

If the editor of that paper would follow up the opinions advanced in the article, he would find himself doing more to place the practice of medicine on a sure physiological basis than he at present dreams of. From the frequency that we find such articles in old school journals, we are inclined to believe that the light which physiology and pathology affords the physician, an entire change must occur in old physic. *Spes affulsit.*—EDITOR.]

THAT every medicine has a tendency to operate on some particular organ or tissue, in preference to all others, is highly probable; that many medicines exhibit this tendency in a very marked degree is already well known.

Medicinal substances seem to be endowed with a kind of *elective affinity*, by virtue of which they select from the complicated machinery of the physical organization some part, or organ, or system on which their specific action is manifested rather than on any other.

Examples of the specific operations of medicines are familiar to all. A few will suffice for the purpose of illustration.—Opium, belladonna, and nux vomica act specifically upon the brain and nervous system, and it is asserted by Flourens that “Opium affects more particularly the cerebral lobes; belladonna in a limited dose affects the tubercula quadrigemina, and in a larger dose the cerebral lobes also; and nux vomica the medulla oblongata.”

Tart. antimony operates specifically on the lungs; mercury on the glands and osseous system; secale cornutum on the uterus, and cantharides on the urinary organs.

The local specific operation of medicines is independent of the general irritating and poisonous effects which many medicines produce in common. For example:—Tart. Antimony exerts its specific action on the lungs in pneumonia when the quantity taken is insufficient to produce its more crude and irritating effects on the stomach and intestinal

canal by vomiting, purging, or even nausea.

A medicine may operate specifically on several different organs, as belladonna on the brain, fauces, and skin, yet it is probable that among the various parts with which it possesses specific relations there is one for which it has a greater affinity than for any other, and this *one part* is more susceptible to the action of the medicines, and requires a smaller quantity than any other, for the production of a philosophical or a curative effect.

A knowledge of the specific physiological action of medicinal substances is the only true guide in their therapeutical application. This knowledge is necessarily the basis of the specific healing art.

That method, says Hufeland, which acts by “attacking the internal alteration of life, which is indispensable to disease—indeed is the disease itself—and changing it into the normal state” is called the specific method. Or, in shorter and less ambiguous terms, we may define the specific method to be the curing of diseases by remedies which *act directly* upon the diseased organs. And in this respect—the application of remedies *directly* and *solely* to the affected part—consists essentially the great advantage of the specific method over that of the ordinary plan of practice.

The progress of medical science, and the more extended knowledge of the materia medica and pathology, is leading the medical profession towards the general adoption of this method, to the exclusion of the old plan of depletion and derivation, in the treatment of inflammatory affections. And it is inflammation in some form or some grade that we have to combat in the great majority of the maladies we are called upon to treat.

Depletion by bleeding and cathartics, and derivation by vesicants and other counter-irritants, and also by cathartics, are the principal remedial means against the local phlegmasiæ.

In estimating the value of blood-letting in inflammatory affections we have to consider its effects upon the affected