reason against it,—that though a knowledge of practical anatomy was indeed required by surgeons who had operations to perform, yet, for physicians and apothecaries, a sufficient knowledge of anatomy might be gained from plates, from wax and terra-cotta models, from skeletons, and such preparations and dried specimens as were always to be found in museums and repositories.

Even in our own days, woefully deficient is the encouragement bestowed upon the medical man; and if there were not some redeeming exceptions, some cheering moments of comfort, his course would indeed be gloomy and overpowering; for he must often feel that his worth and his usefulness are unacknowledged, his fatigues and his anxieties unheeded, and his unselfishness and disregard of lucre derided and abused. The man—the individual—indeed, is often greatly beloved and respected; but the profession—the great body of practitioners—holds not that honoured rank in public estimation which it so justly merits. While labouring and toiling in the divine employment of striving to diminish the woes of his afflicted fellow-creatures, it cannot fail to mortify the honourable pride of an honourable practitioner to witness how much the palpable absurdities and deceptions of homœopathy are patronized by noblemen and influential commoners; how wonderfully strange it is, that clergymen should combine with infidels and atheists in practising Mesmerism; and that government itself does not disdain to derive a large revenue from quackery,—quackery, the very essence of which is falsehood, and which can only be sustained by the publication of advertisements and books of the most obscene, prurient, and disgusting character that can be imagined.

And yet, surrounded as it is with difficulties and discomforts, the art and science of medicine has steadily pursued a course which has placed it in a very high state of elevation. Let us then take a retrospective view of what medical practice was a hundred years ago, and we shall not be ashamed of what it is now.

Dr. Hulse, a physician of great eminence and reputation in the reign of Queen Anne and her two successors, was in 1738 appointed physician-in-ordinary to King George II, and was created a baronet. He died April 10, 1759, aged 74. His practice was very large and lucrative, and Dr. Heberden bears testimony to his “judgment and sagacity”. Dr. Heberden likewise mentions his partiality to the bark,¹—the Peruvian bark,—which he had “prescribed for forty years, more than any other physician out of England, and as much as any one in it”.

¹ Transactions of the Royal College of Physicians, vol. ii, p. 15.

Among the many distinguished patients of Sir Edward Hulse, one of the most celebrated was the Earl of Orford, more generally known as Sir Robert Walpole, who died March 18th, 1745, after a very painful illness, and who gave his own "solemn injunction" to be opened after death by Mr. Ranby, "in order that he, who could no longer survive to profit mankind, might be the means of conveying to them what good he could after his death."

Ranby's narrative is neither erudite nor attractive; yet his statement of facts contains materials which could hardly fail to excite inquiry and discussion, especially among those who were exercising, in its various departments, the practice of medicine; so that if the noble lord's solemn injunction did not immediately effect all the good that in his dying moments he perhaps expected, yet it was doubtless one of the quiet contributory streams which began the improvements in medical and surgical science, and which will continue to move on

"—— in omne volubilis ævum."

The narrative¹ states, that in the spring of the year 1744 Lord Orford had an attack of intermittent fever, for which, by the advice of Sir Edward Hulse, he took the bark with good effect, and retired for a short time to Richmond-park. Here, one day after dinner, he was suddenly "seized with great pain in the head, giddiness, violent sense of sickness, and frequent inclination to vomit"; in addition to which, he suffered "intense pain in the back, and passed coffee-coloured urine". It might be expected that such a series of symptoms would have been considered sufficient evidences of a distinct and alarming attack of disease, but it was hastily and inconsiderately attributed to "a return of the intermittent fever, attended with some nephritic symptoms", and the bark was again prescribed, "some regard being had to these nephritic symptoms".

It may well be supposed that the symptoms here mentioned did not yield to the bark; the "hard and full pulse" was therefore attacked by venesection, and "he was bled in the arm even to three times" before this alarming symptom gave way, and the coffee-coloured urine ceased to be discharged. His lordship's medical attendants appear to have contented themselves with *conjecturing*, for it was only conjecture, that some concremented matter in the kidneys had passed into the bladder, and it was expected that what had thus passed into the bladder would be speedily expelled through the urinary passages; "but as these expectations were entirely fruitless, a doubt began to prevail whether it were anything more than a gravelly affair, accompanied by some symptoms produced by intermitting fever"; and this inconclusive reasoning being allowed to have more weight than it merited, the use of the bark was returned to and persevered in, under different forms, for six months.

The quietude which this severe attack made necessary, and the abstaining from *much* wine,—“for he was so abstemious as to drink only a little sack”,—kept Lord Orford's complaints within some bounds for a considerable space of time; but in attempting to make a visit in an "extremely easy chariot", he felt an unusual irritation to

¹ A Narrative of the Last Illness, &c. By JOHN RANBY, Principal Serjeant Surgeon to the King, and F.R.S.

make water, and the urine was tinged with blood; and this irritation and bloody urine continued to distress him, unless in a state of absolute rest. It may easily be imagined that a surgeon would, under such circumstances, suspect stone in the bladder, and Mr. Ranby expressed his opinion that this was the case. But physicians and surgeons did not conduct themselves towards each other in those days as they do now; and "as the blood that came away was judged absolutely by the physician to proceed from the kidneys, this symptom was deemed of no material consequence", and his lordship was allowed to return to Norfolk, no attempt having been made to ascertain what was the actual state of the bladder.

With, upon the whole, little difficulty, he reached Houghton in July, and remained there under the care of Dr. Hepburn till November: he kept himself very quiet and retired, took largely of marshmallow tea, and other demulcents, and avoided much exercise or exertion. Several times, however, when using gentle carriage exercise, he was much distressed with pain and irritation, and occasionally tinges of blood were observable in the urine: these symptoms were sometimes mitigated by taking manna in cream of tartar whey; indeed, Dr. Hepburn's treatment was soothing and judicious.

Lord Orford returned to town in November, but his journey was performed with great difficulty, occupying the space of four days. On the last day, in travelling twenty miles only, he suffered excessive torture; "he was obliged to alight from his chariot at least twenty times, and every time subjected to a discharge of almost pure blood, with excessive pain". Sir Edward being again called in, "and having heard all the particulars from his lordship's own mouth", gave it as his opinion, "that the seat of the whole disorder was in the kidneys, insomuch as the bladder being furnished with but few blood-vessels, could not supply any great quantity of blood; and besides, that almost all discharges of blood proceeded from the kidneys."

Ranby expresses his regret at differing in opinion from a physician of so great experience, but he "was sufficiently convinced that the stone in the bladder was the sole cause of all this tragedy". This opinion, however, was strangely slighted, especially as in a former illness, ten years ago, a small stone had passed through the urethra; and in Norfolk, while under Dr. Hepburn's care, much gravel and one or two small stones had in the same manner passed away.

Under these circumstances, "a soft and diluting method" was prescribed and persevered in for about three weeks, when Dr. Jurin,¹ the inventor of a lithontriptic medicine, was called in as consulting physician with Sir Edward Hulse. "*Searching*" was now proposed, but Dr. Jurin was so well convinced that there was a stone in the bladder, as to render the introduction of a sound unnecessary. At this consultation it was determined that a dram of the doctor's *lixivium lithontripticum*, made into a draught, or rather a potion (for it amounted to seven ounces), should be taken three times a day. The dose of the

¹ Dr. Jurin distinguished himself early in the last century as an advocate for the newly introduced inoculation of the small-pox. He was a very eminent physician, and became President of the College. The exact composition of his lithontriptic is not generally known, but the principal and most efficacious ingredient was the caustic potash.

lixivium was gradually increased, and between the 15th December and the 4th of February, "six and thirty ounces of this lixivium were taken", variously combined with stomachics, cordials, etc., as seemed necessary. The effect of this remedy appears to have been considerable in disuniting the calculous concretions, but at a grievous expense to the mucous membrane, and indeed, to the entire structure of the bladder. Frequent discharges of pieces of calculus, more or less cemented together, excessive pain, and profuse hæmorrhages, harassed the poor sufferer most cruelly. "On the 9th of January particularly he had a more than ordinary flux of blood, attended with greater pain than he had ever yet felt, at the end of the penis. . . . In the evening he voided as much gritty matter as would cover a shilling, of the colour of common house sand, and looking as if wrought together with gum-water." "February 4.—About nine he discharged a great quantity of blood, and soon after complained of an intolerable pain in the penis. Mr. Ranby extracted from the urethra a stone exceeding the dimensions of the largest kidney bean. About one, he felt a strong irritation to make water, which was followed by a large discharge of blood, a good deal of it coagulated, in which were found eleven pieces of stones, some of them smooth and rounded on one side, and scraggy on the other; some sharp and pointed on all sides, as having been inner parts; but not one of these that did not evidently appear to have been a part of some larger stone. These fragments were whitish, but in the stones which were entire the parts of the joinings were streaked with yellow veins, resembling in some measure Mosaic pavement". These discharges of blood and portions of calculus continued through the day, but in the evening "an extraordinary coagulation of blood was discharged, but there could not be discovered any concreted substance, till the coagulum had been dissolved in a large basin of water, when about fifteen pieces presented themselves, one of which was a stone, near entire, and almost as big as the great one in the morning". This seems to have been the last evacuation of calculi; but the hæmorrhage continued profuse, and the patient was reduced to a most extreme state of lassitude and debility, in spite of the bark, which was again prescribed in various forms, but with, of course, little or no advantage. The fragments of calculus of all sizes exceeded forty in number.

Dr. Crowe was now called in, who appears to have agreed in opinion with Sir Edward, that the blood discharged was supplied by the kidneys, "it being in reality his sentiment, that all discharges of blood through the urethra flowed, not from the bladder, but entirely from the kidneys". Dr. Crowe did not recommend any particular mode of treatment. From this time, though the patient's progress was duly watched, and his pains occasionally relieved by opiates, nothing of importance is recorded, except some ineffectual attempts by Ranby and Cheselden to introduce the catheter. On the 18th of March, 1745, the friendly hand of death released the noble earl from the intense sufferings of a most afflicting disease.

It is a curious circumstance, that the announcement of Lord Orford's death, in the *Gentleman's Magazine*, stated that he had died of inflammation of the lungs.

The *post-mortem* examination, signed by "E. Hulse, J. Ranby, W. Cheselden", states that the bladder "had expanded itself above the

os pubis at least four inches: on cutting into the cavity, there issued a quantity of urine, with three large clots of coagulated blood, which no doubt had lain there some time. On separating the bladder from the parts with which it was connected, and dividing it from the neck to the bottom, several inflamed spots were observable, with an inflammation quite round the neck, about the breadth of two inches, and a lodgment in the membrane of several small stones about the size of half a grain of wheat. Its substance was of a very unequal texture, innumerable ridges as thick as the eighth of an inch, and many of them much larger, running across one another through the whole capacity of it, while the spaces between those ridges were as remarkably thin and transparent. The prostate glands were enlarged, and become harder than they commonly are. No defect was discoverable in the kidneys or ureters, though the pelvis was larger than usual." Nothing is said in the *post-mortem* examination about the state of the lungs.

A perusal of this case will not impress the reader with a favourable opinion of the practice of medicine in London anterior to the reign of "good old" King George III. Investigations into the nature, causes, and progress, or the probable results of diseases, seem to have been conducted with little nicety or exactness. The first symptoms of disease were not accurately analysed, and those which presented themselves during its progress were too often overlooked or neglected. Nor was there much discrimination in the choice of remedies; indeed, the virtues and value of the most important articles of the *materia medica* were neither well ascertained nor duly appreciated; but reliance was placed on old forms and combinations of remedies, which were prescribed rather to the name by which the disease was called, than to the symptoms by which its nature was to be learned and its management directed. The "judgment and sagacity" of Sir Edward Hulse enabled him to treat ordinary diseases with effect and advantage; but whosoever deals largely in any one course of treatment by the bark or any other remedy, shews little discrimination, or that amount of penetration which is required from an accomplished physician.

The so-called consultations of old were anything but deliberative and confidential: they were rather meetings of formality, at which the authority of one overruled the others; and the surgeons had rarely influence when they visited with physicians. When old Radcliffe was called in, he was the paramount: very few physicians could offer advice when he was present.

There were other physicians besides Dr. Jurin who possessed their particular *nostrums*; and when the nostrum was strongly recommended, and thought likely to cure any malady, it could not generally be separately purchased, but the inventor was called in to superintend and direct its use. Thus when Jurin and Hulse consulted about the employment of the lithontriptic, it had already been resolved that Lord Orford should take it; and though Sir Edward was of course told what the most important ingredients were, yet he probably was not acquainted with its actual composition. Dr. James used at first to be sent for, not because his skill was wanted, but because James's fever powders had been spoken of as the sure and only remedy. No doubt it became more lucrative when advertised and sold in packets, than when obtained by feeing the doctor.

M.