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Fordyce G (1793). An attempt to improve the evidence of medicine. Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge. London: J Johnson.

Title pages

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TRANSACTIONS

Colleg. OF A *Regii*
SOCIETY

Medicor. FOR THE *Edinens*
IMPROVEMENT

OF

MEDICAL AND CHIRURGICAL

K N O W L E D G E.

ILLUSTRATED WITH

C O P P E R - P L A T E S.

L O N D O N :

PRINTED FOR J. JOHNSON, N^o 72, ST. PAUL'S
CHURCH-YARD. 1793.

Key passages

XVI. *An Attempt to improve the Evidence of
Medicine.* By GEORGE FORDYCE, M.D.
F. R. S. *Fellow of the Royal College of Phy-
sicians, and Reader on the Practice of Physic
in London.*

THE evidence on which medical know-
ledge is founded has hitherto been princi-
pally deductions from the practice of medical
practitioners, made by themselves, and com-
municated to the public. The cases them-
selves from which these deductions were
made have seldom been published; and when
they have, they have principally been of ex-
traordinary diseases; and these have commonly
been stated, with a view to some particular
point, in such a manner that they cannot be
brought as evidence sufficiently accurate to
be depended upon.

The following scheme is intended to make
the evidence in cases more compleat, by dis-
secting them, placing the progress of each
particular symptom by itself, and shewing its
connection with, and the relation it bears to,
the other symptoms of the disease.

It is not of much consequence who has made any invention in the science of medicine, for the satisfaction arising from being able to relieve distress by the application of a new medicine, or one already known in a new manner, or for new purposes, is a sufficient recompence. I do not mean, therefore, to dispute the priority of the application of this medicine with any person who shall consider himself as the inventor of it, I only mean to show by what progress I have brought it in evidence that it is the most powerful remedy in erysipelatous inflammation. By erysipelatous inflammation I mean inflammation of the skin when it is only inflamed, or inflammation of the surface of an ulcer where the very surface only is sore and inflamed; or inflammation of the mucous membrane, when there is little secretion from the mucous glands.

As the disease was not uncommon, I had several opportunities of seeing its effects, which I found always successful, and ventured accordingly to extend its use to other cases of erysipelas, such as happen frequently in the face, and often in other parts of the body. I was so far convinced of its power, that I ventured to recommend it to my pupils, and publish its use in the erysipelalous sore throat in my Elements of the Practice of Physic, although with that diffidence a young practitioner should observe in the introduction of any new practice. In the year 1771 I was chosen physician to St. Thomas's Hospital, where there is great opportunity of ascertaining the efficacy of medicines in all diseases. Here I have had an opportunity of verifying to myself as well as to my present colleagues, that in all cases of erysipelalous inflammation which are pure, that is unmixed with phlegmonous inflammation, or increased secretion from the mucous glands, even in some cases of the latter intermixture, Peruvian bark is the most powerful remedy that can be employed, and is almost always successful.

I believe there are many practitioners in this country who still adhere to the treatment of erysipelalous inflammations, and those of the mucous membrane when pure, by bleeding and other evacuations, which I have always found hurtful; and I do not think the use of Peruvian bark is at all known abroad, excepting in gonorrhœa, from the chapter of my Text-book on the Lues Venerea being translated for the use of the students in some of the medical schools in France *. This practice requires only to be tried to convince any one of its utility.

