

demic—as an instance we may take trismus nascentium, a disease of very common occurrence with us—yet, although from this very fact, greater caution was used and more care taken of infants (particularly those of the labouring class) than at present, the malady is now scarcely known; again, agriculture exerts oftentimes a palpable change on the healthfulness of a place, yet we cannot assign this as a cause operative in our case, since cultivation has been carried to every rood of land for years past, and but little opportunity afforded to accumulations of decaying matter. Perhaps our freedom from insect life may in some way explain the change—but of this hereafter.

“We certainly perceive,” observes Dr. Chowne, in an oration before the Medical Society, “without reverting to proofs which geology might supply, that in the progress of ages and of centuries the temperature of other climates and our own have undergone considerable change, as is evinced by the formerly frozen state of the Mediterranean (1775) along its shores to the distance of fifty leagues, according to Glycus; in the Adriatic having been frozen in the time of the Romans, in the constantly frozen state of the Rhine and the Danube, and other rivers of Gaul and Germany, during the winter, making it necessary to cover the ice with straw to render the passage over them secure, according to Diodorus Seculus; in the freezing of the Euxine, according to Ovid; in the breaking of the ice of the Tiber, in order to obtain water for the celebration of superstitious rites, as alluded to by Juvenal; in the instructions for protecting the cattle from the inclemencies of an Italian winter, as given by Virgil; in the earlier period of our own former harvests, and in the unclothed state of our early inhabitants, as recorded by Cæsar; in the growth of large luxuriant wood on our highest hills, in situations where, from the degree of cold which at present prevails, they would not grow, as commented on by Kirwan; in the larger growth of our black cattle, as recorded by Robertson; and in the numerous other examples furnished by the animal, vegetable and mineral kingdoms of this and other countries.” The same observations apply with equal force to diseases, which undergo variations in their constitution no less remarkable, rendering their treatment at different epochs entirely opposite, demanding the utmost vigilance and study on the part of the physician. Dr. Graves, in his invaluable work, “Clinical Medicine,” gives a translation of Professor Autenreith’s observations on this subject, which are so very excellent and applicable to our present purpose, that no apology is needed for their introduction,—“All diseases contagious and non-contagious, acute and chronic (the latter, however, seldom, except when attended with some degree of general excitement) have been observed to preserve a certain constitution or general character which continues for a number of years in succession, with occasional interruptions, until it is displaced by another constitution of a different character. Thus, during one period diseases are remarkable for being frequently accompanied by a sensation of extreme weakness, sudden sinking of the strength and vital powers, unpreceded by any evident marks of excite-

ment, and attended by a disposition to pass into true typhus. During another period, the tongue is in general loaded with a thick white or yellowish fur, and many other symptoms of derangement in the digestive organs, such as bitter taste, costiveness, or diarrhœa, are constantly observed.

During a third period, diseases are characterised by a remarkable degree of vascular excitement, an evident tendency to local determination, a frequent formation of morbid productions, in a word, by all the symptoms of inflammation.

It is not known whether the transition from one of these periodic constitutions to another takes place suddenly or gradually, but the latter supposition appears more probable, except when the transition is accompanied by unusually great atmospheric changes.

The erysipelatous affection which, both in England and Germany, succeeded the gastric, and accompanied the first appearance of the inflammatory period, seems to have been an example of the gradual transition. Accurate observations are still wanting to determine whether this periodic constitution is confined to certain parts of the world, or extends over the whole, and whether its different species follow each other in a regular order of succession. If their order of succession should at any time be determined, it will enable the physician to foretell the character and most appropriate treatment of future diseases.

The general indications of cure, vary with the nature of the prevailing constitution, and consequently during one period stimulating remedies, during another alvine evacuations, and during a third venesection and the antiphlogistic plan, will constitute the most efficient treatment.

This very circumstance has caused much confusion in medical opinions, and has occasioned the reputation and downfall of many an infallible system, each of which is in its turn consigned to oblivion, and perhaps again revived as a novelty at some future period. The English boast much of the astonishing improvements in science, and deride the ignorance of their predecessors, regardless of the old proverb, “Everything has its day.” Whenever, therefore, the periodic constitution undergoes an alteration, they either obstinately uphold their usual plan, or else blindly embrace some system, to them new, but which really rests upon ancient and established principles. In general, they do not fail to make so much exaggeration in support of their opinions, and thus succeed in misleading so many, that none but very well informed physicians can distinguish the fallacy of their arguments. The medical history of Great Britain affords many striking proofs of these assertions, and is replete with examples of the singular obstinacy with which the English cling to opinions once formed—a circumstance which has materially contributed to obstruct their attaining to general views and impartial conclusions. Even to this day, a warm contest is carried on (less, however, in books, than in the debates of learned societies) between the senior and junior parts of the profession; the former still inclining to Brunonianism, while the latter attribute nearly all diseases to inflammation.