

John Milton Scudder, M. D.

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JOHN MILTON SCUDDER, M. D.,
At the age of 80.

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John Milton Scudder was born September eight, eighteen hundred and twenty-nine, in the little village of Harrison, Hamilton County, Ohio. His father, John Scudder, cabinet-maker, died in 1838 when young Scudder was between eight and nine years of age, and the little family of mother and three children, left in but moderate circumstances, had to figure closely for the wherewithal to live. While still very young, John went to work in a button factory at Reading, Ohio, receiving the munificent wage of fifty cents a week. There he acquired that habit of work which became a dominant trait all through his fruitful life. Even at his tender age he had two prime objects in view—to aid his mother in the support of the little family and to acquire a sound collegiate education. The first he fulfilled to the letter; and he grasped the latter, when, at twelve years of age, he had accumulated a sufficient store of money to enter the Miami University at Oxford, Ohio. After leaving college he perfected himself in the arts of cabinet-making and painting, pursuing the former occupation during the winter and the latter during the summer. One of our engravings shows him a sturdy, handsome young man in the artisan's garb, a master of the brush, bucket, and putty knife. He was a laborer worthy of his hire. Idleness was no part of his creed, nor could he ever tolerate sloth and shiftlessness in others. His next move was to open a general store in his native town. Then, on his twentieth birthday, he married Jane Hannah. Of this union came five children, but two of whom survived infancy. The deaths of the three babies, due as Scudder firmly believed to improper treatment, changed the life-work of the latter from the pursuits of arts and, crafts and from the mercantile hustle to a career of medicine. Placing himself under the preceptorial guidance of Dr. Milton L. Thomas¹, a pioneer and enthusiastic Eclectic and father of Prof. Rolla L. Thomas, M. D., he

¹ Milton L. Thomas, M. D., father of Professor Rolla L. Thomas, M. D., (Dean of the Eclectic Medical College of Cincinnati, and preceptor of Professor John M. Scudder, M. D.), was born in Warren County, Ohio, September 11, 1821. His early years were passed chiefly at Madison, Indiana. At the age of fifteen he learned the silversmith's trade at Booneville, Missouri. He began the study of medicine at Madison, Indiana, in 1844, and then entered the Louisville Medical College of Kentucky, from which he graduated. He subsequently embraced Eclecticism and graduated from the Eclectic Medical Institute. Settling in Morgan County, Indiana, he began practice in 1847. In 1849 he removed to New Haven, Ohio, from whence he went to Cincinnati, and finally to Harrison, Ohio, where for years he practiced successfully and was accounted one of the most skillful of practitioners. His wife was Susan J. Rybolt. Dr. Thomas survived his distinguished pupil one year, dying at Harrison, Ohio, April 24, 1895.

entered the Eclectic Medical Institute at Cincinnati, and in 1856 graduated with honor as valedictorian of his class. So well had he applied himself to study and so proficient had he shown himself that the Faculty at once selected him for the position of Professor of General, Special, and Pathological Anatomy. From that time onward his professional career as practitioner, teacher, and author made him one of the most conspicuous men in the annals of American medicine.

In conjunction with his college duties Dr. Scudder at once entered into practice in that old portion of Cincinnati known as Fulton. His success, both as a practitioner and money-maker, was phenomenal. He formed partnerships in order to handle the immense business; Dr. O. E. Newton being the most noteworthy of his partners. At one time his office was crowded with patients and the income from practice ran into the three tens, but love of his school overreached his love of riches, and he relinquished this lucrative practice with its golden opportunities for the perilous task of leadership in a hazardous effort to strengthen a tottering institution. His whole attention was now given to his alma mater, the Eclectic Medical Institute, which he meant to save and place upon a par with the best medical colleges of the world. How well he succeeded is now a part of history.

Dr. Scudder's whole strength and soul was now thrown into his chosen work. With the shrewd and discerning eye of the business man and with unselfish devotion to his profession he quickly saw in the financial mismanagement of the college and the internecine strife in the Faculty a wreck ahead for Eclecticism. He threw himself into the breach, took charge of the college and the Journal, and though the Civil War was coming on and decimating the ranks of the students he successfully guided the well-nigh sinking craft through perilous waters and brought her ashore unscathed and without dishonor. From the time he grasped the helm she has steadily ridden forth, spreading the gospel of Eclecticism in medicine; and from that day until the hour of his death John M. Scudder was, without question, the foremost Eclectic physician of his time.

From 1858 to 1860 Dr. Scudder filled the chair of Obstetrics and Diseases of Women and Children, and in 1860 was transferred to the chair of Pathology and Principles and Practice of Medicine, a position he held until 1887, when, failing in health. Dr. Thomas was given that chair and Dr. Jeancon Pathology, while Professor Scudder lectured upon the allied topics of Hygiene, Physical Diagnosis, and Specific

Diagnosis until his death in 1894.

Dr. Scudder's wife having died, he married her sister, Miss Mary Hannah, on February 4, 1861, by whom he had five boys, of whom three graduated in medicine at the Eclectic Medical Institute. Dr. John King Scudder (born May 16, 1865) is the present secretary of Faculty of the Eclectic Medical College, editor of the *Eclectic Medical Journal*, and ex-president of the National Eclectic Medical Association; Dr. William Byrd Scudder (born December 13, 1869) was Professor of Diseases of Eye, Ear, Nose, and Throat. He died at Redlands, California, April 19, 1905. Dr. Paul Scudder (born June 18, 1868) is a practicing dentist in Cincinnati, and Dr. Harry Ford Scudder (born December 29, 1871), formerly Demonstrator of Anatomy in the Eclectic Medical Institute, is now a practicing physician in Redlands, California. The only surviving child of the first marriage is Mrs. Mattie Twachtman, widow of the impressionist artist, John H. Twachtman. Both Mrs. Twachtman and her son are also artists of repute.

HIS LEADERSHIP.—The role of leader is but poorly adapted to the majority of men. Tact, aggression, and an intricate knowledge of human nature are absolutely necessary to success if one would aspire to that position. Dr. Scudder was by nature fitted for leadership. When placed at the head of the Institute he found much to be done. He did not wait for others to take up the burden. Bending under the load he aimed his steps directly toward a sure footing and a sound foundation. Financial obligations were to be met, the *Journal* must be rejuvenated, and text-books were sorely needed. All these tasks were cheerfully undertaken and rapidly and faithfully executed. The wary, who had felt the neglect of the careless and incompetent on the one hand and the sting of the designing and dishonest on the other, now looked with confidence and hope to the new leader. He never betrayed the trust. All that he asked for was work and co-operation; work and plenty of it for himself that should bring resulting good to Eclecticism. He demanded of others that they also should work. He believed in the gospel of work; for the idler he had no pity and no alms. The result was that discordant elements dropped their petty differences, trust displaced distrust, and the business of teaching medicine went on with renewed vigor. Around him he gathered a Faculty of workers, with not a drone among them,— such a Faculty as few medical institutions anywhere had ever known and one that dwelt together harmoniously for more than a quarter of a century.

THE AUTHOR AND JOURNALIST.—As an author and journalist Dr. Scudder was prolific and untiring, and his efforts were crowned with extraordinary success and his influence was far-reaching. He took over the *Eclectic Medical Journal* when, almost moribund, that publication through loss of subscriptions and lack of collections came near to extinction. Assuming the editorial pen and the financial management he soon snatched it from the brink of the grave of oblivion and into the editorial columns he threw his powerful personality. Physicians who had lost hope again rallied to its support and the “dark days of Eclecticism” passed. This publication he edited from 1861 to his death in 1894.

With equal vigor he shouldered the task of preparing textbooks which should embody living, up-to-date matter. In doing this he shattered some of the cherished idols of the earlier Eclectics who were less progressive and who rested content upon the pioneer methods and publications. His first book came out in 1858 and bore the title of “A Practical Treatise on Diseases of Women.” In 1860 followed, (in conjunctive authorship with Dr. L. E. Jones), “Materia Medica and Therapeutics.” This work at once became popular and in repeated editions and revisions was, until a very recent date, the standard Eclectic work upon the subject. His splendid “Eclectic Practice of Medicine,” still a classic, was issued in 1864 and has undergone many revisions which kept it up to date, until it was entirely rewritten and superseded by Thomas’ “Eclectic Practice of Medicine,” issued in 1906. “Principles of Medicine” appeared in 1866; “Diseases of Children” in 1867; and “Specific Medication” in 1871.² “The Reproductive Organs and Venereal Diseases” came from the press in 1874, and lastly his greatest work in our estimation, outside of many of the valuable Journal articles and editorials, “Specific Diagnosis” came out in 1874. Many of these books have undergone repeated revisions and numerous editions were required to fulfill the great demand for them. For elegance of diction, clearness of statement, and practicability they stand unsurpassed among American textbooks of medicine. The Eclectic physician who has not a copy each of his Practice, Specific Medication, and Specific Diagnosis is the loser, for no works are so valuable in revealing the unfolding of modern Eclecticism. Besides these professional works Dr. Scudder also published a work on “Domestic Medicine” which was widely popular, and for a short period he issued a *Journal of Health* for the laity and a literary magazine titled *The Eclectic*.

² available online at <http://www.ibiblio.org/herbmed/eclectic/spec-med/main.html>

It was in the journalistic field, however, that Dr. Scudder exerted his greatest influence and displayed his versatile talents, and few similar publications have made so marked an impression on medical thought and progress as did the Eclectic Medical Journal during his editorship. Though wielding a sharp pen there was no gall in his messages. He was a valiant antagonist, attacking methods rather than men. His adversary, though often hard hit by his ready wit and pungent humor, seldom felt that a personal thrust had been given, and therefore did not bitterly resent. Occasionally, which was rarely, when attacked personally. Dr. Scudder did not deign to reply; to him, then, "silence was golden." But most antagonists, and he had many, antagonized his views: seldom the writer. When personally attacked business or professional jealousy usually goaded his adversary and the cause of the attack was plainly apparent. No man ever more ably advocated and defended a beloved cause than did Dr. Scudder labor for Eclecticism; and no rival schools of medicine ever had a more fair adversary and critic.

His "MAGNUM OPUS."—When Professor Scudder entered the field of Eclectic Medicine he found a heterogeneous conglomeration of crude medication inherited from the fathers. Even though so extremely crude, yet was this primitive medicine a marked improvement, in point of safety at least, over that which it was intended to supplant. In fact, it was the great substitutive effort which was a necessary part in the evolution from crudities of the earliest days to the more or less finished pharmaceuticals of the middle period. Crude herbs, leaves and flowers, barks and roots were still employed in nauseous infusions and decoctions. Crude syrups and tinctures and other spirituous preparations of various and variable strength—the products of office pharmacy at the hands of those unskilled in such arts—were beginning to supplant the less agreeable aqueous preparations. Resinoids came and well-nigh wrecked the school, and then passed on. The time was ripe for more certain and more elegant medicines and more direct and pleasant medication. The early reform aims of the Eclectic fathers had been largely accomplished, and the results of years of work must needs be sifted and crystallized into something more than a mere substitutive practice. As has been well written, "No great policy dominated Eclecticism in 1860." Dr. Scudder saw and grasped the opportunity; and whatever else he accomplished—his work in putting the college on a firm and progressive basis, the preparation of text-books and the rehabilitation of the *Journal*—it must stand forever that his great work in life was the formulation and introduction of the principles and

practice of Specific Medication, the study of which, upon the suggestion of Professor John King, had its inception when Dr. Scudder assumed the chair of practice in 1859, and which he gave to the world, first in *Journal* articles, ten years later (1869). This theory and practice is too well-known to the readers of to-day to require more than mention and to declare that it is now universally adopted and practiced by all progressive Eclectics. This innovation, so revolutionary, made a startling impression. It came as a thunderbolt out of a clear sky. A few, with prophetic vision, saw its wonderful possibilities, but antagonists were not found wanting who attacked it with volcanic fury.

No great innovation ever met with universal acceptance or quiet acquiescence. Our most bitter antagonists are sometimes found in our own households. When Harvey published his immortal "*de Motu Cordis et Sanguinis*," none was more fierce in his antagonism than his old colleague, college mate, and friend, Riolan. The reception of Jenner's experiments was no less welcome even to those who knew him best. So with Scudder and Specific Medication. He was assailed by former friends and admirers, and professional rivals lost no opportunity to disparage his great work. He was even accused of being a half-convert to Homeopathy and some even doubted his therapeutic sanity. Receding not one inch from the stand he had taken he risked all and lived to see the day when his work was almost universally appreciated and appropriated, and those who did not fully accept his views, at least lapsed into silence. Little wonder is it then that John M. Scudder is almost canonized by the followers of the school which owes its very existence and growth to his epoch-making studies in direct medication.

To successfully accomplish the great change the best and most active yet kindly medicines were required. In order to study the effects of drugs as applied to disease expression Dr. Scudder took a bold stand for honest medicinal preparations, and to insure their integrity he copyrighted the labels of the Specific Medicines for their own sake and not with a view to profit; for from this innovation he never received a single cent. Such a course was the only one open to secure reliable pharmacals, for one of the misfortunes that threatened the integrity of Eclecticism was the foisting of worthless and unrepresentative medicines upon the profession by unscrupulous and avaricious manufacturers under the guise of being special Eclectic preparations.

THE MAN AND TEACHER.—Dr. Scudder was in all respects a remarkable man. In what the world calls success he was especially

avored, for he acquired a competence that relieved him of the necessity of toil quite early in his career. In that which the world often overlooks in computing success he was even more fortunate, for his life-work was one of doing good to others. His whole aim throughout his busy life was to; make the practice of medicine more definite and more humane. In his brief editorial on page 111, he declares himself unequivocally on this point. He was ever a student and scholar, a perfect type of the cultivated gentleman. Though somewhat aristocratic in appearance, he was the most democratic of men. Not only did medicine absorb him, but he found time to become admirably well versed in religion, art, and travels. Touring Europe several times had its broadening effect upon him. In his later years he was especially handsome—the fairly rounded figure, the immaculately clean person, silvery white hair and beard, and rich, ruddy complexion, made him a conspicuous figure, and one to impress others with admiration. There was a friendly gleam in his eye, revealing his intense humanity, and at times a mirthful twinkle that bespoke the fullness of wit and humor. In debate he was a clean and direct speaker, always effective, and never personal. As a lecturer he was a model for emulation, and as a teacher had but few equals. He had an exceedingly easy, fluent, and characteristic style, and the faculty of drawing vivid pictures of the topic under discussion. He always lectured without notes, and one following him could clearly see the characteristics of disease's unfold themselves, and as if plainly written in schedule form, could carry away with him a complete outline of symptomatology and treatment. The student could not fail to be impressed with a good working knowledge of the subject. Even when in poor health he exhibited a cheerful demeanor before the class and delivered his lectures in a most happy manner, as if he thoroughly loved and enjoyed the work. His control over his classes was admirable, and without any effort on his part to secure order and attention. Student, as well as teacher, had the fullest enjoyment. When he lectured every man was in his seat; and his good-natured but searching quizzes were keenly enjoyed and appreciated by the students.

As a diplomat and business manager, few if any could excel Dr. Scudder. He had firmness to an exalted degree, and could easily smooth over little difficulties that arose in the ranks. As a rival he was powerful and aggressive, yet so pleasant that he seldom excited anger. That he was a good judge of human nature is attested by his selection of men for Faculty positions who would attend to their own affairs only, and to this discretion is due the freedom of the college from internal bickerings and petty warfare. He was the soul of honor, and his word was as good as a

bond. His friendship was well-worth having, and in relation to this let us quote from one who enjoyed long years of intimate association with him:

“Professor Scudder was a friend only to those who would work, provided they were able to do so. His had been a busy life, he had little sympathy for a sluggard. His life had been one of exacting self duties, and he expected and demanded the same of others connected with, him. I do not know of an instance where he helped a person who would not work to help himself. He believed in making those about him work, and set an example to men inclined to take their ease. He asked those who came to him for favors to be willing also to show favors to themselves by self denials, and he was not to any man a closer friend than he was willing to prove to himself. Dr. Scudder accumulated his money by persistent attention to business and to his professional duties, and he would not distribute it to men who refused to work and economize as he had done. Some persons thought that he was too careful in this direction, some felt aggrieved that he did not lavish his savings in this or that direction where he was shown opportunities to do so. It was not, however, his nature to help those who refused to think for or to help themselves, and he made it a rule to divorce personal friendship from business problems.

“And yet Professor Scudder served many who could not otherwise have succeeded in life, and who could give no better security than to show themselves capable of grasping a problem, and who demonstrated their ability to work. He was an admirer of industry and perseverance, and preferred to select his friends from among those who were congenial and energetic. He would advise whoever went to him for advice, but he asked business security from those who solicited assistance in a business way, and he never, to my knowledge, thrust his opinions upon persons who did not solicit them.”

HIS CREED.—Professor Scudder was strongly and sanely religious, and was a member of the Swedenborgian Church, to which he contributed liberally. We can give no better view of his religious convictions than has already been written by his friend and colleague. Prof. John Uri Lloyd:

“He hoped for a conscious hereafter, and did not believe in a personal, eternal punishment in the sense that some profess to do. His opinion was to the effect that mankind has a work to perform in the hereafter, and that the change from this world to the next is simply the

transferring of the spirit energies from the lower to a higher plane. Perhaps no better view of his belief can be expressed than is voiced by himself in an unpublished editorial, which, written some time ago, seems to have been either neglected or intentionally placed aside to serve a useful purpose after his death.

“It is as follows:

“ *What do you believe?* An old student and old friend, in a recent letter, puts this question; having reference to theological belief. What I believe is not so much the question with me as what I know. I do not believe as most other people. I surely am not a sectarian protestant, or catholic, a theosophist, a moham-medan, or buddhist. I believe in the scriptures of all peoples, the religions of all peoples, in all that works for goodness in all peoples. I know that right, justice, and liberty should be the heritage of all men, and that the largest charity should be given to all God-serving, suffering creatures.

“ There are ways of knowing things supposed to be unknowable other than by revelation, and its interpretation by those who know less than I do. I know that the universe is, practically, limitless, and that it is pervaded by a sentient life, which people call God. I know there are millions of globes very like ours, with inhabitants and interests very like ours. There is use for all intelligences in this vast number of worlds; and science has assured me of the fact that nothing is ever destroyed or lost, neither material nor force. Is it possible that the intelligence developed in man, the mind, should be an exception to this?

“There are other things I do not know, but only hope for. Among these is where I shall go when I leave this world. I ‘hope then in God, for I shall yet praise Him;’ when or how I do not know; but the good Lord will find my place, and I shall be satisfied with it. For a man can not reasonably look for more than his right place and his right work and his just deserts.’ ”

HIS DEATH.—After the stroke of illness that came to Dr. Scudder in 1887, when he had worked to the danger line, he never re-gained his former strength. He needed rest and a change of climate. While giving up some of his duties a nature such as his could not be altogether idle. Finally, however, he went to Daytona, Florida, where it was hoped a temporary residence would make living easier for him. In the quiet of the evening of February 17, 1894, having retired early, apparently in



“AT EVENTIDE.”

his usual health, death came to him like the lightning's stroke. The great heart was paralyzed, and the spirit of John M. Scudder had stepped into that great beyond, into the place which he was sure the good Lord would have for him, and where he "should yet praise Him." The next morning the wires flashed and a dark pall fell upon Eclecticism.

Dr. Scudder's sudden death was mourned throughout the length and breadth of the land, in which his influence and teaching was so widespread and beneficent.

It was the sad privilege of the writer, with others of the younger men of the college Faculty, to help lay him in his grave in the modest little acre of the dead in his native town of Harrison.

"He, being dead, yet liveth."

THEORY VERSUS PRACTICE.

THEORY VERSUS PRACTICE.—In speaking of the theory of medicine, it was intended to convey the idea of its principles, as distinguished from its practice. But *in reality* it was a "speculation or scheme of things," not founded on well-proven facts. Thus theories were being constantly advanced and changed by writers on medicine, and the study of medicine resolved itself into the analysis of various theories and the adoption of one suited to the mentality of the individual. In this reasoning from imagination, the practice of medicine has been rendered theoretical and its progress constantly impeded.

We would naturally suppose that theories would have been based upon actual observation at the bedside of the sick, and made to conform to facts observed in the treatment of disease. But this was not the case. On the contrary, a theory having been formed, the facts of observation were contorted to fit the theory, and the administration of remedies was controlled by it.

There are three truths, that should be constantly borne in mind by every one engaged in the practice of medicine, as upon them only can a rational practice be founded. They are: 1st, *That in all cases of disease there is an impairment of vital power in the parts involved.* 2d, *That there is a natural tendency to recovery or renewal of life;* and 3d, *That*

the human body acts on medicine, and not medicine on the body. These propositions may not be new to our readers, yet they are frequently, if not generally, ignored in practice, and to draw attention to them as principles of action and not articles of faith is the object of this article.

It is the common opinion that medicine acts on the system and thus aids in removing disease. Now, I am well satisfied that this is an error, and that the contrary is the fact—instead of medicines acting on the body, the body acts on them. For instance, a sinapism or blister, if applied to the healthy skin, produces redness and then vesication; but in enfeebled conditions of the system, it acts slowly and imperfectly, and on the dead body it produces no effect. Here, it is the natural efforts of the system to remove an irritant that causes an increased flow of blood to the parts, and, at last, separation of the epidermis. Administer a diuretic, and it passes into the blood and out through the kidneys. Why? Because the kidneys are stationed as guards to remove certain material from the blood, and when such remedies are absorbed the kidneys act upon them. The class of restoratives are very marked examples. Give a patient iron and the system acts upon it and appropriates a portion as the basis of red globules, just as it acts upon a beefsteak and appropriates it to form a pabulum for the nitrogenized tissues.—JOHN M. SCUDDER, M. D., *Eclectic Medical Journal*, 1865.

CONTAGION BY MILK.

CONTAGION BY MILK.—I am well satisfied that there are many causes of disease which may be discovered and removed, and it is as much the physician's duty to look after them as to administer remedies.

Among the most fertile causes is a bad condition of the cellars of houses. Provisions will be kept in places where the air is so filthy that the wonder is, not that it produces disease, but that it does not breed an epidemic. I have eaten at houses where articles of food, otherwise well prepared, had so bad an odor due to bad cellarage that I could not touch them.

It is not only milk that is capable of absorbing these poisons, but various other kinds of food, especially when they are stood in such places after cooking. Much of the stuff sold by our city hucksters is thus tainted. A very common place of storing with them is under the bed, sometimes in dark rooms, and in miserable, dirty cellars. I have purchased sweet

potatoes in market in the winter time that developed the catty smell so strongly on baking that the cook was forced to throw them into the garbage barrel.— SCUDDER, Editorial, *Eclectic Medical Journal*, 1871.

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“Wherefore, laying aside every weight, and the sins which doth so easily beset us, let us run with patience the race set before us.”

I am an admirer of Paul: setting aside the religious character of his teachings, the wonderful insight which he had into the motives of men make them valuable in every pursuit of life. I use his language with all due reverence, and I use it because it so well expresses a truth that we would do well to consider.

A moment's thought will show that the field for sermonizing is very extensive. There is no pursuit in life in which it does not point the way to success. To the young man commencing the practice of medicine it is peculiarly applicable. We all carry weights, in the form of prejudices, ignorance, passions uncontrolled, etc., that prevent the attainment of that success which we may anticipate. If we can lay aside these weights and the sins which so easily beset us, we will find our progress in life more rapid and our lot in life much pleasanter.

But we desire to apply Paul's teaching to Eclecticism as a school of medicine. Though we have made rapid progress in numbers and influence, and are stronger to-day than we have been before, we have not accomplished as much as we ought, and there have been times when the movement has retrograded. Why? We have carried dead weights, and we have had certain besetting sins which were unpleasant. Let us examine some of them:

Thomsonianism, or the idea that a doctor could be grown from a \$25 patented book and a few herbs, without education, has been a persistent incubus. There is no use for medical colleges, or an extended curriculum of study;—read our books, we tell it so plainly that the wayfaring man can understand—put it in practice, with much cursing of the Old-School, and success is yours.

“Give a dog a bad name,” etc., is an old saw that has a great deal of meaning. Steam doctor ! Botanic ! Root and herb doctor ! etc., etc., have been dead weights that we were obliged to carry,— in part because we

affiliated with Botanic, but principally from their continued application to us by our competitors.

Success brought its usual crowd of parasites. As Eclecticism became popular, Jones, Brown, and Simpkins, who had gathered all they knew of medicine from Thomson's book or Beach's Family Practice, became Eclectics; and we had to stand godfather to their ignorance and malpractice. The thought of some of these deadweights and their miserable and ridiculous errors is enough to make one sick of his profession.

The demand for Eclectic physicians outrunning its supply brought, as we might expect, considerable imperfect material, but we could congratulate ourselves that our condition was not worse than that of our regular opponents. But the whims or private interests of those conducting our medical colleges put down the fees and opened the doors to promiscuous graduation. Honorary degrees were issued to those who couldn't come; they were called honorary, but with a few exceptions they were dishonorable to all parties concerned.

Medical colleges sprang up in the larger cities, which was well enough; but of the Faculties, the less said, the better. They taught crudely; and their students failed in that primary training so essential to true success. But in one thing they did not fail,—to give the pupil an exaggerated idea of the resources of Eclecticism— and its adaptation to the treatment of chronic disease. Such colleges, such professors, such teachings have been constant deadweights, and if it had not been for the miserable practice of our opponents and a few good men that furnished our textbooks, it would have wrecked us long since.

The treatment of chronic disease has been one of our besetting sins. The first card the beginner would issue would have on it, "Special attention given to the treatment of chronic disease, and the diseases of women." The business of the young man is to establish a creditable reputation as a general practitioner, in which by study and experience he may fit himself for the treatment of these affections after some years' service. Not that the young physician may not treat chronic disease from the first, but it must not be the first object.

Curing cancer has been one of our besetting sins, and *cancer doctor* one of the dead-weights we have had to carry. Now, Eclectics, as a rule, make no profession of curing cancer,—they treat it as they treat other

diseases, and in some of its forms, with success; but they are ready to acknowledge that, in the main, the treatment thus far is not a success.

Cursing the Old-School, heaping maledictions on bleeding, mercury, antimony, arsenic, etc., is another dead-weight peculiarly Eclectic; so much so, indeed, that some of our physicians, and even some professors, have deemed it the very essence of Eclecticism, and claim that so soon as one quits “cussing” in this way he should no longer be recognized.

Now, “cussing,” to be followed as a business, needs to be profitable; if it does not advance your interests, “cuss not at all.” Let Flagstaff speak for us: “Well, 't is no matter; cursing pricks me on.” “Yea, but how if cursing pricks me off when I come on? how then? Can cursing set a leg? No. Or an arm? No. Or take away the grief of a wound? No. Cursing has no skill in surgery then? No.” And though we have parodied Shakspeare, yet we find, in fact, that this kind of cursing is not usually associated with skill, in medicine or surgery.

We might enumerate other weights and sins that we carry along with us, and which obstruct our progress, but we have said enough to call attention to some salient points, and the reader may make the application further.

But one asks, had these things not better be covered up? Are you not giving our Old-School friends, a whip to scourge us? My dear sir, our Old-School neighbors have enough to do to take care of their own household, as have our Homeopathic friends, and if we wait until they have purged themselves, we need fear no annoyance for years to come.

But it is best for us to slough off these dead-weights and the sins which so easily beset us, and with patience run the race set before us—the attainment of a rational practice of medicine.— SCUDDER, Editorial, *Eclectic Medical Journal*, 1871.

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FOOD AND SPECIFIC MEDICATION.— “Looking farther [than medicines] we will see the necessity, in one case of histogenetic food, in another of calorifacient, in one of iron, in another of phosphorus, etc. It is just as much specific medication to be able to select the proper food for the sick as it is the proper medicine.” —DR. JOHN M. SCUDDER, *Specific Medication*, p. 19.

PROLEGOMENA.

The following is Dr. Scudder's first editorial upon assuming co-editorship of the *Eclectic Medical Journal* and is the beginning of his editorial career. His policy is clearly stated—the expression of truth and his honest convictions—hewing to the line, no matter where the chips might chance to fall. Great fidelity to this purpose may be traced throughout all his written utterances. He contended always that “honesty is the best policy.” His retrospective view of Eclectic medicine was not comforting to him and he promised better things to come. No standstill policy would be tolerated; for not to go ahead was to be run over. His manly appeal had its effect, and Eclecticism took on renewed life.—**Ed. Gleaner,**

PROLEGOMENA.—Having been invited to assist in editing the *Journal* for the coming year, I make my best bow to its readers, wishing them a happy New Year. What I shall write for these pages will be my honest convictions; and if I should chance to tread on anybody's corns, I beg their pardon beforehand, with the advice that they speedily consult their chiropodist as to the advantage resulting from extraction versus compression. As we enter upon the new year, it becomes us to look back at the past, and see what progress we, as Eclectics, have made in improving the art of healing. For my part, the retrospect is not very flattering. I see, in years gone by, a class of earnest seekers after truth; men of strong wills, keen discrimination, and unwavering perseverance, who were attracted to Eclecticism by their love for truth—who pursued the study of medicine continuously, devotedly, oftentimes under the most discouraging circumstances; but who attained results of the most nattering character. They were the men who proved to the people the great advantages of this reform in medicine, and who fixed it on a firm foundation. They were, doubtless, not as well polished as our physicians now; but they were better diagnosticians and therapists. We want more energy, greater diligence, and less disposition to settle back upon the reputation Eclecticism has already obtained with the people. Couple this with our increase of physiological and pathological knowledge, and the really good remedies lately introduced, and we will be able to chronicle progress in years to come. We will have to make progress, for old-school medicine, which was left so far behind, is following us with giant strides, appropriating our therapeutic resources, and wielding

them with such skill, as to take away, in some sections, the prestige which appears to be, to some extent, the modern eclectic's capital. We must go ahead, or be run over. If our practitioners will put their shoulders to the wheel—go at it in earnest, and report through the *Journal*, or otherwise, 1861 will be a year that can be marked with a white stone.—SCUDDER, *Eclectic Medical Journal*, 1861.

ECLECTICISM VS. OLD SCHOOL.

This keen and incisive editorial shows well the fearlessness with which Dr. Scudder met current problems. In the early years of the Rebellion it was with great difficulty that Eclectic physicians could obtain appointments as army surgeons, and when a few were so appointed they were made the target for medical oppression from the dominant party as soon as it discovered their medical allegiance. This bar to public preferment was intended as a deathblow to Eclecticism, but it had the opposite effect of creating sympathy and upbuilding private practice. Dr. Scudder showed clearly that Eclecticism was far from being a corpse; in fact, that it was not even in a dying mood. The last paragraph is a keen thrust of historic comparison.—**Ed. Gleaner.**

ECLECTICISM VERSUS OLD SCHOOL.—Our Old School neighbors have been bragging a great deal of late about the *deathblow* they are striking at Eclecticism in the appointment of army surgeons. We admit that it has been a deathblow, but instead of falling upon us, it has fallen upon the army. It is true they have manifested a spirit of intolerance that would have conferred a saintship on a member of the Inquisition, and if they can obtain any satisfaction from the fact that they have prevented true and loyal men from being of service to the neglected sick and wounded, who have volunteered to defend the Union, they are welcome to it. We have, however, surgeons in the army, and quite a number of them at that, but they are so hampered by their Old School associates, that their positions are not very pleasant. For instance, a very estimable and talented man, surgeon of one of the Indiana regiments in Tennessee, let it be known that he was an Eclectic. Immediately the brigade surgeon called a special commission to examine him as to his qualifications, to the great glorification of some of his co-laborers, who were notoriously deficient. The result, notwithstanding the persevering efforts to catch the doctor, was a complete victory for him, as he knew more medicine than his examiners.

But how are they using us up? By the fearful mortality that follows

their practice—or by the want of surgical skill exhibited, in the fact that with but sixty wounded in a regiment, with two surgeons, only one out of five had his wounds dressed on the fourth day? Is the surgery of this war anything to brag about? or is it the execration of Congress, of State Legislatures, of the army, of the people? In the Senate of the United States, June 11th, Mr. Wilson stated that there was great need of additional surgical aid in the army. He understood that some of the men wounded before Richmond had not had their wounds dressed for the first time until Saturday. Seven days after a battle, and the wounded uncared for! Is there a single instance in civilized warfare like this? no, not one. In the tremendous conflicts of Napoleon, in which there were three wounded where there was one in the Richmond fight, Baron Larrey and staff had the wounded dressed before the sun set the third day.

We wish it distinctly understood that we do not condemn all, for there are many talented, industrious, persevering, and kind men acting as surgeons, but not enough to relieve Old School medicine of the odium that must attach to the surgery of this war. But many are not satisfied with the positions which they have obtained to the exclusion of the Eclectics; they wish to be released—to obtain substitutes. How is this, gentlemen? is your patriotism flagging, or has the secular press come down too hard on you, or are you afraid the Eclectics will gain so strong a hold on the people in their private practice, that you will have nothing to fall back on when the war is ended.

We would suggest that you stick to it, since you have worked so hard to have the exclusive management. Your killing is agreeable to us, and we are willing to die in this way several times if it will benefit you any, or conduce to your happiness. Whilst you are running down in popular estimation, we are going up in private practice; whilst you furnish abundant evidence, in furloughed and discharged soldiers, in every neighborhood, of want of skill or therapeutic resources, we make a favorable impression by curing these cases. How long we will be in dying you can make up your mind from the evidence; we are very sorry that we can not accommodate you, but our dying mood has passed off.

Compare our colleges; whilst the Ohio Medical has been unable to pay the interest on its bonds for the last four years, and is now so deeply involved that it must go into liquidation, the Eclectic Medical Institute has paid its expenses, its debts, and its professors. How are our journals? whilst many of theirs have died outright, and others maintained a

feeble existence, ours is a paying institution.

They do not all claim we are dying, however; some give us credit for considerable vitality. But they ask: why not bring your improvements into the Old School ranks, and become regulars? the regular profession have always been willing to advance, and eager to accept any improvement made in medicine, etc. This will do well enough to talk about, but the evidence reads to the contrary. Who persecuted Harvey, the discoverer of the circulation of the blood?—Old School doctors. Who persecuted Jenner? the same lamb-like individuals. Who hooted at Ambrose Pare for ligating arteries in amputation, instead of the regular plan of sticking the stump into boiling pitch?—these self-styled regulars. You have persecuted us, gentlemen, with a spirit as bitter as had those who crucified their maker; we have borne it with patience, knowing well that we returned your blows with interest. We now claim that we can affiliate with you only when you become thoroughly reformed, and stand on the broad platform of Eclecticism.—SCUDDER, *Eclectic Medical Journal*, 1862.

THE DOSE OF MEDICINE.

Heroic dosage was the rule and custom, in Eclecticism as well as the old school, when Dr. Scudder began practice. His studies and experience led him to a careful study of dosage, with a strong leaning toward the small and frequently repeated dose. This became more and more apparent in his teachings as the years passed and was one of the features of his medical philosophy which caused his antagonists to accuse him of Homeopathic proclivities. This charge he has fully met in a subsequent editorial. He ingeniously shows also that a large dose, when properly indicated, means less medicine in the aggregate.—**Ed. Gleaner.**

THE DOSE OF MEDICINE.—It would seem that but little could be said in regard to the doses of medicines, unless each individual agent was considered separately; it is, however, a very important subject for thought. Medicine has been given in too large quantities: this all will admit; but that as individuals we administer too much, each will deny. The general fact that an excess of medicine is used hardly needs proving, for every reader, if he reflects, will find that he frequently gives remedies when there is no positive advantage to be obtained from their use, and when he could not give a reason satisfactory to himself for their employment.

I tell my class that the rule which should invariably govern their action is, *under no circumstances to administer medicine unless there is a well-defined indication for its use*. There is no other safe course for the young physician, or for the old either, and surely no other for the patient. A strict observance of this rule will cause us to analyze disease more carefully, and study to better advantage our therapeutic resources and the value of remedies. In this way we will not only cease over-drugging our patients, much to their satisfaction, but will also attain much better success. It surely must be a source of extreme regret to every conscientious physician, to reflect that he has by the injudicious use of remedies arrested some natural process that was proving curative, or set up some morbid one that, if it did not lead to a fatal termination, would protract the disease.

We will do well to bear constantly in mind that at least eighty per cent of cases of sickness would recover without medicine, and that these we can not cure, our efforts being directed to shortening the duration of disease. If the mortality in our practice exceeds this, we had better use placebos, and abandon medicine; and inasmuch as it falls short of twenty per cent, there is a saving of life by our endeavors.

As regards my own experience, I find that I used as much medicine in my first year's practice as I did the fourth and fifth years, though my business had been more than quadrupled. Now I strictly adhere to the rule laid down, and find myself getting along with little medicine, even though my therapeutic knowledge has been increased a hundred-fold.

Large quantities of medicine are frequently given when a small quantity would answer a much better purpose. Take quinine, for instance; how often do we see it given to the extent of five or six grains daily, for weeks, in intermittent fever, and for many days in remittent. It is given in doses too small to do any good, and their repetition never increases the action of the remedy to such an extent as to get the desired influence. If we now give fifteen or twenty grains within four hours we will effect the desired results. Again, how frequently do we witness opium and morphia administered in broken doses to produce sleep, very large quantities being given without effect, when if given in one dose at the proper time, one-fourth of the quantity would have sufficed.

Some remedies exert a better influence in small doses, as of aconite,

veratrum, gelseminum, belladonna, etc. Twenty to thirty drops of the tincture of aconite root to four ounces of water, in teaspoonful doses every hour, is much more efficient as a sedative than five drops every three hours, twenty drops of tincture of belladonna to four ounces of water, in teaspoonful doses every two hours, will relieve pain and irritation of the nervous system better than ten times the quantity. I do not desire to run this into Homeopathy and infinitesimal doses, but there is sufficient in it to demand the consideration of all practitioners. Sometimes, then, we find that we give less medicine by giving it in large doses, and at others by giving it in minute doses.—SCUDDER, *Eclectic Medical Journal*, 1864.

MEDICAL EDUCATION.

This editorial is a strong refutation of the view frequently entertained that Eclectics were opposed to a higher standard of medical education. All through his long journalistic career he contended for a more thorough medical education, and took every opportunity to point out the advantages of the well prepared and carefully educated doctor. But he insisted that such education be practical and in the direction of humane medication. He magnanimously leaves the choice of a college to the preceptor.—**Ed. Gleaner.**

MEDICAL EDUCATION.—We have heretofore briefly alluded to the necessity of a higher standard of education, if we desired to occupy that position in society, and command that attention that our system of practice deserves. It is true that our students, as a class, are full as well prepared for medical study as they are in other medical colleges, but that is not claiming much. They are also as well taught, as far as they are willing to go, the greatest trouble being that they will not complete their studies. The demand for Eclectic practitioners is so great that frequently they commence practice on the completion of their first course of lectures, and in a short time they have contracted such family and social ties, that it is difficult for them to complete their studies. Many have not sufficient means to complete their course, and are obliged to settle down in some obscure place where they can make a living, and frequently find that from their imperfect education a living is all they can make.

Some of these things can not be changed; others can. If our physicians would strenuously insist upon a thorough education before commencing

practice, it would have such weight with students that eight out of ten who now practice on one course of lectures would become thoroughly qualified for their profession. Much care should be used in selecting young men for the profession, that they should have a sufficient preparatory education, natural talent and love for the study, and that good judgment which, after all, is one of the main elements of success. A prime necessity in a majority of cases, is a sufficiency of means to complete their studies and furnish themselves with the necessary books and facilities for study. Poverty is no disgrace, but it is very unpleasant, especially to the medical student, and though we would not wish to discourage those who have a strong love for the study and practice of medicine, who, though poor, are honorably working their way through, we may say that it requires an amount of energy and perseverance not possessed by many.

The practice of medicine is a high and honorable calling, and demands more than an ordinary amount of talent, energy, and perseverance. To those qualified by natural ability and education, none presents such a certainty of success, both socially and pecuniarily. In our branch of the profession, especially, the field is large and the laborers are few. A thousand might find desirable locations and a good business with the year, who would pave the way for as many more. The best fields for practice—our large cities—are as yet comparatively unoccupied—and there are hundreds of applications from the rich agricultural counties of the west for Eclectic physicians.

The question we have now to decide is, will we furnish the men for these places, or will we allow them to be occupied by our opponents? We can furnish them if we will: every practitioner might induce one competent young man to engage in the study of medicine, at least every two years, which would increase our ranks from one to two thousand yearly. As I have before remarked, the stronger we are in numbers, the more influence we have as a body, and as individual members of that body. In looking over the lists of the college books one fact is very prominent—those who send the largest number of students, succeed best in practice, keep better posted up, have the greatest social influence, and make the most money. Why is this? The reason seems plain to me. The presence of a student stimulates to study and habits of accurate observation and correct reasoning, so that in the end the teacher has gained as much if not more than the pupil.

As regards medical colleges, I have but little to say, preferring that each

practitioner should be the judge of where it would be best to send his pupil. Our branch of the profession has been cursed with mushroom colleges, and juvenile and insufficient professors. Bombast and self-gratulation sometimes passes current with the ignorant, but it is despicable in the eyes of those whose opinions are of value. We must have thorough teaching. Therefore, select for your students such institutions as have lecturers proven to be competent by the long occupancy of their positions and the intrinsic value of their publications.—SCUDDER, *Eclectic Medical Journal*, 1864.

SHALL WE RETAIN OUR ORGANIZATION?

That weak-kneed Eclectics are not a new genus with us is evident from this editorial penned at the close of the Civil War. Even then the cry that Eclectics had accomplished their mission was in the air, for had not the lancet and blister been laid aside and the dosage of calomel been slightly reduced? Unflinchingly Dr. Scudder shows the duty toward Eclecticism and rightly points out the great work to be accomplished—that of the development of our indigenous materia medica, a work that was then well under way under Dr. Scudder's leadership. Prophetically he declares that at least a century will be required to accomplish that work. This is still one of the great missions of our school, and this editorial may be profitably read and reread by the Eclectics of to-day who may be easily led into the old school, where they are neither respected nor wanted. The regular school seeks not the man, but to destroy sectarianism. Such a man is like unto the “man without a country,” and is to be pitied for his weakness.—**Ed. Gleaner.**

SHALL WE RETAIN OUR ORGANIZATION ?—We have some “weak-kneed brethren” in our ranks, who are unable to see the propriety of continuing Eclecticism as a distinct system of medicine, and who favor the dropping of our distinctive doctrines and name, and the silent and graceful falling into the arms of regular medicine. Such take it for granted that we have accomplished our mission, and, in proof, point to the entire discardment of blood-letting as a remedial measure, the very rare use of mercurials, arsenic and antimony, and the radical change in both the theory and practice of our old-school friends. We are glad that such marked changes have taken place, and that a rational practice of medicine is being adopted in place of the absurd routine of forty years ago. We are glad that the spirit of inquiry and improvement has taken the place of blind dependance upon authority. We reap the benefit of their investigations, and give them credit for it, but because they are

advancing we see no reason for our standing still.

The difference between Eclecticism and old-school medicine is still very marked. Though we have many medicines in common, and although they (the more liberal and intelligent) have adopted many of our remedies, we yet have resources that give us greater success in the practice of medicine. Not only do we use different means, but our principles of treatment are in many cases decidedly different.

Such movements as the rise of so large a sect as the Eclectics, either in medicine, religion or politics, is evidence of the imperfection of the generally received doctrines, of the need of reform, and in the providence of God it is continued until its work is accomplished. When done, its members lose interest in it; a spirit of coldness takes the place of zeal and propagandism, and it is lost in the old or some new movement. Let us ask ourselves these questions, then: is our work accomplished? Have we lost all interest in Eclecticism as a means of progress? A very important part of our work in this country was the instruction of the popular mind with reference to the evil results of blood-letting and the use of mercurials, etc., in the treatment of disease. This has been accomplished to a great extent, and physicians have been forced by popular opinion to abandon them. Our greatest work has been the development of our indigenous materia medica, and though much has been accomplished, much more remains to be done. If any person doubts our progress in this, we would refer them to our literature of the last ten years, as proof that our progress is now more rapid than it has ever been before. We are constantly introducing new remedies, and determining more accurately the value of the old. The field is so great, however, that a century would be insufficient to complete the work.

Have we lost interest in Eclecticism as a means of progress? I can safely say that we have not. From all parts of the country we receive words of encouragement and evidence of a strong love and abiding trust in this reform. Hundreds of earnest men are laboring with the same zeal that was manifested twenty years ago, and hundreds more are being awakened from the torpor into which they had fallen by reason of the quarrelling of those who occupied the position of leaders. There are still elements of weakness in our ranks, but we are satisfied that it will require but a short time to rid ourselves of these.

All efforts to carry Eclectics over to old-school will fail. They do not want us, we do not want them. We gain their respect by a manly and open

maintenance of our doctrines; we become objects of ridicule whenever we truckle for their favor. They are the most powerful because most numerous, and as is always the case where there is a spirit of rivalry and opposition, they exert that power to our disadvantage. Yet if we compare our present position with what it was even twenty years ago, we must be surprised at our increase in numbers, and favorable condition.

Labor is the price of success. Do we wish to be stronger, we must increase our efforts as in former years, to instruct capable young men to fill the places that are vacant all around us. Increase of numbers and increase of interest will give us that position that we could not otherwise obtain. Let our old-school friends fill the positions in the army if they choose, for there is neither honor nor profit in it. It is better for Eclectics to remain at home and build up for themselves a practice and reputation which will last for a lifetime, rather than to labor for an experience that will prove of no value, and a name that will be always unenviable because disgraced by incompetent men.—SCUDDER, *Eclectic Medical Journal*, 1865.

MEDICINE IN A PECUNIARY POINT OF VIEW.

Dr. Scudder believed it the greatest kindness to man to let him work out his own salvation. He believed in toil and that the laborer was worthy of his hire. He saw no reason why the doctor (the worker) should not be pecuniarily rewarded for his labor and had no patience with those who flaunted the charity plea, provided those who were benefited were at all able to recompense the doctor for his services. No man would more quickly step out of his way to do his fellow-man good than he, but he would not injure him by making him a dependent where it was at all possible to avoid such a course. He taught physicians that in taking care of themselves pecuniarily they were best able to render humane and necessary service to the physically distressed.—**Ed. Gleaner.**

MEDICINE IN A PECUNIARY POINT OF VIEW.—We hear much said of the Samaritan-like character of the physician, of ministrations to sick, smoothing the couch of the sufferer, standing between death and his victim and warding off the fearful shaft, of the care of the poor, needy and suffering, *ad nauseum*, but nothing of the mercantile character of the profession. Something of all this “fourth of July buncombe” is true,

for physicians have like sympathies with other men, but to suppose that this is the mainspring of action, is a joke too broad for even very credulous people. In fact such statements would never be made but to gratify a puerile pride that physic is a great charity, and the sooner it is stripped of this false mantle the better it will be for the physician and the patient.

If the practice of medicine is a charity, of course the sick have no right of complaint. The man begging for bread should not stop to inquire if it was aerated, yeast, buttered, toasted, or what not; if given, it should be received in the humble spirit of a man getting more than his deserts. So it has been to some extent with the doctor. As a charity, he has not felt the common incentives to diligence in study and investigation, and in the improvement of his art. He follows the old routine, uses the old methods, keeps things at loose ends both in his head, his office, and his business, and meets with poorer success pecuniarily than he does in practice.

As years have passed, and I have been thrown in contact with hundreds of physicians of various schools, I have become more and more satisfied that physicians do not work for charity more than other men, and this mantle under which they are constantly trying to creep, blinds only themselves. The public regard the doctor as they do the shoemaker and grocer—as a man trying to make money, but with this difference, that there is doubt whether he should have it or not, seeing that physic is a work of love and not of money.

This statement of affairs will grate harshly on many a doctor's ear, and he will hardly be willing to admit the conclusions at first, but as they become familiar he will readily acknowledge them. For my part, I practice medicine for the same reasons that I would plant corn or build houses if I was in other positions. Of course other worldly motives creep in, pride of position, rivalry and desire to excel, the approbation and praise of patrons, etc. All of this, recollect, is natural, and does not stand in the way of any amount of good feeling, charity, and all the other virtues which the physician is supposed to have in excess.

I hold that the true view of medicine is, to regard it as a merchantable commodity, and have it governed by the usual laws of trade. Thus A and B have medical knowledge and skill to sell, C and D are consumers. In ordinary circumstances the latter would cultivate the faculty of examining the merchandise offered, and the first would find the

demands upon them governed by their intrinsic value, and by any fictitious value they could put upon their services by suavity of manner and extra means of pleasing. If we examine into the history of physicians who have had more than ordinary success, we will find that in the majority they have adopted means similar to those that would guide the successful tradesman.

If I employ a mechanic, I always prefer one that looks thrifty, because thrift and good workmanship usually go together. If I were to call a physician I should select one that had the appearance of being well-to-do, dressed well, was cleanly, kept a nice office, and drove a good horse, for these are evidences of business. And as the idea of a good physician presupposes education, I should expect him to have the appearance and address of a gentleman. Almost every person looks at the matter in this light, and though we have examples of success with rough, uncouth physicians, they are very rare. On the contrary, we not infrequently hear how Dr. so and so rode into practice with a fine horse and carriage, and another of large abdominal proportions but small brain assumed the airs of wisdom, studied attitudes, and set phrases, and passed for genuine coin: all this is familiar, and serves to point the moral.

That physician who puts in practice the same rules that govern successful trade will always succeed. There is first the pleasing exterior, well-clad, cleanly, genial, kind, a recognition and pleasant word for every one, as has your merchant. There is next the cozy office, clean, everything in order, evidencing business, as has your storekeeper. Then there is the well-stored library, sufficiently used, medical periodicals, new books and apparatus, showing progress. The well-timed remarks, the careful husbanding of resources, the ready knowledge which manifests itself in cases of emergency, evidencing preparatory education. This is a live man; he makes a business of his profession, he is always up to the times, he treats his patients well, gives them pleasant medicine, cures them quickly, presents his bills promptly, and gets his money. He does it all as a matter of business, and yet receives all the extra compensation of kind words and thoughts, and has just as kindly feelings, and is far happier in the end than if he were persuading himself that he acted from some other motive.—SCUDDER, *Eclectic Medical Journal*, 1866.

THE PAST, PRESENT, AND FUTURE OF MEDICINE.

Authority and precedents were little respected by Professor Scudder. The shackles of the past fastened by so-called authority he blamed for the lack of progress in medicine. Repeatedly throughout his editorial career did he plead for release from authority, and that the physician do his own thinking and observing. In this editorial he prophesies that specific medication, not then announced as a doctrine, would be the future practice of medicine. In our own ranks he was bitterly fought when it was announced, and for years after-ward. To-day not an Eclectic college exists that does not make specific medication the most prominent feature of its curriculum.—**Ed. Gleaner.**

THE PAST, THE PRESENT, AND THE FUTURE OF MEDICINE.—Our heading presents a subject broad enough for a volume, but I desire only to draw a wholesome truth or two from its consideration. The past of medicine is the incubus that weighs down and blocks the wheels of progress in the present. The medical profession is ever looking back; is ever seeking for precedent and authority; and is ever measuring the present by the rules of departed centuries. The Bible story of Lot's wife is but the representation of a universal truth, the truth of revelation and of nature—“look not behind you.” And the result of disobedience is always the same, “and she became a pillar of salt,” in modern phraseology fossilized.

We care nothing for the past only as it has given us the means to improve the present, and provide for the future. When we look at it, it is the age of bigotry, intolerance, imperfect observation, and crude and fallacious reasoning, and yet it is this that has wholly controlled medicine up to within a few years past, and still controls it with many. The administration of medicine has been the great humbug of the world, and no farce was ever played so well and with such serious countenances. Hogarth's group of physicians, so quaintly and humorously expressing the gravity of self-complacency and ignorance, is the type of the past, and I am sorry to say, is repeated too frequently at the present day.

The present is hopeful in that there is a tendency in the leading minds of the profession to renounce the authority of the past, and to replace precedent with well-defined principles. We are not the only radicals in medicine, and our old-school friends are beginning to find that the enemy within their camp is as formidable as the enemy without. It is not necessary now to go outside of the regular fold to hear denunciations of blood-letting, mercury, and its associates, and the pretensions of

phlogosis and antiphlogistics held up to ridicule; nor to find men who charge the old system of medicine with murder. True, they do not say directly as I do, that it was guilty of the murder of from ten to thirty per cent, but they do show clearly that whilst the bills of mortality under the old practice were from twenty to fifty per cent, with diet and rest they are but two to five.

The older practice of medicine was wholly empirical, though theories were formed to suit the apparent results. Physiology was in its infancy, and chemistry was hardly known, and worse still, the natural cause of diseased action had never been observed. With the development of the first two, and correct observations of the nature, cause, phenomena, and duration of certain diseases, have been evolved certain principles which now form a very good guide to a rational practice.

So soon as a man shakes himself loose from the past, looking no longer for precedent and authority, but is willing to learn from the present, he is in harmony with the spirit of the age; and especially if he can make himself admit the wondrous adaptation of means to ends throughout the universe, and to which man is no exception, he will be willing to trust more to nature and be guilty of less interference with her processes.

The present is emphatically the age of progress, and in no department of thought or industry is it more marked than in medicine. If a man depends upon the knowledge of but ten years back he is far behind the age. And this progress is more marked in a lessening of the death-rate from disease than in any other direction. There is nothing new known of anatomy, and but few new discoveries in physiology, but there have been careful observations of the natural course of diseased action, and comparing these with well-established physiological facts, a new practice is rapidly being developed. If then a man desires to keep up with the advance movement in medicine it is necessary that he should free himself from the bondage of old prejudices, of old theories, and of old therapeutic dogmas, and then if conversant with the current medical literature of the day, a new practice on a rational basis will soon be developed.

The future of medicine will be all that its most ardent students have ever dreamed, "when medicine will be administered with results quite as certain as are ever attained by man." The day of specific medication is now dawning, and we have very marked evidences of its superiority

over the older plans. If we had but the one class of remedies—the *special sedatives*—to bring forward as examples, it would be sufficient to show what we might expect in the future. But we have a score of such remedies, and others are being added, and what is most strange, some of them are found in remedies which have been employed for centuries.

In this future there will be no Allopathy, Homeopathy, Eclecticism, or other pathy, but a common point of meeting where the truth is developed. This common ground would be sooner reached if men could free themselves from codes of ethics and from the prejudices which underlie them. These prejudices are giving way, and the shackles of society ethics are being thrown off, and though there may be but a few score of old-school physicians who would dare to meet an Eclectic or Homeopath in consultation, there are thousands who read their works and profit by them.— SCUDDER, *Eclectic Medical Journal*, 1868.

ON THE ACTION OF SEDATIVES.

The study of the Special Sedatives formed one of the earliest fragments of Professor Scudder's studies, looking toward a practice of Specific Medication. Though the latter was not given in its entirety to the profession until 1869, Dr. Scudder had since 1859 been teaching it to the classes of the Eclectic Medical Institute to such extent as he had satisfactorily completed the subject.—**Ed. Gleaner.**

ON THE ACTION OF SEDATIVES.—There have been very grave errors held and taught with reference to these remedies, as indeed there has with nearly or quite all of the *Materia Medica*. And it is a thousand times easier to teach such error than to overcome it and replace it with the truth.

One principal error is, that the action of the sedative should be speedy, like a cathartic or emetic, and like impressive on the beholder. This is a very serious mistake, for it either leads to the administration of large and poisonous doses, or the physician loses faith in the efficacy of sedative medication, and discards this whole class of remedies.

This error had its growth principally in the early use of *veratrum viride* in the treatment of acute inflammatory diseases, in which large doses were used to advantage. Thus an acute inflammation of the lungs or bronchiæ, or a brief sthenic fever from cold yield readily to tincture of *veratrum* in doses of ten or fifteen drops. The influence in this case is

that of powerful emesis or catharsis, bleeding to syncope, or the nausea of tartrate of antimony.

Necessarily such an action would prove injurious in zymotic diseases, and in inflammations of an asthenic character. The vital activities are here so low that they will not bear with safety so great a depressant, and I am satisfied that much harm has resulted from this use.

The action of these remedies, like many others, is double; a medicinal action (it had better be called a curative action) in small doses, a poisonous action in large doses. It is the last action, unfortunately, that too many physicians invoke from the use of medicines.

In both cases the action is upon the sympathetic system of nerves, and not only influences the circulation, but all the processes that are presided over by this portion of the nervous system. Thus secretion, nutrition, and waste of tissue are directly influenced.

The influence of large doses (poisonous) is to depress this nervous system, and hence every process directed by it is impaired. He who has only seen the diminished frequency of the pulse as the evidence of this action has seen but a part. There are cases in which the result is increased frequency, until finally the heart's action ceases. This influence, but rarely observed from veratrum, is not uncommon from aconite, and from gelsemium and digitalis. But in the case of veratrum, the slowness of the pulse corresponds with an impairment of the circulation, which, though not so marked in sthenic diseases, is a prominent feature in asthenic.

The medicinal action of all of these remedies improves and gives freedom to the circulation, at the same time that it lessens its frequency, and aids in re-establishing secretion, nutrition, and all other vital functions. I contend that this is accomplished by relieving the sympathetic nervous system from the influence of the cause of the disease, and by increasing its power. In other words, that the influence of sedatives is stimulant rather than depressant; that they increase the power to live rather than diminish it.

Necessarily such an action is slow, as it is certainly curative. He who expects, in severe diseases, to produce sedation in a few hours, or a day, had better continue the use of cathartics, emetics, and other means of indirect sedation. They are only used to advantage by those who are

willing to wait, and associate the gradual sedation with the like gradual giving way of disease.

Using them in this way, the practice of medicine becomes a real pleasure, and has a success not otherwise obtainable. I believe I can say without boasting, that I have had as large a general practice in the past ten years as any other physician, and a much more successful practice than any of my acquaintances, and I attribute my success to the discarding of the old antiphlogistic practice and remedies, and the employment of these and other specific medicines. So radical has been this change with me, that in a practice of forty thousand dollars the past five years, I have not used one ounce of Podophyllin, nor its equivalent of cathartic medicine.

I think there is no mistake but that specific medication will be the practice of the future, and he who wishes to obtain the greatest success will turn his investigations in that direction.— SCUDDER, *Eclectic Medical Journal*, 1868.

THE DIFFERENTIAL THERAPEUTICS OF VERATRUM AND ACONITE

This editorial is a selection from among many others of equal force showing the methods of study and the clearness with which he taught the specific uses of medicines. Note that conditions rather than diseases form the basis of his system of diagnosis. Contrast this method with that of the older, and to some extent the text-books of to-day which teach the use of drugs in asthma, pneumonia, croup, etc., without further elucidation, and draw your conclusions as to which method would inspire the greater courage and certainty in the use of medicines. See also editorial on "Why Do We Use the Term Specific?"— **Ed. Gleaner**.

THE DIFFERENTIAL THERAPEUTICS OF VERATRUM AND ACONITE.—To determine which of a class of remedies is applicable in a given case is the most difficult task of the physician, and any information in this respect is of much value. I doubt whether any one using the two remedies named would be willing to risk giving this estimate. Many may have an empirical intuition in regard to it, but most could venture nothing but a guess.

In general terms, veratrum is the remedy in sthenia, aconite in asthenia, but there are too many exceptions to this to make it a safe rule

for our guidance.

Veratrum is the remedy when there is a frequent but free circulation. It is also the remedy when there is an active capillary circulation, both in fever and inflammation. A full and bounding pulse, a full and hard pulse, and a corded or wiry pulse, if associated with inflammation of serous tissues, call for this remedy.

Aconite is the remedy when there is difficulty in the capillary circulation, a dilatation and want of tonicity of these vessels, both in fever and inflammation.

It is the remedy for the frequent, small pulse, the hard and wiry pulse (except in the cases above named) the frequent, open, and easily compressed pulse, the rebounding pulse, the irregular pulse, and indeed wherever there is the evidence of marked en-feeblement of the circulation.

It is the sedative I associate with belladonna in congestion, especially of the nerve centers, and to relieve coma. Whilst I would use veratrum with gelsemium in determination of blood to the brain, and in active delirium.

Veratrum acts more efficiently upon the excretory organs; indeed, I believe it to be one of the most certain remedies we have to increase excretion. Hence it is employed with great advantage for those purposes usually called alterative.

Aconite controls excessive activity of the excretory organs, whether of the bowels, kidneys, or skin. Thus it is our most certain remedy in the summer complaint of children, associated with belladonna in diabetes insipidus, with the bitter tonics and strychnia in phosphuria and oxaluria, and with the mineral acids in night sweats.—SCUDDER, *Eclectic Medical Journal*, 1868.

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“We may lay it down as an axiom, from which it is never safe to depart, that—no medicine should be given unless the pathological condition and the indications for its use are clearly denned.” —*Specific Medication*, p. 24.



JOHN M. SCUDDER,
The Artisan.



DR. JOHN M. SCUDDER,
During the 70's.



DR. JOHN M. SCUDDER,
During the 80's.



DR. JOHN M. SCUDDER,
During the 90's.

SPECIFIC.

The term *specific* as used in medicine has been a stumbling block to many, and especially to those “who, having eyes, see not.” The utmost confusion has arisen from the fact that both ignorant and malevolent individuals have imputed to Eclectics the claim of possessing specifics for disease. This editorial clearly sets forth the meaning of *specific* as used in Eclectic therapy.—**Ed. Gleaner.**

SPECIFIC.—Many persons are in error in regard to our use of the term *specific*. They think of *specific medicine* as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhea, albuminuria, phthisis; and a person looking at a subject in this light, and guided by his experience in the use of remedies, would at once say there are no specifics.

We use the term *specific* with relation to definite pathological conditions, and propose to say that certain well determined deviations from the healthy state will always be corrected by certain specific medicines.

A disease, according to our present nosology, may be formed of one or a half-dozen or more distinct pathological changes, bearing a determinate relation to one another. We do not propose to reach all of these by one remedy, except in those cases in which one lesion is primary and the other result from it, but on the contrary we propose a remedy for each pathological feature, using the remedy for that first which is first in the chain of morbid action, and that second which stands second, and so on.

As an example, we analyze a case of fever and find it to consist of a lesion of the circulation, a lesion of innervation, a lesion of secretion, a lesion of the blood, and a lesion of nutrition; each of these are regarded as distinct elements of the disease, but in the order named—the one depending upon the other to a certain extent. A remedy that will rectify the lesion of circulation will sometimes be sufficient to arrest the entire chain of morbid phenomena, as we notice in the simple fevers. Or a remedy that will correct the lesion of the blood, this being primary and the cause of the various morbid processes, will be a *specific* for all, as when quinine arrests an intermittent or remittent fever.

But in the severer types of disease we find it necessary to use a remedy or remedies for each pathological feature. Thus, we employ one to correct the lesion of circulation, one to correct the lesion of innervation, special remedies to increase secretion, to correct lesion of the blood, etc. Instead of one remedy to arrest the disease, according to the ordinary use of the term *specific*, we employ a number of different agents, which

are none the less specific, for they meet distinct features of the diseased action.

To employ remedies in this way it is requisite that we analyze the disease according to present nosology, determining definitely the elements that go to form it, and their relation to one another.

And secondly, that we know the direct influence of remedies upon the human body, both in health and disease; that we use them singly or in simple combinations; that we do one thing at a time, that first which is first, that second which holds the second place, and so on.

If one expects to obtain the advantages of specific medication he must not associate it with indirect medication. The direct sedatives with free Podophyllin catharsis—*veratrum* in pneumonia, with nauseants, blisters, etc., are incompatible. Success comes from one or the other alone. If I use direct medication I use it alone, and if I use indirect medication I use it alone. If we propose to treat a case of croup with aconite, we do not use nauseants; if we propose to cure a case of cholera infantum with *ippecac* and *nux vomica*, we do not want astringents.

But we go further into the analysis of diseased action as expressed by symptoms than many suppose. The success of direct medication comes from the definiteness of diagnosis—determining the exact condition of a function or part.

To illustrate, it is not sufficient in selecting a sedative to know that the pulse is frequent, using alike *veratrum*, aconite, *digitalis*, *gelsemium*, or *lobelia*. Frequency is but one element of the lesion, and we have to determine in addition the strength or weakness of the circulation, the degree of obstruction of the capillary circulation, and the condition of the nervous system that controls this function. Thus, when there is strength with frequency we employ *veratrum*; feebleness with frequency, aconite; excitation of the nervous system with strength and frequency, *gelsemium*; atony of the nervous system and tendency to stasis of blood, aconite and *belladonna*; feeble impulse from the heart, without capillary obstruction, *digitalis*, etc.

It is not sufficient to know that the tongue is coated, indicating an impairment or arrest of digestion. We make this secretion give us the history of blood lesions, as well as of gastric and intestinal derangements. We learn that *pallid* mucous membranes with white coat

demand alkalies; that *deep* red mucous membranes and brown coat call for acids; that dirty-white, pasty coat requires the alkaline sulphites, etc. It is not necessary to continue this illustration further, for the reader will see by the above that *specific medication* requires *specific diagnosis*, and that it will be successful just in proportion as we become skilled in this.

It is true that almost any one can use veratrum and aconite successfully, for the conditions are so prominent that they can not be mistaken; or any one may successfully prescribe aconite in sporadic dysentery for cold; ipecac in the diarrhoea of children; collinsonia or hamamelis for hemorrhoids; collinsonia for ministers' sore throat; cactus for heart disease; pulsatilla for nervousness; staphisagria for prostatorrhoea; eryngium aquaticum for cystic or urethral irritation; apocynum cannabinum for dropsy, etc. These remedies have an extra value attached to them, because the conditions indicating them are so easily determined.

Yet the reader will learn with surprise that ten years since, with but one exception, not one of these agents was used for the purpose named. In 1860, ten pounds of the crude root of collinsonia supplied the market for a year, now one house gets in ten thousand pounds for the year's supply.—SCUDDER, *Eclectic Medical Journal*, 1869.

GOOD MEDICINES.

This editorial announces the beginning of Specific Medicines, tells why they were necessary, and why the labels were copyrighted. In order to aid physicians in obtaining good products Dr. Scudder stood sponsor for the integrity and genuineness of these medicines, and specifically declares that he had no pecuniary interest in them. The labels were copyrighted to insure honest medicines and prevent fraud.—**Ed. Gleaner.**

GOOD MEDICINES.—I have been discouraged with the ordinary drug trade as a source of physician's supplies. Medicines are made and sold without any regard to their efficiency, but for the money that can be made out of them. As the result of this the practice of medicine is uncertain, and the physician's supplies cost him treble what they should.

When I recommend a remedy for a certain purpose I am speaking of a
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good preparation; the reader purchases it in the general market, and because it is inferior or worthless he fails to obtain the effect named—and the result is a want of confidence.

One-half of the fluid extracts in the market are almost wholly worthless, and but a small proportion of the other half comes up to the standard, weight for weight. A fluid extract is prepared with heat, when heat destroys the medicinal properties; or it is prepared from the *oldest* crude stock in the house, that has lost its medicinal value; or it is prepared from the dried article, when it should be prepared from the fresh.

It has been for this reason that I have recommended our physicians to purchase their medicines at first hands of our manufacturers in this city. These houses have a well deserved reputation among Eclectics, which I by no means wish to lessen by the introduction of this new class.

To furnish uniformly good remedies to those who desire to employ them for their specific use we are now revising the process of manufacture of some fifty articles. We propose that these important remedies shall be manufactured with extra care, from fresh and carefully selected stock, without heat, from the fresh article when required, and of a uniform strength of weight for weight, and at a reasonable price.

These remedies will be designated by a particular label, copyrighted so that it can not be counterfeited, and will have the guarantee of the house manufacturing it.

I have no personal interest in the drug trade, and have other business to engage my capital and time, but the houses that will put remedies up in this style are reliable; they will have samples in my office that can be inspected at any time, and I will give a personal guarantee to any remedy bearing the label.—SCUDDER, *Eclectic Medical Journal*, 1869.

EXPERIENCES.

If for no other reason than to make the physician familiar with good medicinal preparations and to know the tools with which he worked Dr. Scudder advocated a simple form of Office Pharmacy. His experience with concentrations and other valueless medicines is recounted herein, and he tells of his crude but simple devices and office-made medicines.

To one familiar with Eclectic drug history it need scarcely be told that concentrations or resinoids was one of the rocks upon which early Eclecticism came near perishing. To those not familiar with this interesting chapter of our history we would commend a reading of Bulletin No. 12, Pharmacy Series No. 2 of the Lloyd Library, titled "The Eclectic Alkaloids, Resins, Resinoids, Oleoresins, and Concentrated Principles," by J. U. & C. G. Lloyd, 1910.³—Ed. Gleaner.

SOME EXPERIENCES IN THE PRACTICE OF MEDICINE.—One who has practiced medicine for fifteen years, commencing at the bottom and by hard work gaining the top, will have had experiences that may benefit others who have not passed over the entire road. It is well for us once in a while to review, that we may compare our present with our past, and determine how far we have advanced.

In 1855 much of Eclectic Medicine was an unmitigated humbug. It was the day of the so-called concentrated medicines, and any thing having a termination in "in" was lauded to the skies. It was claimed that these resinoids were the active principles of the plants, and as they would replace the old drugging with crude remedies and teas, they must prove a great boon. But they did not give success, and finally, after trying them for a while, the practitioner would go back to the crude articles and old syrups and teas with success; or he would settle down to Podophyllin catharsis and quinia.

I finished my collegiate course with faith in my teachers, but as month by month passed, and the concentrated remedies proved worthless, it became less and less, until finally I was forced to make a radical change in my methods. There is one safe rule to follow in all such cases, where a preparation fails, or in other words, where manufactured articles disappoint you, purchase the crude articles and prepare them yourselves.

Money is a scarce commodity with the young practitioner, and I soon found that drug bills, with resinoids at sixty cents to two dollars per ounce, were eating up all the ready money. There were then two reasons that caused me to turn my attention to office pharmacy—want of good medicines, and scarcity of money.

I can recollect, as well as if it was yesterday, the calculation of expenses to make a commencement, and as the stock of ready money was but a few dollars the estimate had to be made upon a small basis. I had settled

³ available online at <http://www.swsbm.com/ManualsOther/ManOther.html>

in my own mind that alcohol was the best solvent, and that a tincture prepared by percolation was the best preparation. Going to the nearest grocery where earthenware was kept, six one gallon jugs were selected, which showed, by tapping on them a thin bottom. A few careful blows with the hatchet knocked out the bottom, making a hole sufficiently large to introduce the hand. Taking an inch board and fixing it firmly as a shelf some two feet from the cellar floor, and boring six two-inch auger holes through it for the necks of the jugs—the pharmacy was on end, and in running order.

The process of percolation was very simple. The jug was cleansed and corked; a wisp of dried wire-grass was placed in the neck, and the bruised or ground article was packed in rather tightly, then the menstruum (common whisky at twenty cents per gallon) was poured on. After standing twenty-four hours the cork was drawn, and the percolation would progress without much attention.

There was a real satisfaction in doing it. The remedies came out nice and fresh, they were cheap, and their medicinal value was far greater than those purchased in a drugstore. I prepared tinctures of everything medicinal that grew in the neighborhood, of course in small quantities, but sufficient for office wants.

I determined very early in my practice that finely powdered and fresh *Hydrastis Ganadensis*, at twenty-five cents per pound, was fully equal to Hydrastine, at two dollars per ounce. That *Podophyllum*, either in fine powder, in infusion, or in tincture with *whisky*, was a much kindlier and better medicine than *Podophyllin*. That Carbonate of Iron, at twenty-five cents per pound, was fully equal to any of the costly preparations, if given in small doses. That an infusion of *Alnus*, *Rumex*, and *Scrophularia* in very moderate quantity, or a tincture prepared from these with *whisky*, was worth more as an alterative than all the Compound Syrup of *Stillingia* of the shops. That Acetate of Potash, at seventy-five cents per pound, was the equal, both in scrofula and syphilis, to Iodide of Potassium, at four dollars.

All of this had to be learned by experience, for I had received *Materia Medica* from the modern Cleaveland, and not from the old-fashioned Professor Jones. My professor of *Materia Medica*, like many others who profess to teach Eclecticism, was trained in the old-school, and knew little of our practice. If I had received the present teaching it would have saved me much trouble. . .

The teaching of *special sedatives* commenced in 1859, and was rendered prominent when I took the chair of Practice, and it, with the Acetate of Potash, were frequent subjects of jokes, as Dr. Scudder's Hobbies. They have remained hobbies ever since, and have safely carried the writer and some thousands of others. So it has been with other direct remedies. When introduced they are gladly taken hold of, and soon number their hundreds of supporters.

If any one will take the trouble to prepare, or have prepared for him, tinctures of the recent indigenous articles of his section of the country, he will find much satisfaction in their use. It gives a man a love for investigation, which grows as he pursues the subject, and will finally give much valuable experience.—SCUDDER, *Eclectic Medical Journal*, 1870.

HOW DO SPECIFIC REMEDIES ACT?

In reply to this question Dr. Scudder gives it as his opinion that medicines act chemically, physically, and vitally, and recommends a close observation of the relationship of drug action and critical diagnosis.—**Ed. Gleaner.**

HOW DO SPECIFIC REMEDIES ACT?—We have had a dozen or more of letters asking this question, and whether or not such remedies are purely empirical. Do we use them because some one has employed them before in similar cases, and found them beneficial; or can their action be explained in a rational manner?

It will be observed that these questions can not be answered directly, because they deal with the mystery of life, which we can not unravel. They can not receive a satisfactory solution to every one, because their action is silent and slow.

Knowledge is from two sources: from perception, and from the action of the mind. The one comes through the senses, and is the result of observation; the other comes from the use of reason, and deduces knowledge by analogy, sometimes working from known facts, sometimes through hypothesis and theory.

Thus in therapeutics we have, first, the empirical knowledge of remedies. A number of observers find that a certain effect always follows

the administration of a certain drug, and we conclude from this that the drug is the cause, and the effect will always follow its administration. But the curative effect only follows when there is a definite condition of the system, or a definite disease, so that there is an element of definiteness introduced into the problem, which now resolves itself into this—*“The exact condition of the person being determined, a remedy will always have the same effect.”*

We not only require that observers shall have recorded the action of drugs, but that this be premised by a careful analysis and record of the conditions of disease. This gives us a rational empiricism, which, as it is reported with accuracy from time to time, so as to associate the drug and its action as cause and effect, gives us a true science of therapeutics. For science is but the knowledge and classification of facts.

The difficulty in medicine heretofore has been that the empiricism was very crude. It did not think it necessary to have an exact knowledge of the body acted upon, as it did not believe it possible to have an exact knowledge of the body acting. In our time, however, much attention has been paid to critical diagnosis, and thus the exact condition precedent to the administration of a drug being known, its influence could be accurately determined.

Remedies may be said to act in three ways—chemically, physically, and vitally, but many times it is impossible to distinguish between them and determine in which way a medicine acts. If we administer a salt of Soda when a patient has a pallid white tongue, or an acid when the tongue is a deep-red or dusky, the action is evidently chemical. So it is when we administer the Alkaline Sulphites, the Chlorates, and Permanganates. This action can be extensively traced, and its careful study must greatly advance scientific medicine.

The use of common salt as an emetic, of the cathartic salts to act upon the bowels, of water as a diluent, of baths, heat, etc., are examples of the physical action. This influence may be greatly extended, and will undoubtedly repay careful study. Nearly all the advantages of the water cure, and of the Swedish movement cure, are to be ascribed to a correct understanding of physical laws, and their application to living bodies.

The vital action of remedies is not so easily examined, and we are forced to draw conclusions from comparisons of known facts and from analogy.

The majority of the remedies we think specific act in this way. They act in small doses, and imperceptibly to our senses. We give the medicine and the effect follows with certainty, but without any of that vital functional disturbance that made the action of medicine so prominent in the olden time. Some of these act directly upon the blood, and hence upon functional activity and upon structure—examples will suggest themselves to the reader. Some of these act upon the process of waste, increasing it, and, passing out through the excretory organs, stimulate them to activity. Others, and the largest number, influence vital processes through the nervous system.

A few of these influence vital processes through the brain. Opium may be taken as an example of these. Others, through the spinal centers, of which Nux Vomica and Strychnia, Hydrocyanic Acid, and Ergot, may serve as examples. A still larger class influence the strictly vegetative functions through the sympathetic nervous system. As examples of these, we may take Veratrum, Aconite, Belladonna, Cactus, etc.

All that we want to make our practice successful is a rational empiricism, as was first described. If we know that a certain remedy will produce a definite effect in a given condition, that is the sum of practical knowledge. The only advantage to be derived from the attempt to analyze this action comes from the close study we give it. Let us recollect that there are two elements in a rational or scientific practice, accurate diagnosis, and an accurate knowledge of the effects of medicine.—SCUDDER, *Eclectic Medical Journal*, 1870.

DIAGNOSIS

Specific Diagnosis versus Nosological Diagnosis is one of the cardinal tenets of the practice of Eclectic specific medication. The tendency in American medicine was to place great store on nosological classifications as had been done in the latter part of the eighteenth century by Cullen, who gathered all the published nosologies prior to his time and then presented his own and greatly improved scheme. This was a splendid achievement, but it contributed little to facility in the selection of remedies, for no relationship between conditions of disease and drug force could be derived from such studies. Dr. Scudder maintained that there was a definite relationship between known drug action and known conditions of disease as manifested by symptoms, and upon this theory based his justly famed Specific Diagnosis.—**Ed. Gleaner.**

DIAGNOSIS.—Any one who expects to succeed well with direct or specific medicines will have to restudy diagnosis. As we have had occasion to say, time and again, remedies are specific to pathological conditions, and not to names of disease. It requires that we discard nosology, in so far as these names are supposed to indictate methods of treatment, for under one *name* we will have grouped the most diverse pathological conditions.

If the reader will think for a moment, or refer to the older works on practice, he will see that the principal object has been to give a *name* to disease, and chiefly in a nosological plan. The therapeutics that followed was with reference to this name, and was composed of certain empirical formulas that had been thought beneficial in such cases.

The Homeopath takes different grounds; he cares very little about a nosological classification, and just as little about the pathology of a disease. His therapeutics are wholly governed by symptoms, *at which* he prescribes, so that the treatment of a disease will depend wholly upon its symptoms, and will be most diverse in different cases of the same disease. In so far as symptoms indicate conditions, he may prescribe judiciously, but just so far as he ignores physical signs of disease, his practice is imperfect. This is conceding that he uses remedies in efficient doses, which in the higher potencies we deny.

To get a clear idea of disease, that is, departure from health in function and structure in all parts of the body, it is essential that we have clearly before our minds a *standard of health*; to obtain this I regard the most important study of the physician. It is not knowledge from books, telling us that normal life is thus and so, but it is the perception of this life through our own senses— something that we have determined by our own touch, sight, or hearing, and repeated so; often that we have educated our organs of sense to a definite standard—which we call health.

Coming in contact with physicians, as I do every day, I am surprised at the want of knowledge in this direction. Their attention has been wholly directed to disease, and very many have so far lost the perception of health that they would hardly recognize it when met with. But more frequently the perception of a healthy standard is so feeble that it is constantly fluctuating, and there is no fixed point to measure disease from.

The young practitioner, especially, should commence anew the study of what health is, and what it is based upon. When we think of the circulation we want to grasp the entire idea of the influence of the heart, the arteries, the tissues, the veins, the governing nerves from the sympathetic, and the indirect innervation from the spinal system. When we think of respiration, of digestion, of secretion, of nutrition, or of any functional activity, we desire to grasp the entire function in the same way. It is thus by educating the senses to perceive, and the mind to grasp the sum of perceptions and draw conclusions from them, that we are able to accurately determine deviations from the normal standard.

The *rule* by which we measure pathological changes is very simple and easily applied. Every deviation from health may be classified as an *excess*, *defect*, or *perversion*—taking the normal standard, it is *above*, *below*, or *from*.

A disease, according to our present nosology, is made of several functional or structural derangements; some of these may be excess, others defects, others perversions. If we have not thoroughly analyzed it we may regard it as a whole in excess, as a whole in defect, as a whole in perversion.

It will be noticed that as soon as we have made this analysis of disease, a rational treatment is at once suggested. An excess calls for such remedies as will reduce it to the normal standard. A defect, for such remedies as will bring it up to the normal standard. A perversion, for such remedies as will change it back to the normal standard. We do not measure the sum of vital power in these cases, for in disease it is always below the state of health. Neither do we claim that excess of functional activity is evidence of excess of power, for it sometimes springs from debility, and always entails loss of power. Thus this view of the pathology of disease does not militate against our cardinal principle, "*that disease is an impairment of vitality.*"

But going back to our former subject, the necessity of grasping the entire evidences of a lesion at once, in order to get an accurate knowledge of it, let us make an example of the circulation of the blood. We feel the pulse to determine the condition of the circulation, but if we only get an idea of time we can not make a rational prescription for the lesion. We require to grasp the idea of *time*, of *force* from the heart, of *volume*, and of *freedom* of circulation. We may have an excess in time, but a defect in force, in freedom, and in volume. Or we may have an

excess in force with defect in freedom, or an excess in volume with defect in freedom.

Let us see what the therapeutics would be in these cases. If we have an excess of time and force we give *Veratrum*. If we have an excess of time, but defect of force and freedom, we give *Aconite*. If the defect of force was very marked we would give *Lobelia* or *Digitalis*. If there was evidence of an enfeebled capacity in the blood vessels, giving congestion, we would give *Belladonna*. And if the defect was in the muscular power of the heart and arteries, with defective spinal innervation, we would give *Nux Vomica*. Now, though some of these remedies have been regarded as the antipodes of each other, they are all special sedatives, if we have the condition for their action. That is, they all diminish the frequency of the pulse, and influence a normal circulation of blood, with regard to time, force, volume, freedom, and we may add, equality in all parts of the body.

Now, it is possible to analyze every function in the same way, and if we do not thus analyze it we run great risk of being led into error. It does not do to say that "*the tongue is coated,*" and expect the hearer to get an idea of the condition of the digestive apparatus or of disease. True, with many, it only means that the patient is to be purged. We want to know a great many other things when we look at the tongue. For instance, its form:—is it *broad* and *thick*, it is evidence of deficient innervation from the sympathetic—*elongated* and *pointed*, it tells us of irritation of stomach and bowels. Its color:—is it *pallid*, wanting color, we have the evidence of a deficiency of the alkaline salts of the blood—is it deeper in color (*dusky*), it is evidence of an excess of the alkaline salts of the blood. Its coating:—is it *clear white*, seeming a part of the mucous membrane, it indicates an inflammatory condition— is it a *pasty-white fur*, the use of alkalis and antiseptics, as Sulphite of Soda—is it brownish or dark colored, the use of acids with antiseptics, indicating sepsis of the blood. This is but a portion of the analysis, but sufficient for an example of the necessity of grasping the whole of the indications of disease.

If we have functional disease of the skin, of the kidneys, of the bowels, we must make the same critical analysis to determine the real condition upon which such deficiencies depend. If we have a lesion of digestion and blood-making, it may be composed of quite as many parts, and will require the same close examination and analysis. So it is with every functional lesion, and if we had space to give examples we would find it so with every structural lesion as well.

Now, as we did not give Veratrum whenever we found an increased frequency of the pulse, neither would we give Podophyllin whenever we had constipation of the bowels, or Acetate of Potash whenever he had diminution of urine. The remedy must be selected with reference to the condition as determined by the whole evidences of disease.—SCUDDER, *Eclectic Medical Journal*, 1870.

PLEASANT MEDICINES.

Professor Scudder once said that he would be satisfied to rest his claims to remembrance on the fact that he tried to make medicines pleasant, especially for children. Nasty mixtures, infusions and decoctions, nauseous syrups and spirituous potions he would wholly discard. The pleasantest and most effective and most readily assimilated medicines, he maintained, were the percolated tinctures administered in small and potent doses in water. The custom is now almost uniformly adopted by Eclectic physicians.—**Ed. Gleaner.**

PLEASANT MEDICINES.—The great desideratum in the practice of medicine is pleasant remedies. In the olden times, and with many now, medicine adds to the sufferings of the sick, and they dread more the unpleasantness of the doctors prescriptions than they do the disease.

In looking over our *Materia Medica*s and *Dispensatories*, it would seem that our object has been to make the concoctions as nauseous as possible. In extemporaneous prescriptions it is the same, the combination of remedies, and the vehicle, combine to make the mixture unpleasant.

It has been thought that sugar or syrup would cover up the unpleasantness of medicine, and hence it is most commonly used. The fact is, however, that with the majority of the sick the sweet is unpleasant, and nothing could be more objectionable than a nauseous sweet. The doctor doesn't take his own medicines, and hence he does not know how objectionable they are, and he continues giving these unpleasant mixtures year after year, to the detriment of his patient, and his own pocket.

Let us first get rid of the idea that medicine should be and can be disguised. It never had one atom of truth in it, and a very little

experimentation will determine its falsity. Take anything that is unpleasant, and the more you disguise it the worse it is. Some medicines are very objectionable in their taste, but they are less disgusting to the patient alone, than when mixed with syrup or other vehicle.

The *best* form of vegetable remedies is a simple tincture by percolation: the best form for all remedies, if possible, is the fluid form. It is not only the best as regards the medicinal action of the remedy, but is also the pleasantest as well.

The *best* vehicle for the administration of a remedy is water, and it also is the pleasantest. But few remedies are intended to exert a local influence upon the mucous coat of the stomach. All others must first gain entrance to the circulation before their curative action can be obtained. To get into the blood by osmose, it is necessary that the agent be in solution, and of less specific gravity than the blood. If you do not have your remedy in solution before its administration, its getting into the circulation will depend upon the stomach supplying the necessary amount of fluid and effecting the solution.

To the sick there are but few of our remedies objectionable, if they are properly prepared with alcohol and given with water. The dose of properly prepared remedies is quite small, so that, added to fresh water in such proportion that the dose will be a tea-spoonful, it is much diluted. Even if the taste is objectionable, there is evidence of cleanliness, and nothing to disgust. . . .

But it is in the treatment of children that unpleasant medicine is most objectionable. It is not pleasant to see the little ones start with distrust when the doctor makes his appearance, nor to be obliged to force medicine upon a child. We get along much better if we have the confidence of the children, and it is certainly much pleasanter.

I always prepare the medicine before my little patients. They see the water is fresh, their medicine looks clean and nice, whilst its quantity is small, and the mixture does not look objectionable. They taste it when asked, taking the first dose from the doctor, and give their opinion decidedly that it is good, (or at least not bad), and after this they take it kindly as the hour comes around. —SCUDDER, *Eclectic Medical Journal*, 1871.

WHY DO WE USE THE TERM SPECIFIC?

Why we adopted the term Specific is well stated in the editorial by Dr. Scudder. Others have sought to substitute the word Direct for Specific, but time has decided in favor of the original, for we seldom now hear the term “direct medication.” See also editorial titled “Specific.”—Ed. Gleaner.

WHY DO WE USE THE TERM SPECIFIC?—A correspondent writes: “I think the selection of the word 'specific' was very impolitic to say the least; for the profession is prejudiced against it, and it is a cardinal doctrine that— ‘there are no specifics’ ”

Another writes: “I know why you took the term specific—it appeals to popular prejudice, the people believe in and want specifics. It is sharp practice.”

Here are two distinct opinions; which is correct? One does not want people to believe that he has not the capacity to take the better way—be polite, any more than he wants them to believe that he is guilty of sharp practice.

There were two reasons influencing the writer in adopting the word specific, to express what he believes to be a rational practice of medicine. The one is, that the ordinary signification of the word conveys the ideas of definiteness and certainty, and there is no word that expresses it so certainly and that is so universally understood. The single word tells the entire story, and there can be no misunderstandings if we discard the common nosology, and restrict its application to pathological processes—or conditions of disease.

The popular conception of the province of medicine is the true one. The people know that remedies should be *specific*, if they are not; and if they appreciated the professional axiom— “there are no specifics,” they would think less of physicians than they do. But their popular idea could not have been a motive, for we reach the profession, not the people.

The second reason is found in the quotation from our first correspondent—the profession are prejudiced against specifics. If now we present a new doctrine, which has to overcome popular prejudice, it will be thoroughly examined, carefully tested, and adopted only if proven true. And this is what we desire for everything that is presented in these pages. Surely we can have no object in foisting error on our

readers, or in doing that which will necessarily be undone. Men make neither reputation nor fortune in this way. Therefore we prefer to have prejudice arrayed against the new doctrine, as its reception will be evidence of its truth.—SCUDDER, *Eclectic Medical Journal*, 1872.

MONGRELISM.

Dr. Scudder sometimes played with his adversary before dispatching him. Abused and ridiculed by the dominant party he frequently made playful capital out of the epithets maliciously bestowed upon him and his school. This editorial shows how pleasantly he could deal with an antagonist who would belittle himself in the attempt to besmirch honest rivalry in the field of medicine.—**Ed. Gleaner.**

MONGRELISM.—“We are all poor miserable sinners” at best, and we are always ready to exclaim *mea culpa! mea culpa!* And thus, as those who had ought to know, say we are “mongrels,” we confess the sin, if sin it is; surely they must know! and we would not set our face against authority; for of our few virtues, meekness has always been prominent.

But as we confess our sin, we want the readers of the Journal to know the full extent of our transgression, and accordingly we will get a definition of the word from Worcester: “MONGREL, of a mixed breed; hybrid.” That is just what's the matter with us— we are of a mixed breed, hybrids—neither Allopaths, Botanics, or Homeopaths.

Have you ever read any of the recent works on “Natural Selection,” or the “hybridization of plants?” If you have, you have learned that this is nature's method of development or evolution, and the highest effort of man, in the development of plant or animal, is in the same direction.

Our best varieties of animals are hybrids—a union of two species, though the associate term, “mongrel,” is applicable to those which are not so well bred. Our finest vegetable productions are hybrids, our finest flowers are hybrids. “That's just what's the matter with us.”

But we profess to be Eclectic. Can we be Eclectic and still mongrel? let us see: Worcester defines Eclecticism thus— “The habit or the principle of selecting from different sources.” The saints be praised, the two things, mongrel and Eclectic, are so nearly alike that we may be either or both. Very surely we are in the right rut, for our enemies say we are “mongrels,” and our friends Eclectics. Let us sacrifice a cock, and give

thanks— “that it is as well with us as it is.”—SCUDDER, *Eclectic Medical Journal*, 1873.

PETERMAN AND ACUPUNCTURE.

This editorial is selected to show that Eclectic teaching has ever been opposed to secret preparations. Clear, open methods, “that he who runs may read,” has been a policy of the school from the beginning, and Dr. Scudder hesitated not to fearlessly harpoon even the whales in medicine when guilty of secret practices or the advocacy of secret medicines.—”.

PETERMAN AND ACUPUNCTURE.—I am inclined to believe that Peterman is a “cheap John,” though I have seen the time when such advice in improvising cheap means would be very gladly received. We have not objected to the price of an acupuncture instrument, whether the cost be three dollars or twelve dollars, and advise every one who believes in counter-irritation to buy one that looks like business, whether it is the old-fashioned “*Lebenswhacker*,” Baunscheidt, or Brown's.

We confess our dislike to counter-irritation as a means of cure when it can be avoided, and believe that we will require it less and less, as we study our *Materia Medica* more and more. I can say for myself that I have not used counter-irritation in any form, except Chloroform, for two years past, and have had better success than in the olden time. If I know the proper internal remedy I don't care a snap for external applications.

But what we object to most is *secret* preparations. We will not use, or advise others to use, any compound of which the exact formula is not given. We use no man's Compound Syrup of *Stillingia*, or compound of anything else, unless it is presented in such form that every one can make it.—SCUDDER, *Eclectic Medical Journal*, 1873.

“IF A BODY KISS A BODY.”

The neglected wife, the hungry heart, the forlorn waif, and the miserably downcast in spirit were not neglected in the humane policy of a better practice as taught by Prof. Scudder. He taught kindness, gentleness, and the touch of human love—the spirit at

least of love and kisses. This editorial points its own moral.—**Ed. Gleaner.**

“IF A BODY KISS A BODY.”—Kissing might be studied as a fine art, or as a lady remarked to me a few days since— “one of the lost arts” —but I prefer to study it as a remedy of the class restorative. You shake your head, “It will never do!” “I couldn't practice medicine in that way—haven't even kissed my own wife and babies for months or years, and in my latitude it wouldn't be healthy for a doctor to kiss his neighbors, unless they were of the male persuasion.”

Some crusty curmudgeon raises his eyebrows and exclaims, “kissing, faugh!—my gorge rises—save that for commencement exercises.” My friend, you don't like kissing? you don't believe it does anybody any good? you don't believe it's a good medicine— “specific” to a heart diseased? You want to know why you don't believe?—just tap your head over the *sella turcica*, and you will find your soul is sapless—it rattles in your cranium like a pea in a gourd. If you ever expect to go to heaven, cultivate the spirit of kissing.

We don't advise that you kiss the pretty girls of the neighborhood, or all your good looking patients, but we do advise that you carry within you that loving, helpful spirit that has its true expression in this way. Especially is this a good thing in treating children. You may imagine they don't know or don't care, but you will find that they do know and they do care a very great deal. The little heart warms to the gentle touch or caress of the doctor, and the sufferer gains comfort and hope in his presence. The mind has much to do with disease, both in its causation and cure; the hopeful, trusting spirit is a true restorative.

I recollect, many years since, a poor street waif who had his foot crushed by a wagon, entailing excruciating suffering for weeks. No medicine or lotion gave such relief to the sufferer as the loving kiss of a neighboring lady who visited him daily—and what was best, it seemed to work a moral as well as a physical cure. Ask the soldiers who suffered in our hospitals during the recent war, and were so fortunate as to have women visitors, if the loving heart, and peradventure the “kiss him for his mother,” were not medicine.

Try it on some of your patients in this way. You have in your acquaintance, or on your list of patients, a married couple, the wife sickly, and her listless, pinched appearance shows an hungered soul. Evidently something out of joint in this household— the spirit of kissing

is not there. Persuade the husband that this will be good medicine, and watch the result—you will find that kisses are better than Quinine.

There are hungry hearts, as there are hungry stomachs; hungry for sympathy, love, and the friendly feeling that gives zest to life. A recent story in *Harper's Weekly*, entitled, "Bread and Cheese and Kisses," was an excellent illustration. Bread and cheese are good, so are kisses.—SCUDDER, *Eclectic Medical Journal*, 1873.

EFFECTUAL PRAYER.

Wishing and praying alone will not elevate the standard of medicine or any other form of education. Faith without works availeth not. Dr. Scudder taught that work, work, everlasting work, was the way to medical salvation. This may well be considered by those who do little, but say much. Prayer alone will do little; but work may yield an answer to prayer. There are many who hope for things, who pray for them, who are ready to give advice (wise, they think) how to conduct a college or how to promote Eclecticism, yet never work for the things advocated. Sometimes they talk themselves into trouble. They are in the relation of the whale and Jonah, to whose biographies have been added the following anecdote. When Jonah was comfortably seated in the whale's belly and had time to reflect he turned to his host and said, "Your big mouth got me into this." —**Ed. Gleaner.**

EFFECTUAL PRAYER.—And probably the reader will want to know if we propose to teach theology as well as medicine, and if so, why? As Bret Harte would put it, "we don't go very much on theology," but we do know something of "effectual prayer," especially in its relation to medicine. Ye editor is not likely to die of piety, and he belongs to a queer persuasion, all of which must be taken into account.

But our Church believes that all men "pray without ceasing," both wicked and good, for what is prayer but the desire of the heart. And they go further than this and believe that all prayers are answered—for as is the desire of the heart, so will the man be eventually. It is just as true in the affairs of this world as it is in the next, just as applicable to the practice of medicine as the practice of theology.

If we as individuals and as a body of physicians desire to have a better and more certain practice of medicine—we will have it. If we desire to occupy a better position in public estimation, and work for it—we will

get it. If we want to elevate the standard, and put our hands to the work—it will be elevated.

As a body of physicians, and as individual men, we hold the future in our hands. If we are satisfied with the polypharmacy and crudities of the past, polypharmacy and crudities will be our recompense. If we want specific diagnosis and positive medication, we will get them.

I supplement this short exhortation by a paragraph from a sermon on my desk:

“And the same law is as uniform and unvarying in its operation upon the understanding, or intellectual faculties, as it is upon the will, or affections. ‘For he that seeketh findeth.’ Every intellectual faculty of the mind is developed by exercise, is strengthened by use. And this use is seeking and finding. Men do not always find the outward thing for which they seek, and if they did it would form no portion of their permanent possessions, for it could not become a part of themselves. But they do find, in the very act of seeking, that which is of infinitely more importance to them, which is the increase and strengthening of the faculties employed in the search. And this is a permanent possession because it is a part of themselves, and does not pass away at death as all external things necessarily do. “We know that all the faculties, whether of the body or of the mind, not only increase with exercise, but diminish and die if not exercised at all. Or perhaps it would be more exactly correct to say that the powers of the faculties unused become absorbed into those that are used most actively. Thus the blind are at least partially compensated by the exquisite delicacy of the senses of touch and sound, into which the powers of the faculty of seeing seem to be measurably absorbed. If the eyes were never used at all, their powers of seeing would become extinct, but other faculties called into greater activity would increase, to supply in a measure the deficiency. And the same is true of all the faculties and organs of the body and mind alike.”

Some of our readers may doubt our piety, and think that “the prayers of the wicked availeth little.” But we beg to remind them that “all men pray without ceasing,” the wicked as well as the good, and they are very sure to get what they earnestly work for. In medicine, at least, ours have had an abundant and tangible answer.—SCUDDER, *Eclectic Medical Journal*, 1873.

THE STORY OF THE FOXES.

In the parable of the foxes Dr. Scudder takes a turn at credulity and points a moral. The shotgun prescription was frequently a target for his rifle shots. Such mixtures he considered as unscientific and unnecessary as he regarded the Oriental tale lacking in all but figurative truth.—**Ed. Gleaner.**

THE STORY OF THE FOXES.— “And Samson went and caught three hundred foxes, and took fire-brands, and turned tail to tail, and put a fire-brand in the midst between two tails. And when he had set the brands on fire, he let them go into the standing corn of the Philistines, and burnt up both the shocks and also the standing corn, with the vineyards and olives.”

The parable of the foxes—and I trust our readers will see that it is a “parable”—for though Judea might have been a good country for foxes, and Samson a strong man and a good hunter, the catching of three hundred alive, tying their tails together, a fire-brand between each pair of tails, and their running, partakes a little too strongly of the marvelous for actual fact—was intended doubtless to point a moral in medicine, and we therefore desire to call attention to it.

That men have believed it to be a simple record of fact only proves that men will believe anything, if they give general credence to the book it is in. We have many stories in medical books like the story of the foxes, and men believe them and offer them in testimony to this day.

But it not only shows the credulity of men, and their disposition to take the most absurd statements for the truth, but their indisposition to reason for themselves. Go over the story again, having the natural history of a fox before you, and the more you think the stronger the absurdity will seem. (Don't understand me to say that in the symbolical language of the East it does not convey a *spiritual* truth, if in fact it is a fiction.)

But the literal story of the foxes well illustrates the shot-gun practice of the day. No fox is more mischievous than the common drug, and the physicians have three hundred with which they purpose to afflict the “Philistines.” They tie them tail to tail. Try this operation with a couple of dogs and see how they want to run in contrary directions, and do n't run at all if of well proportioned strength. Just so in ordinary practice—many times medicines are tied tail to tail, and—you can

imagine the rest.

And they do go in and destroy not only the shocks (diseases) “but also the standing corn, and the vineyards and olives.”

In the same Scripture we read— “and she fastened it with a pin”—the reader will oblige by sticking a pin here:

“The fox's head is small an' trim
An' he is lithe an' long an' slim,
An' quick of motion an' nimble of limb,
An' ef you 'll be
Advised by me,
Keep wide awake when ye 're ketchin him!”

—SCUDDER, Eclectic Medical Journal, 1874.

CLEANLINESS NEXT TO GODLINESS.

Dr. Scudder was an enemy to dirt. One of the last efforts of his life was to preside at a meeting at which was read a symposium on medicine prepared under his direction, which was directed against dirt as a causative factor in disease. He abhorred dirt in any form, as he abhorred dirty practitioners, dirty methods, and dirty medicin-es. This editorial was much more needed in his day than now, when sanitation has been enforced by statutes and ordinances. Dr. Scudder, in advance of his time, was a pioneer in the crusade for municipal and rural cleanliness, as well as for clean medication.—**Ed. Gleaner.**

CLEANLINESS NEXT TO GODLINESS.—If the apostle places cleanliness next to godliness in religion, it should hold a first place in medicine. Dirt, disease, death, have a very close relationship ; indeed, in many cases we regard them in the order of cause, operation, result, and it is because this relationship is ignored that I desire to call attention to it.

Dirt is a very common cause of disease, and of its more unpleasant forms, yet the subject has not received the attention that it deserves. The illness of the Prince of Wales attracted public attention to *dirty* air from defective sewers as a cause of disease, and was the occasion of rectifying similar wrongs in hundreds of households. The large number of cases of cholera, and its marked fatality in certain localities where the

people used well water, called attention to their foul condition, and, to the discharge into them from cesspools and sewers, and they were abandoned. The remarkable prevalence of *typh*-fever in the vicinity of open sewers called attention to this, and the employment of sewer-traps to obviate the difficulty. The-prevalence of low grades of fever in some large prisons (jail fever) called attention to dirt—in the building, in the atmosphere, of the person, and regulations were made to enforce cleanliness. Having found a low fever that was evidently dependant upon the milk supply, an examination proved that milk would absorb some of the most unpleasant forms of animal dirt, and afterwards the milk was properly cared for.

I name these as familiar examples in medical literature, but don't think that they are exceptional cases—dirt is the rule, cleanliness the exception. Men eat dirt, drink dirt, bathe in dirt, breathe dirt, and are dirty; and whilst but the few suffer from: the acute poisoning that will produce a typhoid fever or a dysentery, the majority are slowly poisoned, and have their lives shortened by it. Hence the apostle's truism— “cleanliness is next to godliness” —cleanliness as much a necessity for this world as godliness is for the next.

Don't imagine that your neighborhood, or your family, or yourself are exempt. Inspect your village, your own surroundings, and you will find the evidences that people are wronged by dirt. Look at the kitchen drainage,—in nine out of ten cases the dirt is not removed, or but a short distance, and the ground becomes supersaturated with this offal. Possibly it has found- the road into the well, into the cellar, or under the house, and people are continually taking it into the system by way of the lungs or mouth. I have known several instances in which you could thus put your finger on the causes of grave disease affecting an entire family. Look at your privy—built on the surface, with an excavation two or three feet in depth, and the well but a stone's throw, supplied by surface water. Two-thirds of the wells in this country are shallow and have a surface supply; and two-thirds of the water used is surface water, contaminated by all the offal and excreta of the house and family.

Investigate the cellar. The moment the door is opened the nose is offended by a compound smell of dampness, decay, and dirt. Here are decomposing vegetables, there rotting boards, barrels, and straw; here a leak from the outside, there a checked drain— add the flavor of a spoiled rat, and you have it in a very common form. Sometimes the

entire house is pervaded by the nastiness, and shaded windows, the absence of sunlight and fresh air intensifies the trouble.

These conditions of houses are to some extent conditions of villages, and the result is a most unnatural amount of disease and death. As we had occasion to remark before, this is the physician's business, and he illy does his duty who neglects to warn the people of their danger.

But there is a want of cleanliness that more nearly concerns us, and this we find in the surroundings of the sick. As we open the door of the sick room, our senses warn us of danger. The atmosphere is loaded with fever emanations, indeed it is sometimes so heavy that, to use a common expression, it seems "you could cut it with a knife." The air is not only dirty, but it seems to have lost some of its life-giving properties. You glance at the windows, and they are closed and darkened, the beds in the wrong places, the carpets are foul, under the bed is especially foul, and the receptacle of nastiness, the chamber utensils are foul, the table or stand cluttered with unpleasant looking medicines, drinks, slops, and food. The bed-clothing is soiled, the patient's clothes dirty and offensive, his hands and face grimy, and his hair unkempt.

You may not have all this. You may not have it in its most aggravated forms, but you will have it unless you resist dirt as the Christian is taught to resist the devil. Show me the doctor that enforces cleanliness, of air, of surroundings, of drink, of food, of medicines, of bedding, of clothes, of person, and I will show you a man that has more than ordinary success.

And here we may learn a lesson from Homeopathy. (By the by, we are not afraid to talk of Homeopathy, or learn any lesson that it can teach us.) If there is nothing good in little pellets, there is wondrous virtue in cleanliness, as it does give most excellent results, and your Homeopath is cleanly himself and enforces cleanliness in his patrons—it is not the practice of the "great unwashed."

Eclecticism owes more than half its success to the alkaline bath, and when I say more than half, I am estimating Podophyllin, Leptandrin, Lobelia, and all the other "indigenous," and mean one-half full. It was personal cleanliness vs. personal dirt, and cleanliness won the day. And if we had found personal cleanliness of so much advantage, why not carry it a little farther and make it embrace the clothing, the air, the room, the food, the medicine, and even the surroundings of a man's

house? Why not?—SCUD-DER, *Eclectic Medical Journal*, 1874.

A PERSONAL APPLICATION.

It should not offend one to have pernicious habits uncovered, but unfortunately it too often does so. It has always been a source of wonder to us why doctors, who teach hygiene and cleanliness to others, should go to the sick—who are already over-sensitive—reeking with the fumes of whisky and the nastiness of the pipe.—**Ed. Gleaner.**

A PERSONAL APPLICATION.—I wonder if it would offend us to make a personal application of the text, “cleanliness is next to godliness.” It strikes me that it is not out of place, and that the doctor should set a good example. Let me illustrate:

A lady from a neighboring village applied for treatment, and I remarked to her that Dr. A. in her neighborhood was an excellent physician, and she had better have his advice as the case progressed. The answer was clear and explicit: “He is so uncouth and dirty, he chews tobacco, smokes, drinks whisky, and carries about him such offensive odors, that his presence makes me sick.” Unfortunately it was too true, and I had nothing to say in reply.

The Hindoos have the following maxims: “It was *most unlucky* to summon a doctor away from his dinner, bed, the church, or the theater—*most ill-omened*: an extraordinary and truthful fact which ought to be impressed on the minds of modern patients. To gain the confidence of families, the physician, clean and neat, should carry an umbrella, have an agreeable voice, a small tongue, strait eyes and nose, thin lips, short teeth, and thick bushy hair, which retains its vigor; should have a knowledge of books, and be kind to his pupils.”

The physician is (or should be) a gentleman. A gentleman is cleanly in his person and in his habits; neat in his dress, and pleasant in address; and free from grossness. He is (or should be) an educated man, and a cultivated man, well read in literature and science. Just in proportion as he is all of these, he will be successful in all that constitutes true success in life.—SCUDDER, *Eclectic Medical Journal*, 1874.

THE PRAYING BAND.

Though not a political Prohibitionist, Dr. Scudder was always an advocate of temperance in all things, and especially in the use of alcohol. The evil that men do when under the influence of alcohol and the mischief done by the bibulous doctor often furnished topics for his pen. All forms of vice found in him a merciless antagonist. The methods of accomplishing reforms he left to the reformers, provided they were clean methods. To the efforts of the praying crusaders, though he might have proceeded differently, he utters a hearty Amen. The epidemic referred to was the Woman's Temperance Crusade inaugurated at Hillsboro, Ohio, near Christmas time in 1873, by a body of women inspired by a lecture by Dr. Dio Lewis, delivered in Music Hall of that town. The history of this unique movement, which spread to other towns, is well told by Henry Howe in his History of Ohio, Vol. I, pp. 914-917.—**Ed. Gleaner.**

THE PRAYING BAND.—We are having a new epidemic, and it is well to briefly notice some of its prominent features; though we may be able to properly classify it, we may not want to give it treatment. It is an epidemic of prayer, and has for its object the abatement of the evil of liquor selling in this country.

We do not care now to analyze the psychology of this epidemic, but simply to study the relation of our profession to it. The first thing we notice is, that whilst ostensibly the prayers are to God, they are personally applied to the sinner. The women “put them where they will do the most good,” in the drinking saloon, or at its door, and to the whisky seller and drinker. And like the God they serve these women are no “respecters of persons,” and they pray for the well-clothed, respectable druggist or physician as well as for the debased “rum-seller.” And to all this we say. Amen.

The evil is one of no ordinary magnitude, and involves the entire fabric of society. No good ever came of intoxicating drink, no good ever will or can come from it. It not only destroys its victim body and soul, ruins his family, and wrongs the community, but it is the cause of very much of the wrong-doing, and gives constant employment to the law. If this evil can be removed by prayer—let the women pray.

In our profession the vice assumes alarming features. One would think that the physician, of all other men, knowing as he does that intoxicating liquors are always injurious, and seeing as he must see the untold suffering that follows their use, would himself abstain, and set a

good example to the community. But we find our best men yielding to the habit of tippling, and gradually going the downward road to poverty, disgrace, and death. The evil is so widespread that we have occasion to be alarmed, for no man is safe. We see the pleasant, companionable man, of good business and with bright prospects, gradually yielding to his appetite—at first occasional drinks, then regularly two or three times a day, then constantly until he is “unco fou and very happy” from the time he rises in the morning until he goes to bed at night.

Let the women pray for the physicians, none need it more.

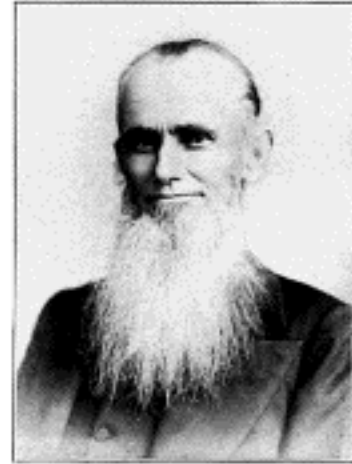
But there is a view of the subject that brings it still nearer home to us. Whilst we may have the right to destroy ourselves, we have no right to injure our neighbor, and especially no right to steal away his liberty, or his ability to control his appetites. The doctor is guilty of much of the evil of intemperance. He prescribes liquor in pleasant forms—bitters, elixirs, etc., and thus cultivates the taste for stimulants. We have had a twenty-five years' epidemic of stimulant medication, and God only knows how great a wrong we have thus perpetrated on humanity. Nineteen out of twenty opium eaters can trace their disease and ruin to the physician. How many victims of intemperance can trace their ruin to the same source?

For many years I have refused to use alcoholic stimulants in general practice. No alcohol in “bitters,” no “elixirs” that are but liquor disguised. It is possible to get along without running the risk of cultivating this appetite; indeed, I have found that it is far better to dispense with alcoholic liquors in the preparation of tonics and stimulants. In this matter I apply the golden rule, “and whatever ye would that men should do unto you, do ye even so unto them.” I should not want you to come into my house and cultivate an appetite for stimulants in my boys, or my husband, or my wife, that may lead them to drunkenness, disgrace, and death, and I *will* not do it to you.

I know that alcoholic liquors as commonly used in medicine do no good, but great harm, and that even in the exceptional cases of low grades of fever, and in old age, we can get along without them. Let us then to-day set our faces toward Jerusalem, whether we believe in prayer or not, and say from this day forward, I will not put the cup to my neighbor's lips, and I will not set the community a bad example by drinking myself.—SCUDDER, *Eclectic Medical Journal*, 1874.



DR. JOHN M. SCUDDER,
First published portrait, 1835.



DR. MILTON L. THOMAS,
Professor Scudder's Preceptor.

THE DOSE OF MEDICINE.

Again does Prof. Scudder make a plea for smaller and more definite dosage. See also previous editorial on "The Dose of Medicine."— **Ed. Gleaner.**

THE DOSE OF MEDICINE.—The question of dose is one of very great importance to the physician, and it is well for each one to give it careful consideration. We find that most drugs vary in action according to the size of the dose, and with many the action of the small dose is directly the reverse of the large. It is upon this fact, to a considerable extent, that the Homeopathic practice is based. But it will not do to say that for each drug there is a large and a small dose, and two effects which are the opposite of each other, for this is not true of all, and is but a portion of the truth with regard to any. The facts are that many effects may be obtained from a single drug by simple variation of the dose.

The *large* dose is common to the Old-School and Eclectic branches of the profession, and the effects obtained are gross and unpleasant. It may be said with truth that the large dose is always poisonous, in that it produces effects contrary to the conditions of normal life. We get a better idea of this from giving the drugs to a healthy man. For instance, I give you half a grain of Podophyllin every three hours, and you are not long in finding out that its action is not conducive to health and comfort. It makes your bowels sick. If I give you freely of Comp. Powder of Lobelia, or of Jalap, you undergo a similar experience. Suppose we take the ordinary diaphoretics and diuretics instead; they are much milder, yet you find that even these cause disease. We change our program and give you Quinine, or even Hydrastis, and yet these tonics render you sick as well. Suppose we try Veratrum, Gelsemium, Aconite, etc., and still you get sick on the medicine, in place of increasing your health. We say that all medicines, used in large doses, will make you sick.

What answer will you make? That we cure disease by producing disease? Possibly not, though it is a well-known fact that diseases thus artificially produced will replace natural ones, and after a time, these subsiding, the patient will recover.

But I desire to call attention to the fact that most drugs used in large dose must of necessity do a wrong to some function or part, or to the entire life, and the effect is necessarily unpleasant. The sufferings from this gross drugging are fearful to think of, and in all probability will exceed the natural suffering from disease, and will many times exceed any other suffering to which civilized man is liable. If you are not able to realize this by looking at the sick, refer to some such sickness in your own person, and to your knowledge of the action of drugs upon your own body.

I do not wish to be understood as saying that this gross drugging will not cure disease, or that in some cases it is not the very best means at our command; but I do wish to say that in large dose drugs should be used with a great deal of care, and only when the effect is clearly known.

It will be noticed further that the statement made was, "that most drugs used in large dose must of necessity do a wrong to life." The exceptions are not very many, yet it is well to notice them. For instance, in certain affections the drug is antagonized by the disease, and even the large dose produces no unpleasant symptoms. Thus, in certain cases of

periodic fever, a patient may take ten, fifteen, twenty, thirty grains, or even a larger quantity of quinine, without a single cerebral symptom. There are cases in which Tinc. Gelsemium may be given in half-teaspoonful or teaspoonful doses, and in cases of tetanus I have thus repeated it for days without unpleasant effects. In a case of angina pectoris, a patient will take without unpleasantness doses of Tinct Lobelia that under other conditions would not be tolerated. There is a condition of disease in which Opium or Morphia may be used in large dose without the slightest tendency to narcotism. The reader will have noticed these cases, and may have come to the conclusion from them that large doses are not injurious. Yet any one taking a second thought will see that it is only when the drug and the disease oppose one another accurately that this is the case.

Small doses influence the life as well as large ones, though of course the action is not so gross and decided. Even in small doses drugs will impair the life, though of course to a more limited extent. Thus in the use of the small dose there is less danger of doing the patient an injury rather than a good. Small doses of drugs, if curative, must be selected with care, having reference to the location and kind of disease. That drugs are curative in small doses, is certified by thousands of the most accurate observers, and I conclude that the evidence is sufficient to satisfy the most incredulous.

The small dose is pleasant in form, and does no wrong to the sense of taste or smell, or to the stomach through which it must be absorbed. It does not increase the unpleasantness of disease, but on the contrary, being selected for its opposition to, it relieves the unpleasantness of sickness.

The small dose must act directly and specifically, if it acts at all. Any good from counter-irritation, revulsion, or the production of medicinal disease, is not possible. Indeed, the remedy is so opposed to the disease that the influence is wholly lost in its amelioration.

What is the small dose that I am speaking of? Let us say in gross, and with reference to a large majority of the strong tinctures of our vegetable materia medica, that it will be five to ten drops to four ounces of water; dose a teaspoonful. In acute disease we usually direct frequent repetitions of the medicine; in chronic disease it is not given so frequently. To unbelievers in this small dose, I advise some experimentation—not on the sick, but on yourselves. Add of Tinc.

Aconite (root) five drops to four ounces of water, and take a teaspoonful every hour for a day, and see whether at the end you would like it stronger. Try Rhus Toxicodendron in the same dose, and see at the end of two or three days if more Rhus poisoning would be desirable. Try Tinct. of Nux in same small dose, and see if you would want any addition to the old-fashioned belly ache that grows from it. Try Tincture of Podophyllin, continued for ten days, and see if you would want it stronger. There is nothing like a personal experience in these things, to prove that our small dose is quite large enough.

But what shall we say of the infinitesimal dose of the Homeopathist? It is best to say nothing more than that we believe our small dose will give better satisfaction than the Homeopathic dose. It is not the part of wisdom to say that it has no curative action, for the testimony in its favor, both in character and numbers, is quite as good as our own. It is quite easy to say, "You lie, you rascal, you lie!" But there is no argument in it, and your opponent may retort with equal justice, "You lie, you ignoramus, you lie!"

"There are many things in nature not accounted for in my philosophy," but my experience in the practice of medicine for eighteen years proves to me that the dose of medicine should be the smallest possible quantity that will cure disease, and that it should be pleasant in form, direct in action, and as little capable of harm as is possible. If I were giving advice to the physician, it would be in Scriptural language— "Be ye therefore wise as servants, and *harmless* as doves."—SCUDDER, *Eclectic Medical Journal*, 1874.

BEER.

No greater truth was ever penned than the last words of this editorial wherein the editor says of beer, "That there is no body or brain that can successfully resist its intemperate use." Sanction of the use of beer or the prescribing of beer often leads patients into confirmed intemperance. Dr. Scudder took such opportunities as were presented by the quoted article to refute fallacious teachings regarding the harmlessness of beer and other intoxicants.—**Ed. Gleaner.**

BEER.—It does seem strange that men should willfully pervert facts to palliate the indulgence of their own appetites. If a man drinks whisky, we hear of it as "*the* stimulant most readily appropriated by the body;" if he drinks brandy, we hear of its "pleasant aroma," and the benefit of

“volatile oils;” if he takes wine, he lectures on temperance, showing that in wine-drinking countries drunkenness is rare; if he drinks beer, it is the nectar of the (Dutch) Gods, both food and drink for the laborer. Each and all are good, and they would persuade us there is no danger in their use.

In a recent number of the Cincinnati Medical Advance (Homeopathic) I read: “Among all the modern beverages, beer is indisputably the most harmless. Besides a small percentage of alcohol, it contains the hop bitter, which agreeably stimulates the digestion; furthermore it contains; sugar and dextrin, both of which render the mixture in the stomach more nourishing.”

This of course refers to *the* beer—*lager*, and it has about the same relationship to truth as the infinitesimal has to the full dose of a poison. We concede that a small portion of beer (we do not restrict you to the 10c. Fincke) may do no harm, even if repeated from day to day, but there is an intemperate use of it that is just as bad as the intemperate use of any other alcoholic beverage, and an appetite for it may be grown that is quite as uncontrollable as the appetite for other stimulants.

We concede further that there is something in the German race by which beer is better borne, and a love of *gelt* by which excess is restrained, but in the American the habit of beer-drinking is one of the surest roads to the devil. Speaking as a business man, I would not employ or trust an American who was an habitual beer-drinker.

I have given this subject considerable study, and I am prepared to say that of all the stimulants consumed in this country beer does the most harm. From my office door I can see the professional beer-guzzler, with his hanging, sodden, expressionless face, eyes watery and half closed, all traces of a higher humanity effaced. There are three of them putting in an occasional appearance, neither thirty-five years old, and not one will live to see forty. Within a stone's throw is a saloon where beer is sold, which has had two owners in six years, and both died of—beer. I have watched the habitues of our over-the-Rhine beer-gardens, and I find that intemperance in the use of beer almost invariably impairs nutrition, and debases both body and mind.

The use of beer (“the most harmless,”) is one of the surest roads to intemperance, and to an early grave, to our American youth, and nothing would induce me to say— “drink beer;” and it would be an

exceptional case where I would prescribe it.

Talk as they please about the “harmless” character of the popular beverage, *lager*, there is something in it deleterious to the human economy. Whether they season it with *Cocculus Indicus*, as reported, or not, there is no mistaking its slow, poisonous influence, and there is no body or brain that can successfully resist its intemperate use.—SCUDDER, *Eclectic Medical Journal*, 1874.

THE INDICATIONS FOR ALCOHOLIC STIMULANTS.

While advocating temperance, not teetotalism, Dr. Scudder sets forth the sharp indications for the use of alcohol as a medicine. In this editorial we believe most thoughtful physicians will concur. It must be remembered that this was written at a time when alcoholics were widely used in treatment; therefore his discrimination was all the more timely and has been largely endorsed in the practice of to-day.—**Ed. Gleaner.**

THE INDICATIONS FOR ALCOHOLIC STIMULANTS.—That no one may plead ignorance in extenuation of the promiscuous prescription of *alcoholic* stimulants, let me give in few words the Bymptoms calling for their use:

If in acute disease there is great exhalation, with a soft or open pulse, cool extremities, and a tongue inclined to be moist, alcoholic stimulants may be used with benefit.

I desire to lay stress on the word exhaustion, for that is the object of their use. The conditions named are those which will permit the exhibition, and allow the liquor to be kindly received and appropriated.

It is a very gross mistake to suppose that the benefit comes from stimulation of the cerebro-spinal centers. In these cases alcohol is food—calorifacient or heat producing—and its good effects come from its burning, and from the force thus generated.

If we wish a nerve stimulant, we would take Quinine, Strychnia, Phosphorus, Ammonia, or remedies of this kind.

The ordinary prescription of alcoholic liquors to persons suffering from chronic disease, and who are on their feet, or to persons who are over-

working themselves, to enable them to further expend the capital of life, is a serious evil, and can not be too strongly reprobated.

I care not whose corns I may be treading upon here, this is the truth, and I supplement it with the additional statement— that the physician who persistently prescribes alcoholic stimulants is usually a lover of them himself, and will in many cases become a drunkard.—SCUDDER, *Eclectic Medical Journal*. 1874.

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“It is a law of the universe ‘that like causes always produce like effects,’ or to reverse it, ‘that like effects always flow from like causes.’”—*Specific Medication*, p. 9.

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DO YOUR OWN THINKING.

This editorial shows Dr. Scudder's method of thinking along the lines of specific treatment of disease. A thinking physician is not very apt to be led away by so-called authority. His method of investigating materia medica is a good one—equally as good to-day as in 1875.—**Ed. Gleaner.**

DO YOUR OWN THINKING.—Yes, sir, you must do your own thinking, if you are to be a successful practitioner of medicine. You may obtain helps to right thinking from lectures, books, and journals, but you might as well expect to be nourished by letting some other person eat your meals for you, as to expect success by letting other people do your thinking.

It is well to recollect that the ability to think does not come by nature; it is the result of education. Just in proportion as the mind is trained to right thought, will be the ability to think right. It is possible that you may have the opinion that all action of the mind is thought. It is a very great mistake, for with many the severe labor of the brain is as barren of result as it would be in a confirmed case of insanity. There is a common English word that expresses the condition— “it wabbles.”

I find in teaching that students are inclined to let the mind “wabble.” When I ask them about one thing, they tell me of another. If the question directs the mind to the skin, the answer refers to the bowels; if

to an internal remedy, they talk of a local application; if of the nervous system, they talk of the circulation— there is a singular perversity of the human mind to think of everything else but the special thing in hand.

Let us have in illustration a few examples of right thinking in diagnosis, and then we will complement them with some others in therapeutics. When, for instance, we examine a patient, it is well to have a clearly-defined method—the mind works methodically. What do we wish to determine first? Is it whether his “bowels are constipated,” or he makes wind up or down, or whether he passes urine, or the long tedious history of his getting sick? Possibly we wish to know something of all this.

But we do want to know whether the disease is general or local. Now we propose to think—a general disease involves the entire body—is the entirety of the man affected? The general elements of life are found in its conditions, heat, formative force, electricity, in the circulation of the blood, and in the innervation—are these impaired? It might be that we desire to know first, whether the man is sick or well—what would be the process of thought? The healthy man is able to do a man's work, and do it pleurably; the diseased man can not do a man's work, and suffers. How is it with this man?

What is the method of thought with reference to local disease— a part, when healthy, is able to do its work, and do it pleurably; a part diseased does not perform its function well, and suffers— how is it with the various organs of this patient as we pass them under inspection ? Let us think first of the sensations experienced in a part diseased—they are always more or less unpleasant; corollary, if a part gives unpleasant sensations it is sick. Thus if a person complains of pain in the eyes, pain or uneasiness in the nose, in the throat, in the stomach, in the lungs, in the bladder, in the bowels, we feel confident there is disease of these parts. There is one exception to this rule, and that is where a part is sympathetically affected, as in the case of gastric suffering and vomiting in pregnancy or uterine disease.

We have already learned that the body expresses pain, and that the suffering of individual parts is shown clearly in expressions that may be recognized by the educated senses, so that we are not forced to depend wholly upon the statements of the patient.

Now when the mind is directed to a part as the seat of disease, it at once thinks of the function, and makes the inquiry—is the function changed or impaired? Is it eyes, function sight, impaired or painful?—disease. Is it the respiratory apparatus—function respiration, impaired, difficult, or painful?—disease. Is it stomach—function digestion, impaired, painful?—disease. Is it urinary apparatus—function secretion and removal of urine,—impaired, difficult, painful?—disease. Is it brain—function sensibility, reason, emotion, volition—impaired, perverted, painful?—disease. When the mind is turned directly to the subject, it receives clear impressions, and reaches correct conclusions.

Then we recall the fact that many parts show disease by an effort to expel the cause of irritation, and we make examinations to detect this. Is it eyes?—there is the flow of tears to wash it away, and the continuous desire to remove it by rubbing. Is it nose?—there is the effort at removal by snuffing and blowing. Is it throat?—there is the effort at removal by hawking and short cough. Is it the bronchial tubes or lungs?—there is the effort at removal by cough. Is it stomach?—there is the sense of nausea, disgust, and effort of removal by vomiting. Is it of the bowels?—there is the effort at removal by diarrhoea and dysentery. Is it the urinary apparatus?—there is the effort at removal in urination. Even in parts where there is no anatomical arrangement for the removal of anything, and no physiological use requiring such removal, there is still the sense of need, and the feeling in the part that it would like to expel the cause of offense.

I name these expressions of disease as examples, rather than an examination of the physical condition of parts and organs, that we may have new studies. We have already recognized the value of an examination by our senses, and have studied the best methods of educating them for the work.

Now let us think for a moment of the object of this examination and this thought. It is hardly for our own gratification, the gratification of friends, or the satisfaction of the patient, or the absurd and wicked motive that theologians attribute to the Lord—“He doeth all things for His own glory.” Evidently the object is to select the remedy or remedies which will cure the disease, i. e., restore health.

If a disease is general, we think of—what?—general remedies. If its chief factor is a wrong of the circulation—we think of remedies that exert a special influence upon the circulation. If of the blood—we think

of remedies that specially influence the blood. If of the nervous system—we think of remedies that specially influence the nervous system. If of the temperature, excretion, or nutrition, we think of remedies that specially influence these. It is necessary that we hold this organ of thought in close subjection by the will to the work, for it is inclined to do everything else than the thing in hand, and to reach conclusions by the most absurd and devious ways.

If a disease is local, we think of—what?—local remedies— agents that have a special action upon the part affected. The reader will notice that this is logical, the method of common sense. If your watch is out of repair, you do not overhaul your wheelbarrow; if your cow wants milking, you do not accomplish the object by digging potatoes or reading a psalm. When the cart had stuck, Hercules advised the driver to put his shoulder to *the wheel*, and not to the nearest fence corner, or what was of about the same moment—mouth prayers to his deity. There are a good many lessons here besides the lesson of therapeutics which we desire to learn.

With this view of the subject, if we have localized disease of the eyes, we think of remedies that specially influence these. If we have localized the disease in the throat we think of remedies which exert a special influence here. If we have localized it in the bronchial tubes and lungs, we want remedies that exert a special influence upon bronchial tubes and lungs. If we have localized it in the stomach, small intestines or associate viscera, we want remedies that show an elective affinity for these parts. If we have localized it in the uterus or ovaries, we of course require remedies that influence specially the reproductive function and organs. Does not this seem more logical than—if my dog is sick I'll physic your cat.

The reader will notice that a good study of the *Materia Medica*, and a wise provision for the future, can be made by arranging the agents we employ in groups according to their local action. Do not take it for granted that everything must be done for you, that your mental food must be chewed and digested, leaving nothing but the work of the anus for you—that is not a very good position for a man. Take your note book, and King's Dispensatory, and go over the agents from A Z, and see what you know or can find out about each, and make *your own* groups. Don't tell me you have no time. I do more work than the majority, and have abundance of time for this and everything else.

What else may we think of? We may next attempt to classify our diseases by *kind*, and our remedies by *kind of action*. A very simple and yet a very valuable classification is to divide diseases into those with super-excitation, and those with want of excitation. We say, here is the normal standard of life that we measure from. Are the manifestations of life above or below this standard? The classification of remedies immediately follows: if the manifestations of life are above the normal standard we want remedies that are sedative—that remove irritation; if below the normal standard we want remedies that are stimulant—that increase the innervation and circulation of the part.

I flatter myself that I have shown the advantage of logical thought, whether I have shown the necessity of it or not. I concede that men may practice medicine without thinking, and that they may practice it with the most absurd thinking—this is continuously done. But every one should desire something better and higher, and it will only come by right observation and right thought.—SCUDDER, *Eclectic Medical Journal*, 1875.

LINE UPON LINE.

As the steady dropping of water upon a stone gradually wears it away, so Dr. Scudder believed in reiteration of facts and teachings. He would hammer away at a certain subject, teaching it in different forms until he felt that the reader had fully grasped the lesson intended. In this way his specific medication doctrine became firmly intrenched. The method is commendable and effective.—**Ed. Gleaner.**

“LINE UPON, LINE, PRECEPT UPON PRECEPT, HERE A LITTLE AND THERE A LITTLE.” —I think I hear some of my readers say, “I wish Dr. Scudder would quit sermonizing;” “I’m tired of the old tune”(?) And so am I tired of it, and would rather do anything else than turn the crank. But what says the prophet, as above?—we *must* obey the Scriptures. I find in teaching medicine that continued repetition is necessary to fix facts in the mind; “it is the constant dropping that wears away the stone.” The first statement slips off of the mind and makes but little impression—is evanescent. The fact is stated in a different way, then in different associations, and then with different illustrations, until finally the mind of the hearer or reader is forced to take hold of it.

If the reader notices outlandish, vulgar, or quaint expressions in these pages, he will understand that the object is to impress an important

thought. The mind is a singular instrument, and is reached in many different ways; some men will be impressed by a funereal statement, and others by one that suggests a laugh. I confess that I belong to the laughing variety. To me the ordinary practice of medicine, as I see it, is a huge joke—funereal in character it is true, but none the less a joke; and thoughts about the dignity of this learned profession always bring a smile.

But we have something to teach, which we believe to be very much better than the ordinary practice, and we purpose teaching it in every way in which it may be impressed upon our readers. We are very much in earnest, and if every one does not learn something of “Specific Medication,” it will not be from want of effort and patient perseverance on our part.—SCUDDER, *Eclectic Medical Journal*, 1875.

WHAT IS THE DIFFERENCE.

Prof. Scudder did not scatter. He taught that indications should be few and direct. A lesson could be taken from him at the present time when the tendency to add many irrelevant symptoms as specific indications has gained force, whereas fewer and more direct symptoms showing decided pathologic conditions only should figure in indications. Herein he shows one difference from Homeopathy which multiplies symptoms, while both Homeopathy and Eclecticism agree that “there is a direct relationship between disease expression and drug action.” Restorative medication was not a part of pure Homeopathy, but now some Homeopaths approach this form of medication in the administration of the tissue remedies.—**Ed. Gleaner.**

WHAT IS THE DIFFERENCE.—Speaking of Homeopathy, it may be well to note some points of similarity and difference. The common idea with uninformed persons is, that my dose is Homeopathic, but the fact is that but few Homeopaths use tinctures; they employ dilutions, from the 3d to the 30th, of even up to hundreds and thousands. My ten drops to four ounces would furnish a Homeopath medicine for a year—there is some similarity, but the difference is still very great. I do not agree that the law of *similia similibus* is the only law of cure, and claim that remedies cure because their action is *opposed* to the condition of disease— which they are inclined to admit as a truism.

Take up a work on Homeopathy, and you will be astonished at the multitude of symptoms given with each remedy. Thus in Allen's new

work we find that Aconite is credited with 1,640, Belladonna with 2,540, and other remedies in like proportion. Now my Homeopathic friend and I will agree "that there is a direct relation between disease expression and drug action," and that if this is rightly determined once, it is determined for all time and all cases. He says the symptoms produced by a drug in health, will be cured by the same drug if found in disease. According to this theory, the drug Aconite will be curative to each of the 1,640 Aconite symptoms, and the Belladonna to each of the 2,540 symptoms. But this is too much even for a Homeopath, and he employs the drug that covers the most symptoms, or he prescribes from one or more characteristic symptoms which he calls a "key-note." Whilst in theory there is a very great difference between Homeopathy and Specific Medication, there is much less difference in practice.

I believe that we have greater certainty if we associate our remedy with one, or at farthest, three or four symptoms. Thus for Aconite I should say, a *frequent, small pulse*, having strength, with (in the majority of cases) increased temperature. For Belladonna I should say, *dullness of intellect, somnolence, and tendency to coma*, or capillary congestion, as shown by the redness of the skin, which effaced by pressure returns slowly. Whilst the Homeopathic symptomatology is wonderfully profuse, and is being added to every year, I prefer mine very brief, and diminished yearly, until we have but one or two characteristic symptoms calling for the remedy.

I believe firmly in restorative medication, the Homeopath does not. Commencing with foods, I employ everything that enters into the composition of the human body, and I use it to add a lacking material. We find many persons sick from want of food, or want of proper food; we supply the want and they get well. We find persons sick from want of Iron, Phosphorus, Sulphur, a bitter principle, Soda, Potash, Lime, or an acid; we give them and they get well. In this we are surely outside of the Homeopathic law of cure, for beefsteak and bread and butter will not produce defective nutrition or marasmus, cod-liver oil will not cause low albuminoid deposits, iron will not destroy the red globules, an acid will not give the tongue a deep red color, nor an alkali blanch it.

These are but a few of the differences, and I name them that the reader may think them over, and probably secure some Homeopathic works and read up. I am not afraid of investigation, and I advise every one to read and think for himself. If we fail to present you a practice of medicine, that for simplicity and success will compare favorably with

Homeopathy or any other pathy, the sooner you are converted and leave us the better. But do not go back to the old and dull routine of cathartics, emetics, diaphoretics, and alteratives, with a shake down of Quinine and Morphine *a la regular*.—SCUDDER, *Eclectic Medical Journal*, 1855.

MEDICINES ARE POISONS.

Care not to over-use medicines is the lesson inculcated in this editorial. Even water in excessive quantities may approach the poisonous in effect. To be able to discover the proper balance in the use of drugs is one of the marks of the discriminating physician, and the expert in this line ranks among the most successful of prescribers.— **Ed. Gleaner.**

MEDICINES AND POISONS.—One of the first lessons that should be impressed upon the mind of the student is—that medicines *are* poisons. Not that one or two, or a group of a dozen are poisons— *mercury, arsenic, antimony*, etc., but every article of our as well as other people's Materia Medica. I think it is probable that many practitioners have also the same lesson to learn, and the sooner they learn it the better it will be for their patients.

I assert, that to the healthy man all medicines, without an exception, are poisons. That every one, without an exception, will cause a departure from the healthy standard, either in function or in structure, if given in the ordinary medicinal dose, if continued in the usual way.

It is true that the human body is so constructed as to resist causes of disease, whether in the usual form, or in the form of medicine, but it yields more readily to the medicinal poison than it does to the others. Very many persons can not take the mildest and simplest drug without being unpleasantly affected—I number myself as one of this class; some will resist the unpleasant influence for a considerable time, but eventually yield.

Of course we recognize the fact that medicines vary very greatly in their unpleasant influence, some being very virulent and speedy, others mild and slow. It is a singular fact that, as a rule, the most active, speedy, and virulent of these poisons make the best remedies. Many will object to this, and yet if they think of Aconite, Veratrum, Gelsemium, Nux, Belladonna, Rhus, and others, they will see that it is true. Some of the

mild remedies have a very decided action in disease, but we could not afford to dispense with the others.

It is so essential to realize the poisonous character of medicines that I would advise every reader to prove it on his own person. One may admit a fact, and yet not realize it in his senses and continually forget it in the treatment of others. Try a half-grain of Podophyllin, repeated two or three times, drop doses of Aconite, Veratrum, Rhus, Nux, or ten-drop doses of Lobelia, Sanguinaria, Stillingia, or even the simpler remedies, Macrotys, Asclepias, Hydrastis, or a medium dose of Quinine repeated. Try anything you have in the office, and I think you will prove the truth of the proposition—that to the healthy all medicines are poisons.

If it is the fact that all medicines are poisons to the healthy, how is it that they are not poisons to the sick? I answer the question decidedly, that they are poisons to the sick, unless there is something in the disease to antagonize the medicine. Will a given case of disease antagonize all medicines? No, it will not; usually not but a few. If there is no relationship between the medicine and the disease it will just as surely do harm as it would do harm to the healthy person. To put it in a plainer form, we say, unless the medicine be indicated as a remedy it will always make the patient worse. There is no middle ground with medicines, they either do good or harm. Good if they are selected with reference to their relationship to the present disease, harm if they are not so selected.

It seems to be a common opinion, if we may judge from the common practice, that medicines are wholly innocuous for harm. String them together in groups, and get them into the sick person, and some one or more will find its way to the sickness and remove it. It would seem that physicians have counted the chances of getting the right remedy, and have grouped a dozen or a score together in the hopes that some one would fit the disease, or that the compound would fit more diseases, and with greater certainty than a single agent.

As above stated, I do not believe any lesson can be more profitable than the lesson that is taught by proving one or more of our more common remedies. We not only learn that the medicine has a decided influence upon the body, that in the common form and dose it is quite unpleasant, but we also learn the quality of this action, and that medicines have an elective affinity for certain parts to the exclusion of others. If we prove this of only one medicine, we have good grounds to believe it of all; if we

prove it of but half a dozen, we establish the facts in our minds beyond all peradventure.

But we do not want to lose sight of the test—all medicines are poisons; are poisons to the sick as well as the healthy, unless they are antagonized by and antagonize disease. This being the case we propose to handle drugs with care, assuring ourselves of the curative relation of the drug to the disease before we administer it. I always enjoin upon my students “not to give medicine unless they can see clearly that the, medicine is likely to aid in removing the disease.”—SCUDDER, *Eclectic Medical Journal*, 1875.

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“As a rule, it is best to effect changes insensibly or without shock to any organ or to the entire body.”—*Specific Medication*, p. 36.

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THE ACTION OF REMEDIES.

The strong point of this editorial is that medicines do act and that the specific medicationist may know when to prescribe them to get a definite result. How they act was of less importance to Dr. Scudder, and is to others, than the fact that, when properly prescribed, they will cure. His study through life, chiefly by means of rational empiricism, to determine conditions in which they could be prescribed with assurance of curative or palliative results, was one of the greatest contributions to modern medicine. See also previous editorial titled “How Do Specific Remedies Act?”—**Ed. Gleaner.**

THE ACTION OF REMEDIES.—Some persons seem to think that we should be able to explain *how* remedies act in the cure of disease, and the question is frequently asked about some of the new remedies, “How do they act?” The same thing is shown in a different form by non-believers in small doses, by the exclamation, “I don’t see *how* they act;” assuming that they do see how the large doses of the common medicines act.

Now I confess that I can not explain *how* remedies act in the cure of disease, and I do not think it necessary that we should know. Sufficient for us if we know the fact that they have a definite and certain action in

definite and certain conditions of disease. If we are able, on examination of the sick and our knowledge of drugs, to determine a definite relation between the disease and the remedy, we should be satisfied.

To illustrate, we may first take the well-known animal poisons, the virus of the rattlesnake, the virus of the mad dog, and the virus of smallpox. They are all protein bodies, containing the very same elements as the food we take for dinner, or the tissues that cover our bones; and give them the same fluidity, neither your chemist nor your microscopist could detect a difference in them. Yet the first destroys the life of the blood in a brief period of time; the second expends its influence upon the nerve centers, and surely though slowly destroys; whilst the third develops a similar poison, and is expelled by the pustular eruption upon the skin. We know the simple facts by observation, can we tell *how*?

Let us take the two alkaloids. Morphia and Quinia, as an example. Our chemist will tell us that they are formed of the same inorganic elements, in very nearly the same proportions (Morphia C₁₇, H₁₉, NO₃; Quinia C₂₀, H₂₄, N₂ O₂). Can any one by looking at the constituents tell why or how the one influences the brain to produce sleep, and the other to give strength, and to antidote the malarial poison? We know the simple facts by observation, that they do act in this way, and by care we may determine the disease in which they will cure, but the how and why is just as far beyond us as it was the first day they were employed in medicine.

Supposing we take Podophyllin of the class cathartic, Eupatorium of the class diuretic, Asclepias of the class diaphoretic, and Ipecac of the class emetic, can you tell why or how these act on the special parts, and in these special ways? You can not, though you have witnessed this action for years, and have learned when it will prove curative. All that we know is that these drugs have an elective affinity for these parts or organs, and that they act in a definite manner.

You say then (possibly) that there can be no science of medicine, as we can not even tell how the simplest remedy acts. (?) Let us see about this. We have a science of Botany which is deemed quite perfect, and worthy the name. What does it consist of? Of nothing but a series of observations which has determined a relation between plants, and has classified them in genera and species, according to the structure of leaves and flowers. But no man pretends to know how or why the

materials of which the plants are composed group themselves in these forms. We know the fact of plant life, but the *how* we never shall know. We have a science of Astronomy, and it has attained a perfection that would have astonished the wise men of the olden time. The astronomer calculates the orbits of sun, planets, satellites, stars, determines their magnitude, their distance, their density, weighs them, and gives you the number of pounds; and the chemist will, by the aid of the spectroscope, give you the elements that enter into their composition. But he will not tell you whence they came, how they came, or why they came.

There is a point beyond which human observation and human thought can not go, and this point in medicine is reached when we have faithfully observed the phenomena of disease, the action of remedies, and determined the relation between the one and the other. *How* the remedies act to cure disease we do not know and can not know, and it is of far less importance to us than the simple fact that. they will cure.

I could not give a plausible guess why a few doses of triturated charcoal, not a grain in all, should check a severe hemorrhage. And yet I know the fact as well as I know that the sun rose this morning. As an example—Thomas French, a man weighing over two hundred pounds, stout and full blooded, came to me complaining that he was having repeated hemorrhages from the nose that was rapidly exhausting him. It had been going on for some days, and the means employed had utterly failed. His face was pallid, the pulse soft and weak, extremities cold. I gave him ten grains of triturated charcoal to be taken in grain doses every three hours. There were three ineffectual efforts at hemorrhage after commencing the powders, but it was effectually stopped the second day. Now if this was but a single case we would think but little of it, but I have repeated it scores of times with the same result.

Can you tell me how or why Belladonna relieves congestion of the brain? I know the fact that it does cause contraction of capillary blood-vessels because I have seen it as Brown-Sequard did, in the field of the microscope, and I have seen it as he did not, hundreds of times in the relief of the unpleasant symptoms showing congestion in disease. I know the fact, but I do not know how or why.

I know that Rhus in very small doses will cure most serious diseases, and that it will give relief in a very short time. I can point out the cases,

and can tell another how he may know them, but I do not know how it acts, and never expect to.

I know the fact that the most minute dose of Graphites will restore the reproductive function in women, and act as a “blood-maker” so rapidly that her cheeks will have a rosy flush in a few days, and her strength will be so increased as to enable her to take active exercise, when she has been hardly able to get from room to room. All that she has taken of the medicine you could put in your eye without endangering the sight. I can point you out the case in which the remedy will prove curative, but I can not tell you how it acts.

Now let me ask a question. Which is the most profitable to you, to theorize on how a drug acts, or to describe to you the symptoms of disease which show where it will cure?—SCUDDER, *Eclectic Medical Journal*, 1876.

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“As a rule, it is best to employ remedies singly, or in simple combinations of remedies acting in the same way.”—*Specific Medication*, p. 27.

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THE STUDY OF DISEASE.

This is one of the many papers written from time to time by Dr. Scudder indicating methods of study of disease. The mental training he sought to encourage was by no means of minor significance. Besides this the facts acquired by such methods make the physician ready in specific diagnosis and a ready and accurate prescriber.—**Ed. Gleaner.**

THE STUDY OF DISEASE.—In our last issue we had a brief article “On the Study of the Materia Medica;” this month we propose to think of how we may best study disease. I know very well that there are many who think their days of study are over, at least they do not care to go back to the beginning and bring their studies up afresh; yet there are others who will be glad to do it if a wrong is pointed out, and a sufficient incentive to study given. I have a very firm belief that nothing short of continuous study will insure high attainments in medicine.

There are two methods of study—by *synthesis*, and by *analysis* —and

each of these will be found valuable mental exercises. It is well known that the diseases we meet with and are called to treat are composed of several elements, each of which may be studied in detail. The first study of disease we make is to take up each of these several elements, see its causes, its progress, its influence over other processes of life, and its entire subsidence. The study of the manifestations of life in health we call physiology; the study of the manifestations of life in disease we call pathology. We study these manifestations of life in health to have a standard of comparison by which we may determine conditions of disease, and we study the diseased manifestations of life in detail that we may be able to determine the value of each when found in combination with others.

Every one, when he commences to think of the elements of disease, will probably commence with the pulse, and with this will think of the capillary and venous circulations. Following this, he will think of the temperature, of the condition of the nervous system, of the processes of waste, of excretion of skin, kidneys, and bowels, of digestion and blood making, of the constituents of the blood, and of certain zymotic processes which may be set up and go on in the body.

It is a most excellent mental exercise (study) for the reader to take a sheet of paper, and pencil, and note down all that he can recall of these elements of disease. What he can recall from observation is of more importance to us than what he can recall from reading, yet both may go together. We ask the questions: What do I know about the wrongs of the circulation, arterial, capillary, venous, and how do I determine these wrongs? What do I know about temperature as an element of disease, increased, diminished, unequal? What do I know about the wrongs of innervation, pain, unpleasantness, feelings of weight, fullness, dragging, loss of sensation, nervousness, etc? What do I know about the lesions of the processes of waste and retrograde metamorphosis, and how will I recognize them? What do I know about lesions of secretion, from the skin, the kidneys, and the bowels, arrested, scanty, too free, changed in character? What do I know about the lesions of digestion, and of blood making? What do I know about the lesions of the glands associated with the intestinal canal? What do I know of the zymotic causes of disease, and their influence upon the body?

As you read this over, the old injunction, "know thyself," comes out in vivid characters, and has a double meaning. You are estimating your stock of knowledge, and the worth of your brain as an organ of thought,

and the majority of us will find that we have overestimated both. Still there is this advantage— we recall things that we had forgotten, and we assure ourselves that if we will but continue this exercise of the mind we can make it extremely useful.

When we have the elements of disease fairly in hand, we may make studies by synthesis, combining them in various proportions to form diseases like we see in ordinary practice. We do not wish to build imaginary diseases, and carry these fictions with us to the sick chamber to replace observation, but we do it as a study to train the brain to mind for its work in the sick chamber. We commence with the most simple elements and combinations, put them together, note the symptoms, estimate the results, and think of the value of drugs in such cases. It is well to build our cases as nearly like the diseases we meet as possible, and we might head our paper with:

Wanted: a Rheumatic Fever. Circulation increased, pulse frequent, (110), hard, surface flushed bright; temperature increased (104°), yet skin is soft and inclined to be moist in parts; urine is scanty, reddish; bowels constipated; complains of wandering pains, but especially of some particular part, which is flushed, slightly swollen and sensitive for a time, then changes its position. Such a case is not uncommon, and as we place the prominent symptoms together we get a better idea of the disease than we could from reading a treatise on rheumatism.

Then continuing the subject, we might think of the disease as it showed a dry, harsh skin; a frequent, small, hard pulse; contracted or pinched features; extreme restlessness; exquisite pain; nausea or vomiting; a broad, white tongue; a tongue red and contracted, etc. I do not think it possible that this synthetic study of medicine can be made without great profit. It brings up all we know of disease; it trains the mind to orderly thought; and it stimulates to close observation and to profitable reading.

The physician complains of want of time to study, especially if he is doing a country business and has long rides. But this is no excuse; every one has abundance of time, and these long rides are the very opportunities that need improving. One can soon attain a habit of thinking whilst making the daily rounds, and these mental processes can go on in the buggy or on horseback as well as in the office. I can testify from personal experience that it lightens the tediousness of daily work.

The process of analysis is just the opposite of that we have been considering. Now we take up some treatise on medicine which describes the diseases of the nosology, and we proceed to divide them into their component parts. In the practice of medicine we give every case a complete analysis, never or rarely prescribing for it as a whole. Every case, therefore, that comes into our hands is a new subject for study, and a visit to one patient furnishes food for thought whilst going to the next. Having the case clearly before us, we separate it into its component parts, and see the wrong of each; then we take these parts and put them together to see that we have made no mistakes. We weigh the value of each part and its relation to the whole, and then estimate the value of drugs to each separate part and to the whole.

We can make somewhat the same kind of classification of disease that we make of remedies, commencing with the more simple and natural divisions. Thus disease is general or local; what will give us general and what local disease? "What functions and structures are common to the entire body?—the blood, its formation, circulation, and depuration; the nervous system and its influence through brain, spinal cord, and sympathetic—here we must find the lesions that give general disease. What are the elements of local disease? Let each one estimate them in the same way—the circulation, the innervation, the nutrition, and the functional activity of the part. Each one will find that he can make his analysis and study better than any other can do it for him.

This, in brief, is about the method I would recommend to every one who wishes to continue the study of medicine. As I have said so often, the practice of medicine requires thought, if it is to be raised above the ordinary routine of empiricism, which is about on a par with patent medicines. This thought is needed from every physician, and should not be restricted to the writer on or teacher of medicine, and the easier and better we think, the easier and better we will find the practice of medicine.—SCUDDER, *Eclectic Medical Journal*, 1876.

MEDICAL EDUCATION.

Dr. Scudder believed in the verification of book knowledge by observation and the use of the senses. He attached but little value to authority unless that authority would stand the scrutiny of observation and reasoning. Only that learning which gave a clear perception of truth could be called education. Medical education, he thought, could be best wholly acquired in college, where the student could be guided to search

out facts for himself. There he could be made to work systematically, and in medicine, as in all else, he knew “no royal road to learning.” He believed also in systematic courses of study for the physician. For the acquisition of anatomy and physiology, comparatively considered, he advised the dissection of animals and the examination of life processes upon the living creature. There was this, however, to distinguish his methods from that of the professional vivisectionist: he would have the animal thoroughly anesthetized, and then after objectively learning the action of heart and lungs have the animal killed before it came out of its anesthetic state. Thus no suffering was endured by the subject, and the method was entirely humane.—**Ed. Gleaner.**

MEDICAL EDUCATION.—Readers of the *Journal* are well aware that I do not believe that memorizing facts from books constitutes an education in anything, much less in medicine. Two things we must do in addition—we must train the senses to correct observation, and the mind to correct reasoning, and then we must prove by this the truth of the facts we gather from books and other sources.

No learning is useless to the student of medicine if it gives him clearer perception of truth, and ability to reason rightly. All learning is useless that closes the mind to truth from observation, and compels the mind to work according to authority. We have had something to say before with reference to the “learned fool,” and his want of success in the practice of medicine, and have stated the fact that “common sense” was decidedly the best capital for a doctor. But we want both knowledge and common sense, and they may just as well go together.

There is no “royal road to learning.” It requires individual application—time, patience, and perseverance. The good mechanic serves an apprenticeship of from three to five years in the simplest mechanic arts. The successful merchant is “raised” to his business, as is the successful farmer. The lawyer and the theologian have first a classical education—they are trained to study and to reason, and then they have their three or four years of professional study. But the young man of very superficial education and an untrained mind expects to make a good physician with three years' loafing about a physician's office and in a country village, spending more time smoking cigars and gossip than in reading, and *two* four months' courses of lectures in a medical college.

Office reading is a good thing if the physician has time and ability to point the way, and the student has industry to follow it. But it would be

very much better if the student should devote seven months of each of these three years to the study of medicine in the college; the four or five months of the summer are sufficient for the office and the village.

Looking at the subject in this way, we have prepared a graded course of three years, six sessions, for those who can afford the extra expense of board only. In this course we hope to train the student to observe, compare, and reason rightly. He will have time to thoroughly learn human anatomy, and to some extent, comparative anatomy, physiology, pathology, chemistry—even a laboratory course in the university, if the student is fitted for it—and in the last year he can make extra attainments in practice, obstetrics, and surgery.

But I do not wish it understood that this higher education should be confined to those who take this course. Every man can have it, graduate or student, who wills to have it. All that is necessary is to commence THIS DAY a course of study, and keep it up month after month, year after year.

I hear men say, “I have not learned anatomy or physiology because I have not had the opportunities,” and I answer, the opportunities are all around you, you do not require a dissecting room, physiological laboratory, or costly apparatus. Any butcher will furnish you lungs, trachea, larynx, heart, liver, kidneys, etc., and any hog a digestive apparatus. Any dog that you can pick up on the road or street will furnish you a subject; chloroform him and examine the action of the respiratory apparatus, and the action of the heart; kill him and he offers an excellent subject for dissection of muscles and blood vessels. The “rooster” that wakes you too early in the morning is a most excellent subject. Take him in for rent, and having dissected him, prepare his skeleton for the office—he makes a fine specimen. Two or three years ago I stimulated our class to make dissections of dogs, and it was wonderful how they gathered them in off the streets, and still more surprising how much they learned of anatomy and physiology in this way.

But why give additional examples? The man who sits down and waits for opportunities to come to him will surely fail; a man makes his opportunities.—SCUDDER, *Eclectic Medical Journal*, 1877.

BE KIND TO THE SICK.

No matter how kindly the attending physician felt toward the sick, Prof. Scudder still regarded him as unkind if he used harsh medicines where mild and pleasant medication would suffice. In no way would he embitter the illness of a child or drug-torture the incurable if there was a possible mild method of treatment to be used. His ministrations were ever a beatitude to the sick and the suffering.—**Ed. Gleaner.**

BE KIND TO THE SICK.—I have seen so much unkindness to the sick, and so much suffering from medicine, that I feel justified in frequently reminding my readers that the sick need “kindness,” and that medicines should be pleasant to the taste, pleasant in the stomach, and kindly in their effects on the economy. I hear the reply, “O, I am as kind as a doctor can be; I am employed to cure people, and not to give sugar pills.” Good! Let us weigh you in your own balances. We will let you take your own medicines for a week or two—your Podophyllin, or “compound cathartic pills;” your emetics, nauseants, diaphoretics, diuretics, fomentations, poultices, blisters, irritating plasters, etc., with quinine enough to keep your ears ringing. When you are through you may decide upon the “kindness” of the medicines. We will compare your success with the smallest of “sugar pills,” in the range of disease you meet in a year, and then we can determine whether your unpleasant medication “cures the sick.”

I shall be answered again with the old adage, “the surgeon's knife is merciful.” So it is when rightly used, but how much it has been abused! We congratulate ourselves now upon the success of surgical treatment, and the abandonment of the knife where it was thought to be necessary.

I have had quite a long and large experience, and I have fought disease with the old and harsh medicines, and with the new and kindly medicines, and I know that the last are the best, even when we take into consideration the saving of life, shortening the duration of disease, and relief of present suffering. I look back on the old methods of drugging, and some people's present methods of drugging, with the same feelings of disgust and horror that I look back upon the thumb-screw, the cat, the rack, and other instruments of torture.

I have had it tried upon my own body, and I can recall the exquisite tortures of old-fashioned purgation, of irritant remedies that gave rise to a thirst equalling that of Dives, of blisters that seemed to be eating into

my vitals, and of that deathly sickness that prayed for death as a boon. I have seen others suffer all this, even within the past year, and I know that years will pass before the practice entirely disappears.

We flatter ourselves that as a school we are pretty free from the sin of drugging, and I believe that to a considerable extent we are, and yet I know that we have much to get rid of yet. Many physicians never think of treating a patient without irritant cathartics; very many drug their patients with quinine until every nerve is in a state of tension; very many make every prescription nauseous, as if nastiness was a good quality in medicine.

I recall the old practice in diseases of children as being especially unpleasant; and the little fellows were unpleasantly prejudiced against the doctor. It was almost as good as a whipping to threaten a child with the doctor or with medicine. Now the physician is the child's favorite (the small dose physician), and it is a pleasure to see them gather around one when he visits the house. It is also a pleasure to treat the little ones. The remedies are nice and clean, tasteless, and their effects are pleasant and certain. I should be willing to rest my claim to kindly consideration when I finish my work, upon the little I have done to make the practice of medicine pleasant for children.

We treat many incurable diseases, and here especially we should be kind to the sick. These cases should be carefully diagnosed, and we may determine without any shadow of doubt that harsh and unpleasant means never have and never will give relief. It always comes from the gentler and kindly action of remedies. It is a most unpleasant thought that we have embittered the last days or weeks of life of some friend or relative by drugging, and every patient should stand in this relation to the physician. Let us make a motto of that familiar couplet—

“That mercy I to others show,
That mercy show to me.”

—SCUDDER, *Eclectic Medical Journal*, 1877.

SHOT-GUN PRESCRIPTIONS.

The single remedy for direct effect was a strong point in the therapeutic philosophy of Prof. Scudder. He persistently and consistently opposed the admixture of medicines,

and the following editorial shows one of his methods of attacking the custom.—**Ed. Gleaner.**

SHOT-GUN PRESCRIPTIONS.—Associated with “invariable prescriptions,” we have those singular compounds of drugs which have been designated “shot-gun prescriptions.” They are put up on the theory of chance—all drugs are uncertain, but twenty “having been found useful” in a given affection, it is much safer to combine the twenty, and give them all together, than to take the single chance of selecting the right remedy. The theory is a beautiful one, but unfortunately it does not work well in practice. One drug neutralizes another, and the combination results in a nastiness.

It has been said by quite a prominent Eclectic, that the physician may be compared to the hunter. When he goes after birds he takes a shot-gun with a handful of shot, in place of the rifle with its single ball, for with the first he may kill half the covey, whilst with the latter he would hit but a single bird. The simile is good so far as hitting the patient is concerned; the shot-gun prescription does wound the patient in many places. If in the jungles of India a man hunts a tiger, he uses a rifle, for with the single ball he has safety, the shot-gun would be death.—**SCUDDER**, *Eclectic Medical Journal*, 1877.

SPECIFIC MEDICINES.

The dearth of reliable medicines impelled Dr. Scudder to advocate office pharmacy. In the beginning of specific medication this was an absolute necessity. As time rolled on it was evident that while some could and would make a good medicine, others, by neglect or otherwise, would not. Hence the necessity of having them made by skilled pharmacists, and of having his labels copyrighted to protect against fraud. As an earnest of good faith he stood ready as sponsor for the integrity of such preparations, and thus came into use the Specific Medicines. See also editorial on “Good Medicines.”—**Ed. Gleaner.**

SPECIFIC MEDICINES.—When I had determined that the time had fully come for the advocacy of “specific medication,” I felt that the want of reliable medicines in the drug market would be the most serious obstacle I had to contend with. The drug trade had become so utterly demoralized, that it was difficult to find a good article or one not adulterated in the market, unless it was quinine or some chemical

bearing the label of Powers & Weightman, and we could determine that the seal had not been tampered with.

A class of remedies peculiarly American, and peculiarly bad, called fluid extracts, had been introduced to take the place of the officinal tinctures that had served an honest purpose for hundreds of years. Thinking of the nastiness and the worthlessness of the fluid extracts of the olden time, we could safely indulge in a little old-fashioned cursing; and much of the fluid extracts of the market at the present time would bear it safely, and I think it would be no sin to “cuss” them freely.

The indigenous remedies which we take so much pride in were and are prepared in this manner, if there is any manner or method in their preparation. Made from old and imperfect stock, carried by drug-brokers, gathered at all seasons and at all places, and without reference to the character or quality of the article, we may expect to find every grade of worthlessness in these products of modern pharmacy.

I concede that here and there one will make a good “fluid extract,” which is really a tincture prepared by percolation. There are houses which take a certain amount of pains in getting in good stock—full as much as they can afford for the price they obtain for their products. But what can you expect when from the published prices sent to you they discount 50, 60, and even 70 per cent to country drugstores? Inferior quality is guaranteed by the price. A cheap article can not be good.

If we are to have a certainty in the action of remedies, we must have certainty in their quality. With all or nearly all vegetable remedies it is necessary that they be gathered in the right season, in the right locality, and at once prepared as tinctures with the proper strength of alcohol. Some of these are prepared *fresh*, others may be partially or wholly dried, but always carefully handled. Of many the tinctures must be made at the time of gathering, and the medicine can only be kept in stock in this form. This necessitates a fair price for the article, and must of necessity prevent competition with the ordinary fluid extracts in the market.

To secure such a class of remedies I prepared a series of labels and copyrighted them, and offered them to any pharmacists who would conform to the above requirements. I asked that the crude article should be gathered at the right season, and the tinctures be prepared from the fresh article, the strength of the tincture being one troy ounce of drug to

one fluid ounce of tincture.

But I did not propose to trust the pharmacist and druggist. The work on Specific Medication says distinctly that every physician should prepare some of the remedies of his neighborhood himself, and all the formulas of the book are for this office pharmacy. The reasons were clear—that if a physician interested himself to this extent, he would cultivate an interest in the subject; he would learn the physical properties of a good remedy, and he would not be nearly so liable to be swindled by the poor stuff of the market.

I take nothing back, and I say to-day, as I have said for a dozen years, “Keep your eyes open.” Buy nothing, if you can avoid it, from the country drugstores; order medicines from the manufacturers; do not buy without a clear understanding that you want the class of agents named above, and with the agreement that if anything is unsatisfactory it may be returned at the sellers cost.

Whilst in office pharmacy eight ounces to the pint is as much as can be worked, a skillful pharmacist may give you double the strength; and as we wish to get our remedies in the smallest compass, because of convenience in carrying, buy the stronger articles. As we use them in such small doses there is no reason for cheapening them; rather let us keep the price up, if thereby we may secure trustworthy remedies. We have already lowered our drug bills one-half or three-fourths by having better remedies.

Let us say then, that remedies rightly prepared from fresh crude material, in the proper season, may be called “specific medicines” because we may expect certainty in their action. But we do not want the name applied to a fluid extract diluted with alcohol, or to a preparation made from dried and imperfect drugs as usually carried in stock.—SCUDDER, *Eclectic Medical Journal*, 1878.

THE ACTION OF REMEDIES.

This article should be read in connection with the editorials on “How do Specific Remedies Act?” and another, bearing the same title as this one, “The Action of Remedies.”—**Ed. Gleaner.**

THE ACTION OF REMEDIES.—Can any one tell me how or why

quinine cures ague, Morphia produces sleep, Atropia dilates the pupil. Lobelia vomits, or Podophyllum purges? Can you tell why or how Aconite and Veratrum slow the pulse and reduce the temperature, Asclepias or Jaborandi produces diaphoresis, or Macrotys relieves rheumatism of the uterus? Can you tell why or how a minute portion of rattlesnake or cobra poison, or the virus of hydrophobia, will produce death? or why small-pox virus or scarlatinal poison will produce those dread diseases? Why is it that nitro-glycerine (glonoin) is such an intense poison, whilst its elements, nitric acid and glycerine, may be used freely? In chemical elements, Quinine, Morphine, Atropia, and Aconitia, are very much the same; why the diversity of action? Why the intense action of Aconitia and Atropia in minute doses, when quinine may be taken by the teaspoonful ?

These are knotty problems, but they require an answer before one is ready to say that good can only come from certain drugs and large doses, and can not come from other drugs and small doses.

When a man is ready to tell us why the atoms of carbon are brought together to form that most wonderful and precious of all stones, the diamond, then he will be able to offer an objection when we say that the same atoms will confer on some sick that most precious of all gifts, health. Protein bodies of oxygen, nitrogen, hydrogen, and carbon are our daily food, and renew our tissues, yet the same elements give us the most deadly poisons.

There are many things in this world that we do not know, very many that we can not know. What we know, frequently, is the bare fact that certain causes produce certain results; how or why they are produced, we can not know. When we study the action of remedies we go thus far, no farther. I note a certain condition of disease, give a remedy, and get a result. I try it time and again with the same result, and I associate them as cause and effect. I give the minute dose of graphites, and find that the patient gets well. I repeat it in case after case with the same result, and I associate the getting well with the administration of the remedy. I am not obliged to tell why the minute quantity (a few atoms probably) of carbon influences a body that contains millions of times the quantity, or takes as food daily thousands of times the quantity, or expires the same material; I simply note the fact that it does. Neither am I obliged to tell why stone-coal, charcoal, diamonds, effervescent water, or carbonic acid gas should not be given in place of graphites. You might just as well ask me to tell why I use morphia in one case, atropia in

another, and quinine in another, only as experience has shown the result of their administration.

Ten drops of Baptisia to four ounces of water, in teaspoonful doses, has arrested the progress of the most severe zymotic disease. Ten drops of Phytolacca in four ounces of water has been found the remedy in hundreds of cases of diphtheria; the same remedy will arrest inflammation of the mammary gland, or prevent it when threatened. The moderate dose of chlorate of potash will arrest puerperal sepsis, and save our patient from puerperal fever. The hundredth of a grain of mercury in Donovan's Solution controls the syphilitic poison more efficiently than ten-grain doses of calomel. Why and how all this?

I have arrested passive hemorrhage a hundred times by the administration of the second trituration of charcoal, and in some of these cases the entire routine of the ordinary remedies had been used without avail. In a recent case it cured a hemorrhage from the kidneys where a score of remedies had failed.

I do not think that I am over credulous, and I am pretty sure I have fair to ordinary senses, and when I see a thing in the practice of medicine repeat itself from time to time, I am pretty sure that I see it; and when I say that I know that a small dose will cure, the reader may be pretty sure that I know it.—SCUDDER, *Eclectic Medical Journal*, 1878.

KNOWLEDGE OF MATERIA MEDICA.

The value of a thorough knowledge of drugs, even if but few in number, is emphasized in all of Prof. Scudder's teachings. He fully realized the inability to carry in one's head an extensive knowledge of myriads of drugs. A physician who thoroughly knows one hundred drugs ought to be a successful prescriber.—**Ed. Gleaner.**

ONE HEAD NOT LARGE ENOUGH FOR THE MATERIA MEDICA.—
The longer I live the more I realize my want of capacity to know all that a physician might know or should know. There is a great deal of so-called knowledge that doctors value highly, and yet is of no earthly advantage in the treatment of the sick. That which serves our purpose best is a working knowledge of the materia medica, and the ability to see the varying expressions of disease in our patients. That which is of the least value, and that should interest us least, is the theories and vagaries of physicians who write and talk from their inner

consciousness.

I find myself at a loss every week in my life for a remedy that will fit some case in hand. I puzzle my brain over it, and call over the stock in trade that my memory has put away; sometimes it will come when called for, sometimes it comes some hours afterwards, when I am not thinking of it, and sometimes months will elapse, and a second or third case will bring it up, and I wonder why I had not thought of it at first. Then again I have never known it, and I find I have something yet to learn.

Possibly I have a good knowledge of fifty remedies, a speaking acquaintance of fifty more, with a still other fifty I remember their being spoken of as “having been used,” and then I may know the names of a hundred or so of others. Altogether it seems a very small stock in trade, as compared with my Homeopathic brother who counts his remedies by the hundred, and his symptoms for each by the thousand. But then—my head is small.

If a student can go out with a working knowledge of ten to twenty remedies, he will do well; and even if he can put but five in their right places with certainty, he is not doing badly. “Whilst we go over the entire materia medica, we do our best to give a working knowledge of a few remedies, and we find that with the majority we are able to do this.

The result is, that our students have more than ordinary success from the first. They are taught— “that it is better to' give no medicine unless a distinct indication for it is seen; that remedies which impair the life, or markedly disturb any function of life, should not be used; that remedies should be given in small doses, and in pleasant forms; that remedies should be kind in their influence, relieving the unpleasantness of disease, not adding to it.”—SCUDDER, *Eclectic Medical Journal*, 1879.

MEDICINE AS A BUSINESS.

This article bears some relation to the editorial, “Medicine in a Pecuniary Point of View,” and may be profitably read in connection therewith. The advice to make the business of medicine nothing but medicine is sound, and is applicable to those who take up side issues to the detriment of doctor and patients.—**Ed. Gleaner.**

MEDICINE AS A BUSINESS.—The longer I live the better I am satisfied that success comes from attending to *one* business. In my own

experience, I have never made a dollar, or gained any reputation, outside of my profession, and I should have been many hundreds of dollars' better off if I had never made an effort outside of it. This I think will be the experience of nearly all our readers, and the exceptional instance of the doctor who is a good horse-trader or speculator will hardly prove an exception to this rule.

The practice of medicine requires the whole attention, and if a man gives it the study it requires, he will have no time for other things, even should he have the ability to do them. It is my experience, and my observation of others confirms it, that the practice of medicine repays the time and thought given it. The repayment may come a little slowly, but come it will if we have patience (*patients*, some would read it).

If medicine is a business by which we gain a livelihood, it is well to think of it in this light, and prepare ourselves in a businesslike way for its pursuit. Our merchandise is skilled labor (practice you may call it) as much as of any mechanic or artisan in the land. Skilled labor has a higher value than ordinary labor, because it has required time and thought to gain this skill—the time and thought being the capital of which the larger receipts may be regarded as the interest. Just in proportion to the skill is the compensation, as a rule. Your half-learned tradesman has difficulty in procuring steady employment, and he has poor wages; your skilled workman does not want business, and gets good pay.

This is the case in the practice of medicine in the main. The exceptional case, where your ignoramus thrives on the brass he carries in his face, and the good business qualifications he has, does not mitigate against the rule. The physician who has diligently studied in the office, who has honestly attended the full complement of lectures required for graduation, and has kept himself read up in the literature of his profession, has succeeded in the past, will succeed in the future, has in himself the elements of success. If in place of two he has attended his three, four or more courses of lectures, or taken a graded course, determining to know all that is taught in medical colleges, he will have a larger capital to work on, and may justly expect a more lucrative business.

These facts can not be too strongly impressed upon medical students, for many seem to think that the only thing to be desired is an early graduation, and commencement of business. Time spent in preparation

will pay more than the same time spent in practice.

Business habits are just as essential to success in medicine as in merchandizing, and a physician can not expect to succeed well without them. In addition to a good medical education it is well to add general information, for the physician belongs to a learned profession. It is also a gentlemanly calling, and it requires the manners, dress, and address of the gentleman.

A merchant wishing to do business looks for a good location and for nice rooms; so should a physician, for a convenient and comfortable office brings business. The same care should be used in fitting it up, and keeping it in good order, for the care shown in this is taken as a sample of the care that will be given the sick. The difference between a well kept and nice looking office, and an ill kept and disgusting looking place is not so much a difference in money as in a little labor, which costs nothing.

Your unkempt, frousy, ill-clothed, dirty-looking doctor, is a very common and a very cheap article, and not in active demand. Your doctor that rides or drives a horse whose ribs are continually suggesting oats and hay, and who eats the fences where he is hitched, is not one to be trusted in grave cases of disease, or by families who pay their bills promptly. The rattle of the doctors old buggy that can be heard half a mile, is not likely to bring the musical jingle of dollars in the pocket. The unpainted house, with a hat and piece of old carpet instead of window lights, the ill-looking door-yard, and tumble-down fence, are not suggestive of skill, as the wo-begone wife and frousy children are not suggestive of the accomplishments which the majority like in a doctor. —SCUDDER, *Eclectic Medical Journal*, 1879.

THE AMERICAN FRAUD—FLUID EXTRACTS.

The fluid extracts Dr. Scudder always viewed with distrust, and his caution was founded upon experience. Why he so distrusted them he tells in this article. His early experience with valueless medicines made him extremely careful of the quality of the medicines employed, and he would tolerate nothing but products of genuine worth, strength, and purity. The fluid extracts he regarded as the “American fraud.”— **Ed. Gleaner.**

THE AMERICAN- FRAUD—FLUID EXTRACTS.—The “fluid extract” is peculiarly an American institution, and one of the least creditable we are blessed with. I assert that a physician may go into the general market to buy “fluid extracts,” and eight specimens out of ten will be so nearly worthless that they can not be used with certainty in the practice of medicine. In no other civilized country can this be said of any class of medicinal preparations, but in no other will this class of drugs be found.

If you send a prescription to a retail drugstore, you have no assurance that you will get a decently good medicine, for the reason that the druggist buys his stock where he can buy it the cheapest. It may be news to some of our readers that more than one manufacturer sells his “fluid extracts” to the retailer at 70 per cent discount, and will even take ten per cent off this to make a large sale or get the cash. What can you expect under such circumstances? The price obtained will not pay for the alcohol that should be used, much less for a carefully gathered and preserved crude article, and for pharmaceutical skill.

If you will pick up a dose list from some of these houses, you will see that the most of these are given in teaspoonful doses, and some even larger. If nastiness is a virtue, then they have it, but if you use medicine in the small dose for its direct effect, then you do not want it.

I know that a few manufacturers put a “fluid extract” label on a good tincture, and thus offer an exception to the rule, but the rule is as I have stated it.

We have been cursed with poor medicines, and the readers of the *Journal* can hardly imagine the fight we have been obliged to make against them, and for good articles. It is not to the interest of large manufacturers to concede that anything has been gained, and they will assert to you that this class of medicine has always been good, are still the best remedies in the market, and theirs is especially the medicines of all medicines.

They also do a moderate amount of misrepresentation (we used to call it lying) about specific medication and specific medicines, but the only answer needed is to ask the reader to turn to the “books” and see for himself. We recommend a moderate amount of “office pharmacy” to any physician, at least enough that he will know a good remedy when he sees it, and having used a good remedy once, he will never be satisfied with a poor one afterwards. The directions in Specific Medication are for

the physician, and there is not a single fluid remedy that he can not prepare if he wishes.

I say to every reader, learn to know a good medicine when you see it, buy of good houses, and have this arrangement, that if a medicine is not satisfactory, it shall be returned.—SCUDDER, *Eclectic Medical Journal*, 1879.

DEATH.

Unpleasant and uncanny as is the subject of death, yet should the physician be fully conversant with its approaching signs. The doctor must know the well man, the sick man, and the man sick unto death. Whether the dying should be told their real condition has been a much discussed question. Dr. Scudder, it seems to us, has fully and satisfactorily answered the question in this editorial.—**Ed. Gleaner.**

DEATH.—Have you ever thought on this grave subject—the end of all things earthly? I think it likely, for who that lives could fail to think of the end of that he prizes beyond all else? and especially the physician, who almost lives in the shadow of death.

O, life of doubt and danger, and perpetual strife
With death ! And thou! worse than this night of woe,
That comest to all, but O! when none can know.
Hour singled from all years ! why man must bear
A lot so sad? The tribes of earth and air
No thoughts of future ill in life molest,
And when they die sleep on, and take their rest;
But man in restless dreams spends all his years,
And shortens life with death's encroaching fears.
O thou, whose cold hand tears the veil from error,
Where hollow eye is our delusion's mirror!
Death, life's chief blessing!—*Petrarch.*

Born to die! Yes, every one. Born to die young! Yes, a host of feeble lives from feeble parents, who must of necessity die in infancy, childhood, or adolescence, because they have not life to last longer. Born to die! Yes, a host of others who might live to do the work of men and women, and even make the span of threescore and ten, if it were not for the continuous violation of the laws of life.

Stricken with death! Yes, in many cases we are called to treat disease,

but at the bedside we meet death, for which we have no cure. It is well for the physician if he can recognize the master— we can treat and cure disease, but not death.

The first study in medicine is to know healthy life; the second is to know the varied phases of unhealthy life, which we call disease; a third is to know and recognize this that we call death. Buoyancy of spirit, activity of body, and pleasurable sensations, characterize the first; depression of spirit, inactivity and feeble-ness of body, and unpleasant or painful sensations, mark the second: whilst loss of spirit, bodily power, and common sensation, mark the third.

It seems to me that a physician should make this third study, so that he might recognize the waning life. It is difficult to write it, but not so difficult to impress the mind with its prominent features as we watch the change in one of our patients. We note the coldness of parts distant from the heart—a peculiar coldness with relaxation which we term death-like. Not only is there coldness, but parts are shrunken and livid, and muscular movements are sluggish. The alæ of the nose move in and out during respiration, the eyelids are less movable, and the eyes are dull and glassy. The respiratory movements are feeble, and when the person feels the want of air, the external inspiratory muscles are called into action. The pulse grows feeble, the impulse of the heart is hardly felt, capillary and venous circulation is impeded. It may be sudden or slow, but the loss of feeling and consciousness will be found in both.

The question is asked so frequently, “Will the patient die?”—or still more personal, “Doctor, will I live? will I die?”—that we want to be ready to give an answer. If there is any question of all-absorbing interest, it is this question of life and death, and if a physician has any truth in him, he should not lie to the person who is so gravely interested. I believe that in this, as in all things, honesty is the best policy, and when a case is inevitably fatal, the plain simple yes should follow the query, “Is it death?”

Where it is a question of doubt or danger, the answer may well be hopeful, for hope may decide the question in favor of the patient. Yet there are cases where a knowledge of the worst nerves the sufferer to a resistance which wards off death. I can recall more than one case of this kind, where the contraction of the muscles and firm closure of the jaws showed the concentration of the will for life. Hope lulls to sleep, and if safety comes by rest, then it is well. Danger calls into play all that we

have of strength and resistance, and with the brave is the most powerful stimulant—the cowardly succumb from shock.

Good judgment is necessary in this as in other things, and we will do that which seems best for our patient, but with a strong sense of our duty to deal honestly and speak truthfully.

Why should this subject be discussed during the holiday season? You remember the story of an Eastern king who had a skeleton present at every feast, and of another who had a grinning skull passed to every guest on a salver—in both cases with the motto, “Thou, too, art mortal.” But outside of this the reader will see that it is a subject which deserves his attention, and that he should study.—SCUDDER, *Eclectic Medical Journal*, 1882.

PROPRIETARY MEDICINES.

Dr. Scudder saw in the advertising of proprietaries in medical journals a close relationship to that condemned by many in the religious and lay periodicals. Quackery medical and quackery religious advertised for a mere pittance, is laid bare in this article. Prof. Scudder kept in the middle of the road, countenancing neither the shortcomings of the doctor with proprietaries to sell nor the journal ready to prostitute by the advertising of humbug medicines. Surely no leader was more truly ethical, even if he did not affiliate with the dominant school.—**Ed. Gleaner.**

PROPRIETARY MEDICINES.—Physicians have a good deal to say against patent and proprietary medicines, and the religious papers that advertise them. It is very shocking, very—too bad; but they seem never to think of the professional quackery that runs riot, and the medical journals that eke out a feeble life by doing the advertising.

Dr. Jones or Smith may have his “compound cathartic pills,” or “pectoral cough syrup,” or “liquid physic,” or “balsam,” or what not, and if he keeps his formula to himself, and sells his wisdom in a bottle, it is a good thing for him. Or he may write his favorite prescription for pills, pectoral, or physic, and it will be a good thing for the druggist for many years, and by many people. These are common methods of doing a nostrum business.

Our principal nostrum mongers are pharmacists and druggists, who are

always devising things for the benefit of the “usy practitioner.” They make things enticing by bottle, label, or box, talk about “elegant pharmacals,” get numerous certificates—sometimes whole Faculties endorse their stuff—and wheedle physicians or patients out of their hard-earned dollars. Medical journals do the advertising for a pittance, and give their reading pages for nothing, prostituting all that is manly, honorable, or professional, to make their poor sheets live.

Look over this advertising stuff, and then turn to your *Christian, Telescope, Observer, or Purificator*, and see the close resemblance between the quackery medical and the quackery religious. The doctor is supposed to be quite as credulous as the saint, and he is in fact. The saint looks for miracles in the way of cures from the medicines advertised, and the medical sinner expects the most improbable results from the queer things concocted and advertised by the druggist. It would be difficult to determine which is the most credulous.

“Come, let us reason together.” If you will closely examine the advertising you will see there is humbug in it. One advertiser claims to have sold a half million bottles of “vitalized phosphites” the past year. Vitalized fiddlesticks! but quite as much vitalized as the other stuff advertised. We have pretty nearly gotten through with the elixirs, which cultivated intemperance, alteratives are at a discount, phosphites and hypophosphites have nearly had their day, bitters do not take well, and stinking hog's gizzards and pancreas will settle down to a fair article of pepsin rarely administered.—SCUDDER, *Eclectic Medical Journal*, 1882

“ENOUGH IS AS GOOD AS A FEAST.”

To know when a patient has just enough medicine is an art. If one knows his materia medica he will be the better judge of this question, for the effects of some medicines are transient, that of others lasting. Some are rapid in action and in elimination; others slow. One should not over-medicate and, as the writer puts it, “the good influence of a medicine will persist for some time after its administration is suspended.” “Enough is as good as a feast.”—**Ed. Gleaner.**

“ENOUGH is AS GOOD AS A FEAST.”—Will the old proverb apply to medicine? I think it will, with a most excellent and needed lesson. The rule is to continue to give medicine until the disease is cured, or until we are sure it is doing no good, or till the patient refuses to take more of it.

If a remedy fails to do the good, we change it, and continue to change so frequently that no man could tell which had been of advantage and which had been injurious.

It is a fact that the good influence of medicine will persist for some time after its administration is suspended. It is a fact that time is frequently an essential feature of the curative action of remedies.

I have seen cases where the good effect of a remedy would be seen within an hour in acute disease. I have seen cases where days and even weeks would be necessary in a chronic case.

I think we should make it a rule in practice to be very careful in the selection of the remedy. But, when selected with care and to the best of our knowledge, then give it ample time for action, unless the patient grows worse.

When a remedy has acted well, a time comes when it should be suspended, and allow the natural recuperative powers of the body fair play. It is not easy to determine just when to suspend the remedy, but if one thinks of it and practices it for a time, he will gain the knowledge as he learns other things.

I think the old proverb will especially apply to such remedies as quinine, iron, arsenic, phosphorus, nux, as it certainly would to mercurials if we used them.—SCUDDER, *Eclectic Medical Journal*, 1888.

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“As a rule, the dose of medicine should be the smallest quantity that will produce the desired result.”—*Specific Medication*, p. 30.

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OBSTETRIC HYGIENE.

As cleanliness was a large part of Prof. Scudder's creed, it is not surprising to find him expressing himself as he does in this editorial. It must be remembered that twenty years ago the management of an obstetrical case was far different from that in the practice of to-day. As meddlesome midwifery is bad, so is dirty midwifery, and asepsis should be rigidly practiced to insure freedom from infection. Dr. Scudder was quick to see the value of the teachings of Crede and others in this line, and was one of the

pioneers in favor of a less officious obstetricy.—**Ed. Gleaner.**

OBSTETRIC HYGIENE.—One would suppose that everything has been said that could be profitable in the practice of obstetrics. Years ago I thought so, but now I believe that there are many lessons the practitioner should learn.

We have been taught the evil of “meddlesome midwifery,” and yet the lesson has not been fully learned. I doubt if the majority appreciate the ills that come from the *uneasy* doctor. Too frequent examinations is a very common failing, and some physicians sit with their fingers in the vagina, uneasily feeling for the presenting part for hours.

The rule should be, make a first satisfactory examination, determining the presentation and the stage of labor. This any one can do, and if he determines the position, so much the better. If it is the first stage no further examination should be made until the second stage is announced by a change in the character of the pains. It is not policy in the first stage of labor to have the patient in bed, much less “bearing down to assist her pains.”

It is not usually thought necessary for the physician to wash his hands *before* an examination, and yet if there is any one thing that I should insist upon, it is that the hands be thoroughly washed in hot water with soap, and the nails cleaned. It is not only the removal of dirt, which is reason enough, but the hands are much softer.

As the woman has freedom of movement and change of position, she does not suffer so much, and comes to the second stage fresh and in good spirits. There is no necessity of bed until the head is pressing on the perineum. If the physician is uneasy, or it is necessary to satisfy the patient, a very satisfactory way to determine the progress of the labor is to hold the hand on the perineum during a pain. If it is carried out by the head, the evidence is better than by a finger in the vagina. Toward the end of the labor the hand at the perineum is in the right place to give any help that may be needed, and to receive the child. Let me say that frequent examinations is “meddlesome midwifery.”

“Among many German obstetricians absolute non-interference is the rule in the third stage of labor. The command, ‘hands off,’ is absolute. The teachings of Crede are tending towards the entire letting alone of the genitals during labor, and the days succeeding it. This distinguished

obstetrician, unless some abnormality present, does not make a vaginal examination at all. He makes his diagnosis entirely by external palpation and manipulation. He teaches that one should, for eight or nine days after labor, neither examine, wash out, nor do anything to the genitals, unless there are positive indications therefor.”

I endorse the teachings of Crede in this respect wholly and fully, but one must not go to the other extreme, and allow the woman to lie in the dirt of the vaginal discharges, and stink. It should be a rule that all soiled clothing, and such material as protected the bed, should be removed, and the perineum sponged with warm (hot) water, to which a small amount of borax or chlorate of potash has been added. Such sponging every day will be grateful to the patient, and by the removal of the dirt must be beneficial.—SCUDDER, *Eclectic Medical Journal*, 1888.

SYMPTOMS.

Symptoms are sign boards pointing to diseased conditions, and he who does not recognize them as disease expressions having a definite relation to drug force has little right to practice medicine. Dr. Scudder was discriminating as to symptoms, basing his specific indications upon prominent and unvarying symptoms as expressing definite pathologic wrongs.—**Ed. Gleaner.**

SYMPTOMS.—I am frequently met by the half interrogatory, “O, you prescribe for symptoms, do you?” Sometimes this is supplemented by, “I thought the science of medicine had so far advanced that physicians should prescribe for definite pathological conditions.” I answer that I prescribe *by* symptoms; or if the inquirer is persistent, I will confess that I prescribe *at* symptoms, and that without “symptoms” I am nothing.

What so-called scientific physicians prescribe by or at the Lord only knows. It is probable that the minority in these latter days (who lay claim to be scientific) are prescribing at microbes. The majority are using the same old shot-gun pointed at the name of the disease, and hitting the patient quite frequently. All claim to be guided by *standard authority*, and want to be protected by the State against irregulars, who seem to be getting more than their proportion of the practice.

Confessing that I prescribe *by* or *at* symptoms, we will get at the matter better by having a definition of the word. Thomas defines *symptom* as,

“a concurring circumstance happening simultaneously with the disease, and serving to point out its nature, character, and seat.” He does not seem to be a doubting Thomas in this matter, and I shouldn't wonder if he also prescribed by symptoms.

Let us try Worcester, and see what educated men, other than doctors, think of the word: “A perceptible change in the body or its functions, which indicates disease. A sign or token: that which indicates the existence of something else.”

How do we *know* things? Through our senses—sight, smell, hearing, touch, taste. Can we know them in any other way? No; absolutely no. Symptoms then are the evidence of our senses. They are what we see, smell, hear, touch, taste, of disease. Deprive a doctor of these senses, and he is as absolutely worthless and knowledgeable as the chair he sits on. We understand that the senses may be educated, and that this education is the chief object of life. This is so in all pursuits; it is especially so in medicine. The man of educated sense is a good carpenter, shoemaker, farmer; the ones who have not this cultivation are wood-butchers, cobblers, and poverty breeders. The physician of well trained senses is likely to be a good doctor; the one of no training is likely to be a politician, and a suppliant for boards of health.

You ask me then. Can we see disease? Can we hear disease? Can we smell disease? Can we taste disease? I answer, yea, verily, we can, and that is the way we know it. No man can claim that there is anything new or abstruse in this, or that it strikes a person suddenly like conversion, or that it requires a prophet. Our senses are the resultant of the use of all the people who have preceded us, plus the training that we have given them ourselves. I have great faith in being born well, and would rather have the heritage from an ancestry who have succeeded in mechanics and the industrial pursuits of the world, than from the most aristocratic blood of Europe. If we have the heritage of reasonably good senses we can so train them by use that we can recognize through them.

What can we see? We get the form, the color, some changes of structure, and to some extent a knowledge of the muscular capacity of the body. We get the form, color, and a knowledge of the adventitious material that makes the coatings of the tongue and mouth.

What can we smell? Stinks. Stinks that indicate disease of the blood, the

stomach, the lungs, the bowels, the uterus. Stinks that talk to us of death.

What can we hear? Enough to tell us of many diseases of the respiratory apparatus, of diseases of the heart, of some diseases of the stomach and bowels; and lastly we can hear the patients story, supplemented by the history given by the nurse.

Can we touch disease? There is no one but what has heard of the evidence of the *educated touch*. We practice obstetrics by the touch. We diagnose many diseases of women by the touch. It tells us the condition of the tissues, and is the most reliable sense in the practice of surgery.

Can we taste disease? This sense is rather a personal one. We can taste our own disease—more rarely our neighbor's.

Symptoms! Yes, symptoms. I should like to know how we could get along without symptoms. The closer observer is likely to be the best doctor.—SCUDDER, *Eclectic Medical Journal*, 1888.

DISPENSE YOUR OWN MEDICINES.

Dr. Scudder's teaching was largely responsible for the prevailing custom among Eclectic physicians of dispensing their own medicines. The small dose of representative medicines made this practice feasible and he contended that the workman (doctor) should be familiar with his tools (medicines). The greater safety, the insured quality, the saving of time and trouble, and the lessened cost to the sick were further arguments in its favor. It absolutely prevented substitution and kept the control of the case of sickness wholly in the hands of the attending physician, who alone should be responsible for the kind and quality of medicines administered to his patient.—**Ed. Gleaner.**

DISPENSE YOUR OWN MEDICINES.—In this connection I can not resist the inclination to repeat the old advice, “Dispense your own medicines.” It is not only a personal satisfaction in knowing that the sick get what we wish, but it is a very great satisfaction to patient and family.

You have never felt the inconvenience of a prescription? The walk of two or three squares to a half mile, the slow waiting for the prescription

to be filled, the tedious walk back before the sick could have relief? I recall a case of this kind, where a mother was obliged to leave her sick child to get medicine, and came back to find her child in convulsions and dying. I should have thought that that doctor would never have written another prescription, but he did not seem to mind it—it was not his child.

I have always carried my medicines, and it has been a continuous satisfaction. I have heard the expression from the sick time and again, “Doctor, I am so glad you carry your own medicine. I feel safer when you prepare it yourself.”

It is so easy to prepare the medicine. A glass half full of water, five or ten drops of the tincture, a teaspoonful every hour. The patient is not nauseated by the thought of a nauseous mixture or powder. The child takes its medicine without objection, and learns to look upon the doctor as a friend, and not as the household devil used to frighten him when he is bad.—Scudder, *Eclectic Medical Journal*, 1888.

SELECTION OF THE REMEDY.

No medicine, rather than one not indicated, was the teaching of the apostle of specific medication. So great was his faith in, the definite action of medicines that he believed only in administering that drug for which direct indications were known. He was extremely cautious in the recommendation or use of new medicines until by long experience their exact place in his definite system of prescribing had been found. Rash prescribing he considered one of the greatest of medical evils.—**Ed. Gleaner.**

SELECTION OF THE REMEDY.—As I grow older I want more evidence that the *right* remedy is being given, and I have a greater distrust of the wrong medicine. Medicine works good or ill. It is rarely that innocent thing that does neither, however simple it may be. It is well to have a medical conscience, like the old “theological conscience” that is ever alert to tell of wrong-doing. It may not be pleasant for the doctor, but it is certainly good for the sick. As these are camp-meeting times, I might phrase it in this way: “Oh for a medical conscience that would smite the careless, those who run in old ruts who do not think; let them be smitten hip and thigh like the Amalekites.”

I want to be reasonably certain of my remedy. Once in a while it will do to know “that it has proven serviceable in this disease” heretofore. It is

well to know that others “have used it with advantage.” I want to know of myself “that there are symptoms in the case pointing to this individual remedy.” These should be satisfactory, but at once the mind takes up the physiological problem, and will have it explained why the remedy will prove curative.

I can no more stop this mental process than I could stop Niagara; the reasoning goes on whether I will or no. The process may be bad, the facts incomplete, knowledge imperfect, but nevertheless I will be influenced by the result. I suspect others have a like experience, either under this influence of the will or unconsciously.

With reference to *new* remedies I find this reasoning as to the “why they should be of use to the sick and why dangerous,” so certain and so imperative that I can not resist the conclusion, and do not try the drugs. Take the case of arsenite of copper, of which we have recently had such strong recommendation. I do not give it. Many of the coal-tar products come in the same list, and in the doses and for the purposes named, I can not give them. The use of bichloride of mercury as an antiseptic, and especially its use as an infra-uterine injection, was forbidden by my medical conscience.

I think the physician should keep his mental apparatus well under the influence of his will, yet still not neglect the results of its automatic action. In the selection of the remedy I want to know if the symptoms point to it, in other words, if it is the “indicated remedy.” I want next to know if the action of the remedy is opposed to the diseased action, and looks towards healthy function—if the tendency is to strengthen life rather than the reverse. Of course this supposes a knowledge of the pathological condition, the morbid activities, and nature's method of restoration to health. If now we have the additional knowledge that it has been successfully used in such cases, our medical conscience can be fairly well satisfied.—SCUDDER, *Eclectic Medical Journal*, 1890.

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“In disease there is always impairment of life, therefore remedies should always conserve the life and increase the patient's power to resist disease and regain his normal condition.”—Scudder's *Materia Medica*, p. 34.

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REASONS FOR EXISTENCE.

Dr. Scudder was an advocate of the broadest liberty so long as the rights of all were conserved. This article is a timely one for the present when medical cliques would assume the right to dictate who or who should not practice the art of medicine. A sound medical education should be the only legal requirement for that right. Rival sects in medicine, like competition in business, act as incentives to more perfect preparation for the great work of the physician.—**Ed. Gleaner.**

REASONS FOE EXISTENCE.—If every man had to give good reasons why he should live, there would be a wonderful decrease in population. If every man had to give reasons why he should pursue his special line of business, there would be much trouble in the land. If every one of the hundred sects in religion were required to give reasons for their existence, we should be nearly deafened by the outcry of those on their special road to heaven. And yet one of the leading schools of medicine, which numbers over twelve thousand practitioners, is asked to give reasons why it should live.

In these United States has not a man “the right to life, liberty, and the pursuit of happiness” in his own way? I have been taught that he has? Do we interfere with our neighboring physicians? Only in taking the patients by honest competition. They offer the community medical service; we offer them a different quality of medical service. Have the people not the right to take ours in preference to theirs?

If the people have learned that regular drugging is not a good thing, and that the sick get along better with small doses of pleasant remedies given for direct action, is it not their right to take what they think best? Do you claim that they should be forced to take your nasty potions and your poisons?

Have you not taught the people through long years of trial that mercury, antimony, arsenic, and blood-letting were to be avoided? Have you not shown them that the antiphlogistic treatment was a failure and a curse? True, you did not intend to teach them, but we came on the stage to point the lessons and draw the moral.

Have you not said time and again, when you were in an honest mood, that medicine was uncertain, and that no man could tell when he gave a drug just what the result would be?— “that if all the drugs were at the

bottom of the sea it would be better for mankind, though it might be worse for the fishes?”

Have you not made it impossible for physicians to work with you, if they said a word against mercury, antimony, or bleeding? Did you ever permit free speech, a free press, or even free thought? Never? Could I live with you and work with you for the good of medicine? No. You would turn me out of your local, your State, your National societies within the year. You would burn my books at the stake, and it would only be the strong arm of the law that would prevent your roasting me with them.

When you talk about one *practice of medicine* by taking the *best of our school* into yours, and letting the remainder go to the “demnition bow-wows,” you can chew some of these problems and get the result without much experimentation.

The difference between the schools is so wide that it can not be bridged. We believe in the *certainty* of remedies; you hold that drugs are *uncertain*. We believe that there are symptoms in disease pointing to the remedy; you do not. We treat the varying conditions of morbid life as manifested by symptoms; you treat names of disease. Our diagnosis of disease is especially for the selection of the remedy or remedies; you to give a correct name, or to determine the pathological changes.

You have a great many men in your ranks that think much as I do; we have quite a considerable number who would make very good old-school physicians. But these prefer their present affiliation, and we believe in the largest liberty. In so far as education is considered, we will compare our Cincinnati college with the best you have. In regard to journals and books—circulation and number bought being the standard of measurement—we will compare with you at any time.

When the millennium dawns, and you are ready for perfect medical liberty, under the law which punishes malpractice, then we will take you by the hand and say there shall be but one practice of medicine.—SCUDDEB, *Eclectic Medical Journal*, 1890.

HONESTY IS THE BEST POLICY.

The student who enters college and wastes his time, thereby failing to prepare himself

in the best manner possible for his chosen life work, is not honest. Human life hangs upon the knowledge and efforts of the doctor, and if he has failed to do his best in preparing himself to care for that life he is dishonest. From his first to his last editorial Dr. Scudder enforces the lesson of honesty in all things, and this is one of the greatest heritages he has left to the medical world at large.—**Ed. Gleaner.**

HONESTY IS THE BEST POLICY.—I have been charged with sermonizing, and some of our subscribers have thought that this should be left to the ministers. (?) But bless your hearts, they are impractical folk, living up in the wind, trying to find angels, and shaping the earthly life by hopes of heaven or the fear of hell. To all of this I do not object, and bid them God-speed. But in medicine I prefer my experience, and I give it in the head-line — “Honesty is the best policy.” It is not in the Scripture, but it should be.

Honesty is a sterling quality, and applies to every act of this life, and probably of every other. For as we see it, everything in the universe has this quality, from our sun and moon to the last sun and planet in the universe, and only fails when we come to creatures that have wills of their own, and an ability to do for themselves. Policy is a low motive, but one of man's chief possessions, and the one that guides him in most actions. It is the individual well being that is continually looked after. Honesty does not consist in keeping your hands off your neighbor's property, keeping inside the law, and paying your debts, but applies to every act of life; and policy equally concerns all that a man does, and is, as well as getting his share of this world's goods.

Having defined the terms and cleared the way for the argument, w.e will see how “honesty is the best policy” in medicine.

To the student about to commence the study of medicine, I have said, and now repeat, “If you can make up your mind that honesty is the best policy in medicine, you will succeed. If you can not, you will be a fraud or a failure, and had better give your attention to something else.”

A man commencing the study of medicine should realize that he proposes to deal with life and health, man's chief possessions. Honesty requires that he should fit himself to give the best service to his patrons; anything less than the best he can attain is dishonesty. I should rather a man would steal my money, fail to pay his debts to me, or do almost anything regarded as dishonest, rather than that he should take charge of my life and health with but the pretense of a good preparation for the

work.

This is straight preaching, and every one can understand it. The student agrees to do this preparatory work; his study of anatomy is “honesty,” so is that of physiology, chemistry, materia medica, practice, surgery, and obstetrics. He is under bond, as it were, to his parents, his preceptor, the college, and his future patrons, to do the work well. Here our text gives the reward— “The best policy”—the good things of the profession—come to those who do honest work.

Both students and physicians are under similar bond that they will be educated gentlemen, and leading men in the community for all good work, whether it be sanitary, educational, or moral. Here honesty is by far the best policy.

Coming now to the doctor in his work, our maxim applies itself continually. One promises to give good and faithful service. One promises that the sick shall have the *best* medicines, the *best* care, the *best* food, the *best* of everything looking to health. As the doctor redeems these promises comes success, credit, and a larger and better patronage. One tactily promises that he will be a free man, without prejudice against others, examining all things, and holding fast that which is good. I believe that here, also, “honesty is the best policy,” even though the narrow and hidebound sometimes have success.

In pharmacy the current opinion seems to have been that our text is a fraud and deception. Medicines have been made to sell, and the less value the larger the profit. Worthless stuff palmed off for good, inefficient medicines for those of value, secret and proprietary medicines for open and good pharmacy. I do not see what kind of instruction these people could have had, but I can assure them that “honesty is the best policy.”—SCUDDER, *Eclectic Medical Journal*, 1891.

A MERRY HEART.

During all but the earliest part of Dr. Scudder's editorial career the December Journal contained a holiday greeting, “A Merry Christmas” and a “Happy New Year,” and very often the January number was headed, “Ring out the old, ring in the new.” These greetings were the kindly expressions of the editor's happy nature, for out from his heart went the spirit of kindness and uplift to every creature. His was a merry heart and he wanted others to carry a merry heart. In one place he classifies himself as one

of the laughing varieties of human beings. Joy, mirth, and the spirit of helpfulness made for him a blessed trinity.—**Ed. Gleaner.**

A MERRY HEART.—I hear you say, “It is not professional,” but I reply that it is, for the remainder of the proverb reads, “It doeth good like a medicine.” At the close of the year and the beginning of a new one, we have reached the period when we should “take our medicine,” and be merry.

It is a “merry Christmas and a happy New Year” to all my readers, and before this reaches you I hope it will have been merry to you, and will continue happy until the merry comes round again.

I do not know that there is anything very exhilarating about the practice of medicine. There is too much suffering, too much sadness, too many deaths, for a merry occupation, and yet it has its compensations. We get through the routine of the day, the month, the year better if we carry a merry heart. It does not cause a man to be a mountebank, or do things unprofessional, but the hopeful, joyous spirit is the “merry heart that doeth good like a medicine.”

As we look over the past, we have reason to rejoice and have a merry heart. The unpleasantness of the olden time has almost passed away. Medicine is no longer a punishment to threaten children and grown people with, but rather a relief from pain and unpleasantness. We do not torture the sick to make them well. We do not deprive them of water whilst they are burning and parched with thirst; we do not deprive them of food; we do not make a temporary *sheol* with blisters and their like. The time is coming when it may be said of physicians, “And all their ways are pleasantness, and their paths peace.” As we approach this time, we have reason for having a merry heart, and it is good medicine.

I do not know how you feel about it, but I had rather take a “merry heart” for my medicine than a dose of Podophyllin. On the whole I think I had rather give it. It may be that the world is not as joyous and merry at sixty as it was at ten or twenty, but it does fairly well, and the quiet smile takes the place of the hearty laugh.—SCUDDER, *Eclectic Medical Journal*, 1892.

THE WORK FOR THE YEAR.

The gospel of work again. He hopes for work, enjoyable work in doing good. "But it must be in the line of relieving human suffering, shortening the duration of disease, and saving life." Surely a noble gospel of work.—**Ed. Gleaner**.

THE WORK FOR THE YEAR.—It has just commenced, and I hope we all feel more comfortable that there is a full year's work before us. There are some persons, doubtless, who feel like resting, but our JOURNAL readers are not of the group. We have work, good work, and plenty of it, and we enjoy it. Just exactly what it may be we do not know, but this time next year we will be able to sum it up. But it must be in the line of relieving human suffering, shortening the duration of disease, and saving life. We propose to do it well, and at the close of the year be better prepared for the work of the year to follow.—SCUDDER, *Eclectic Medical Journal*, 1893.

A THIRD STUDY OF SPECIFIC MEDICATION.

During the closing years Prof. Scudder began the elaboration of a third study of specific medication looking to the action and uses of remedies having a selective affinity for special organs. Several of these papers appeared, and while they do not compare in utility with his other two phases of the subject they are very suggestive and valuable articles. This editorial is a part of the introduction to that series. In it he tells how he came to take up the study which culminated in his theory and art of specific medication.—**Ed. Gleaner**.

A THIRD STUDY OF SPECIFIC MEDICATION.—In study it is well—yes, necessary—to view the subject from every point of vantage. I am not one of those who rest satisfied with a single view; I want to see the shield on both sides, and I shall not argue or fight that it is silver or golden until I have seen.

There are many things in this world that we know; there are still more that are unknown to the wisest of men. I am thankful that we have the mechanism that will get knowledge—the senses that receive impressions, the nerves that carry them to the brain, that wonderful organism which receives impressions and brings them into order, and thinks; and above all, that ego, that personality which holds thought in subjection, and makes it reach out toward the infinite. However much a

man may know, he should want to know more, and if he exercises the powers he has he will know more.

I need hardly say that I have never been satisfied with medicine, that I do not believe it a science, or even a decent art. It may be quite as far advanced as theology, hardly as far as law, and far inferior to many of the mechanic arts. This, of course, is said of medicine as the majority write it, study it, and practice it. Whilst my opinion is not in accord with those who think they know it all, and brag of medical attainments, many of my readers will think very much as I do.

When still a youth in medicine, I believed that something better might be had, if one would work for it. There were the elements of something better scattered through medical writings, and I determined to gather them up, and make such provings of them as I could, and present them to physicians in as good a form as I was capable of. Possibly if I had not been a teacher and a journalist I should not have done it, for it required the constant stimulus of a daily and monthly demand.

The matter seemed to take three forms in those earlier years: 1st, remedies influencing functions; 2d, remedies indicated by special symptoms; 3d, organ remedies. To the first I was prompted by a study of *Williams' Principles of Medicine*; the second came through a study of homeopathy; and the third through reading Rademacher and his followers.

I believe the first study was a good one, at least I have been fairly well satisfied with it. It took the form of *The Principles of Medicine*, which is to-day the very foundation of our practice. There the human body was studied in health and disease; disease was analyzed, its component parts studied, and remedies pointed out for each. It was the reverse of the ordinary method, which takes the component parts, adds them together, fixes a name to them, and at that name prescribes drugs. I do not know how you think or study, but I take up the book and read with as much interest as if it were a novel, and think the old problems out as if the subject were new; and new thoughts almost always come. Very early in my practice I was impressed by the fact that there were symptoms pointing to individual remedies which would relieve or cure. My vision was not as clear as some, but when I saw the indicating symptoms, and followed them, I had success. I need not say that every source of this knowledge was looked after, and thousands of experiments or trials made, and the results you have in the companion

volumes of *Specific Medication* and *Specific Diagnosis*.

Whilst the most of the work has been done in these two parts, so far as I am able, it may be of advantage to some to take up the original idea and give the third part, *organ remedies*. I could wish that my ability was greater, that my experience had been larger, and especially that I had good health and youth. But as these are beyond remedy, I must needs do the best I can.

It is a fact of my experience, of your experience, of all experience, that remedies influence certain portions of the body in an especial manner. I need not argue that remedies influence the body, for it is a matter of common experience. It is not profitable to discuss whether they act upon the body or the body acts upon them; each reader may solve the problem to his own liking. We will all concede that medicines contain a force, and when remedies, this force is exerted towards health. Many would go further than this, and say they are not neutral in any case; they are either helpful or harmful.

Let us get the matter in different words. Medicines exert an action upon special organs or parts. They act in a somewhat definite manner. One may know when they are given where they will go and what they will do, and we may draw fairly reliable conclusions whether or to what extent they will benefit the sick.

My experience, your experience, all recorded experience, shows the facts as above stated, and also that it is possible to classify remedies as they may influence individual organs directly, and study the doses in which they act, determine how they act, and the result of this action.—SCUDDER, *Eclectic Medical Journal*, 1892.

SLEEP.

Dr. Scudder was an inveterate reader and well grounded in the best of English literature. His knowledge of the classics was broad, and while more given to Scriptural passages as a text for some lesson in medicine, he frequently courted the great thoughts of great authors for inspiration. His adaptations of Shakespeare's lines to his purpose in this paper reveals the fullness of his analytic understanding, which he applied to every work in hand. His views on the use of hypnotics are suggestions for thought, from which many of the present generation may derive profit.—Ed.

Gleaner.

SLEEP.—

“Sleep that knits up the raveled sleeve of care,
The death of each day's life, sore labor's bath,
Balm of hurt minds, great nature's second course,
Chief nourisher in life's feast.”

Shakespeare was a most wonderful observer, and an unrivaled reader of facts. He puts paragraphs in a word or line, pages in a couplet, sometimes an entire treatise in a very brief space, as in the few lines which I have used as a heading to this article. Another consideration of the value of sleep, of the necessity for sleep, of the doctor's bounden duty to see that his patient has sleep and rest, may seem useless to many, but my experience proves that we can not learn these lessons too often. Within the month I have seen two cases where the lesson renewed might have saved life. The physicians knew it once, knew it then, but the lessons had lapsed, gone to sleep, as so many things received do.

What a striking expression this is— “the raveled sleeve of care.” It is the history of many lives— “the carking care that wears the life away.” Men and women in every condition, in every employment—you, I, our patrons, all—meet the “raveled sleeve of care” at every turn, and it is a prime factor in many diseases. What is it that gives relief? Sleep— “sleep that knits up the raveled sleeve of care.”

“The death of each day's life, sore labor's bath.” Can you see the wonderful power of the line— “the death of each day's life?” The day must die, as all days must die in sleep, or other days could not live. It is the prime necessity of life, quite as much as food, more than clothing or shelter. “Sore labor's bath” tells the histories of laboring men and women from the beginning of time. It removes the burden and gives strength for the coming struggle. Like the bath it rests and freshens the body.

“Balm of hurt minds” brings a weird conception of the struggle of life, which is not only “sore labor,” but causes “hurt minds,” which is many times the heavier of the two. One may work, be obliged to work to the extreme limit of the strength, and go on for many years, even a lifetime if the mind is free from care or trouble; but the “hurt mind” wears strength and life away rapidly. But the good God has furnished the

remedy in sleep— “balm of hurt minds.”

Truly it is the “chief nourisher in life's feast,” and one to be regarded always and at all times by those who look after people's health. Shakespeare is speaking of such people, and it is our business to teach them lessons which keep people well, and I do not think the physician should lose any opportunity of impressing the lesson of these four lines.

But in the treatment of disease the necessity of this “chief nourisher in life's feast” is still greater, and we can not expect the best success unless we look to it. I have called attention many times to the necessity of seeing that patients have sleep in every form of disease. Not by the use of narcotics. O, no! Narcotism is not the sleep that “knits up the raveled sleeve” or is “sore labor's bath” or “balm of hurt minds” any more than whisky is gold and silver, even though it makes men feel rich for a few hours. There are other and better means of procuring the sleep which is so necessary.

We all appreciate the well made bed, the comfortable position, the hush and quiet of night, the darkness, when we want to sleep. The sick require the same conditions for restful sleep. They may need more, as the sponging of the face and hands, or the entire body, heat to the feet, something pleasant in the stomach in the shape of drink or liquid food. The fussing which many people misname nursing, the continuous taking of medicine which is misnamed treatment, do not favor sleep.

I do not believe I will be saying anything new to you when I recommend the *right remedy* as a sleep producer. How often have you seen aconite and veratrum pave the way to sleep by lessening vascular excitement and bringing down the temperature. Have you not seen sleep, natural sleep, that came with the kind action of gelsemium and rhus? or from the antiseptics, from quinine when indicated, even from a cathartic or lobelia emetic?

I tell you I do not believe there is the necessity for the use of opium, morphine, chloral, or sulfonal, that the books teach or many people believe. If we think of these things, and put them in practice early, we will find the necessity for narcotics growing less and less, until after a time we will hardly use them at all. They have a place, but we want to know, in every case, that they are just in the right place, and we do not want to feel responsibility for present injury, or for the growth of a future intemperance of use.—SCUDDER, *Eclectic Medical Journal*,

1892.

QUININE.

When Dr. Scudder wrote upon the action and uses of a drug there could never be any misunderstanding as to his meaning. He knew the indications and he knew how to express them so clearly that none could mistake them. His indications for powerful medicines are so decided, clear, and true that they might well stand as therapeutic classics. Aconite, veratrum, gelsemium, belladonna; who does not admire the distinctness with which he puts their indications? This editorial is a sample of his way of teaching the uses of a drug. Compare it with the hit or miss policy prevalent among those who prescribe for diseases rather than conditions.—**Ed. Gleaner.**

QUININE.—If there is any medicine that might rival morphine in its mis-uses and abuse that agent is quinine. Not only do physicians misuse it, but the laity buy it, and use it for all manner of ills.

Again, if it will be remembered that quinine has one specific and certain action, it will not false long to learn to use it with that certainty with which we profess to practice medicine.

We give quinine to cure diseases of a periodic nature, the *periodicity* being the keynote and the specific indication for its use.

There is, however, one more point to be remembered, if you would prescribe it with certainty: The stomach must be in fair condition to receive it, *soft, open pulse, skin moist, and no irrigation of the nervous system.*

Under these conditions, quinine acts with certainty, will cure ague and periodic fevers, and, taken at night with whisky, will abort a cold.

Given when the opposite conditions present, harsh, dry skin, irritation of nervous system, the patient will be made worse, disagreeable head symptoms will present, and the irritation of the nervous system will be increased.

Given then a case where distinct periodicity indicates the use of quinine, and there is a bad stomach, dry skin, and irritation of nervous system, give other remedies until these contra-indications are removed, then you may give full doses of quinine with great satisfaction.—SCUDDER,

TABLETS.

The days of the resinoids and the “old nastiness,” as he terms it, were not forgotten by Dr. Scudder, who for over thirty years had led the fight for representative medicines, when tablets came into the field. These he opposed as being no better at best than the old dried extracts, and he could see no value, as there is none, in evaporated tinctures put up in candy form. Permanent materials are not objectionable in tablet form, if soluble; but physicians soon found that no reliance could be placed upon remedies whose best constituents are evanescent or volatile when put into the lozenge form. Discrimination in the use of tablets had to be learned by bitter experience by many, while men well versed in the properties of good medicines saw early the failure that was sure to ensue from the use of tablets.—**Ed. Gleaner.**

TABLETS.—Druggists are “on the move,” like other people, and they like to work new things on the profession, and make them for a little extra money. Thus we have our table loaded with sample medicines, and clever gentlemen bring them around, talk learnedly of their virtues, and give them away. One might suspect that manufacturers are the most self-sacrificing men, typical Good Samaritans, and are doing all this for the benefit of the hard-worked doctors and their suffering patients. Do you believe it?

Among the many fictions of the year is the presentation of *tablets*, and the assurance that they are quite as good as fluids, much easier to carry and dispense, and far pleasanter to take.

What is a tablet? If made well, it is powdered sugar and gluten, moistened with a good tincture, and dried. Of course the alcohol has evaporated, and only what it held in suspense, as resin, resinoid, alkaloid, etc., left behind. It does not represent the fluid medicine only as a dried extract might represent it. You remember the days of resins, resinoids, neutral principles, and powdered stuff, in which our indigenous medicines were served to us twenty-five years ago. Whilst some were good, there was a mass of worthless stuff, which almost swamped our school of medicine. Is it possible that “the sow is to return to her wallowing in the mire, and the dog to his vomit?” Not so long as I am able to talk against it.

Twenty-five years of hard work to get rid of the old nastiness, and get reasonably honest medicines, are not forgotten. Nor will our readers forget the advantage they have had from using good medicines. It has lessened their drug bills seventy or eighty per cent; it has given success in curing disease; and it has made the practice of medicine pleasant to both patient and physician.

A good specific medicine is good enough for any one. It contains the remedial qualities of the drug in the best form for preserving and dispensing. Time does not change it, and it will be as good in one or two years as is it to-day. It gives us the small dose, of certain strength, and in the familiar "half glass of water," the pleasantest form for administration. Take my advice, and stick to specific medicines; do not let traveling men persuade you that there is anything better. We do not want anything better.

I have used homoeopathic pellets, and some triturates, and occasionally one may vary the monotony of the water, glass, and spoon, by buying the pellets and medicating them; but when it comes to a wrestle with disease, I always want the fluid medicine of the best manufacture.—SCUDDER, *Eclectic Medical Journal*, 1893.

HOWE.

The work of a life time in connection with congenial colleagues is bound to leave an aching void when that association is broken by death. The gentle spirit of John King had passed on and the great Howe had followed. Prof. Scudder, ever thoughtful, seems to live over again the days when the trio worked hand in hand. It suggests memory-days—anniversaries marking the passing of those who have justly won recognition to be remembered by those they have labored with and taught. Perhaps he, too, recalled the story he once told of the Eastern king who had a skeleton at every feast and of the one who, at each banquet, passed to each guest a skull on a salver, upon which was the motto, "Thou, too, are mortal." Who knows but that he, too, may have realized that he was soon to pass on. Scarcely had the ink dried on this editorial than his own spirit went to meet those of beloved colleagues, and the three great leaders of Eclecticism had joined "the innumerable caravan."—**Ed. Gleaner.**

HOWE.—The months roll round, and this February we have the second anniversary of the death of Professor Howe. He is buried near where he was born, at Paxton, Mass., and a granite shaft marks his last resting

place. I had thought it well to again name the fact, for there are some who, going East, would go out of their way to make a pilgrimage to the spot "where they have laid him."

We do not forget the kind feeling he had to all men, but more especially to those of his own medical faith. Many will not forget his kind sympathy with their work, and the ever ready brain and hand to give assistance when it was needed.

In Cincinnati we live where everything recalls him, and we can almost hear his footsteps, his cheering voice and laugh, and the firm, earnest words supporting his opinions. A man was the better for knowing him, and his associates have many pleasant memories of the time when Professor Howe was a power in medicine and surgery.

It is well, I think, to have an anniversary of death and re-birth, when the day recalls to memory the incidents of an honorable life, that by thinking of them we may become better and stronger men. So we will have the 16th day of January as a memorial day for Professor Howe.—SCUDDER, *Eclectic Medical Journal*, 1894.