

**A DISCOURSE ON SELF-LIMITED
DISEASES: DELIVERED BEFORE
THE MASSACHUSETTS SOCIETY,
AT THEIR ANNUAL MEETING,
MAY 27, 1835**

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A Discourse on Self-limited Diseases: Delivered Before the Massachusetts society, at their annual meeting, May 27, 1835 by Jacob Bigelow

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JACOB BIGELOW

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ADVERTISEMENT.

THIS Discourse is reprinted from the Medical Communications of the Massachusetts Medical Society, by whose appointment it was written. The enumeration of self-limited diseases, which it contains, is by no means so complete, as it may hereafter become, should the attention of medical inquirers be drawn more extensively to the subject.

Boston, July 1, 1835.



SELF-LIMITED DISEASES.

SINCE the period of our last annual meeting, our Society has sustained a loss, in the decease of its worthy and respected Vice-President. Dr. JOHN DIXWELL, whose professional career in this city had been assiduous, enlightened, and honorable, and whose faithful services in successive offices of the Society, had been so long recognized, that his familiar countenance seemed almost necessarily associated with our periodical assemblings, has departed from amongst us.

In the same year has died, Dr. BENJAMIN LYNDE OLIVER, a patriarch in the medical community, the long and even tenor of whose life has been characterized by a philosophic taste, and a laudable zeal to increase the resources of the healing art.

Dr. EZRA STARKWEATHER, one of the distinguished members of our profession, has vacated by his death a station rendered influential by the weight

of his private character, and important by his efficient services, both in the councils of this Society, and in those of the Commonwealth.

It is fit that the tribute of our passing homage should be paid to the memory of men like these, and that the instructions, which may result from the noticeable event of their decease, should be brought home to our most serious contemplation. We meet, not to lament the fate of men, whose lot was desirable, in as much as their usefulness and good name were commensurate with their lives; but rather to review the duties which are devolved upon ourselves, as surviving representatives of a difficult and responsible profession.

The death of medical men is an occurrence which eminently demands our attention, for it speaks to us of our science, and of ourselves. It reminds us, that we, in turn, are to become victims of the incompetency of our own art. It admonishes us, that the sphere of our professional exertions is limited, at last, by insurmountable barriers. It brings with it the humiliating conclusion, that while other sciences have been carried forward, within our own time and almost under our own eyes, to a degree of unprecedented advancement, Medicine, in regard to some of its professed and most important objects, is still an ineffectual speculation. Observations are multiplied, but the observers disap-

pear, and leave their task unfinished. We have seen the maturity of age, and the ardent purpose of youth, called off from the half cultivated field of their labors, expectations and promise. It becomes us to look upon this deeply interesting subject with unprejudiced eyes, and to endeavor to elicit useful truth from the great lesson that surrounds us.

In comparing the advances which have been made, during the present age, in different departments of Medical science, we are brought to the conclusion, that they have not all been cultivated with equally satisfactory success. Some of them have received new and important illustrations from scientific inquiry, but others are still surrounded with their original difficulties. The structure and functions of the human body, the laws which govern the progress of its diseases, and more especially the diagnosis of its morbid conditions, are better understood now, than they were at the beginning of the present century. But the science of therapeutics, or the branch of knowledge by the application of which physicians are expected to remove diseases, has not, seemingly, attained to a much more elevated standing than it formerly possessed. The records of mortality attest its frequent failures, and the inability to control the event of diseases, which at times is felt by the most gifted and experienced

practitioners, give evidence that, in many cases, disease is more easily understood, than cured.

This deficiency of the healing art is not justly attributable to any want of sagacity or diligence on the part of the medical profession. It belongs rather to the inherent difficulties of the case, and is, after abating the effect of errors and accidents, to be ascribed to the apparent fact, that certain morbid processes in the human body have a definite and necessary career, from which they are not to be diverted by any known agents, with which it is in our power to oppose them. To these morbid affections, the duration of which, and frequently the event also, are beyond the control of our present remedial means, I have, on the present occasion, applied the name of *Self-limited diseases*; and it will be the object of this discourse to endeavor to show the existence of such a class, and to inquire how far certain individual diseases may be considered as belonging to it.

By a self-limited disease, I would be understood to express one which receives limits from its own nature, and not from foreign influences; one which, after it has obtained foothold in the system, cannot, in the present state of our knowledge, be eradicated, or abridged, by art,—but to which there is due a certain succession of processes, to be completed in a certain time; which time and processes may vary

with the constitution and condition of the patient, and may tend to death, or to recovery, but are not known to be shortened, or greatly changed, by medical treatment.

These expressions are not intended to apply to the palliation of diseases, for he who turns a pillow, or administers a seasonable draught of water to a patient, palliates his sufferings; but they apply to the more important consideration of removing diseases themselves through medical means.

The existence of a class of diseases, like those under consideration, is, to a certain extent, already admitted, both by the profession, and the public; and this admission is evinced by the use of certain familiar terms of expression. Thus, when people speak of a 'settled disease,' or of the time of 'the run of a disease,' it implies, on their part, a recognition of the law, that certain diseases regulate their own limits and period of continuance.

It is difficult to select a perfectly satisfactory or convincing example of a self-limited disease from among the graver morbid affections, because in these affections, the solicitude of the practitioner usually leads him to the employment of remedies, in consequence of which, the effect of remedies is mixed up with the phenomena of disease, so that the mind has difficulty in separating them. [Note A.] We must therefore seek for our most striking or deci-