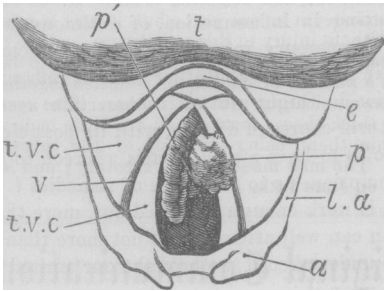


the vocal cords, of two growths of a polypoid character. The upper one (*p*) being attached to or springing from the left upper vocal cord or upper thyro-arytenoid ligament; the lower one (*p'*) from the true vocal cord on the right. The latter occasionally became partially concealed



- t. Base of tongue.  
 e. Epiglottis with its projecting internal cushion.  
 a. Arytenoid cartilage and cornicula laryngis.  
 u. v. c. Upper or false vocal cords.  
 v. c. Ventricle of the larynx.  
 t. v. c. True vocal cords.  
 p. & p'. Polypi: the one, *p*, attached to the left upper or false vocal cord; the other, *p'*, arising from the inner surface of the right true vocal cord, in the angle between the true vocal cords.

in the ventricle of the larynx. The Professor is of opinion that the growth is an epithelioma, and that it is particularly well adapted for operative procedure; and which, in this case, may be attempted without any preliminary process for accustoming the patient to the introduction of instruments, as he happens to be remarkably easy of examination, and presents little sensitiveness of the faucial region.

The adjoining woodcut, with the appended explanations, will better illustrate the state of the parts than any further remarks of mine.

Without the laryngoscope, we should have been satisfied with a false explanation of the hoarseness, and have remained entirely in the dark as to the real nature of the lesion. I need scarcely remind the readers of the JOURNAL that we are, in reality, only too uniformly in the same position with regard to all affections of the larynx. An instrument which, skilfully guided, becomes a means of withdrawing so important a class of affections as those of the larynx from the dreamland of hypothesis, and transferring them to the domain of positive science, is deserving of our most serious attention.

I venture only to add one caution. To use the instrument properly, and to prevent disappointment, the observer must train himself patiently; but with moderate perseverance, he will soon satisfy himself that it is eminently useful, both in regard to diagnosis and to treatment.

**SUICIDE OF A SURGEON.** On the 19th inst., Mr. John Adams, surgeon, Uttoxeter, committed suicide by hanging himself in a building adjoining his residence, where he was discovered quite dead. The deceased, who had come into possession of a considerable fortune some years ago, had since that time indulged in habits of intemperance. Some months back he married a young woman named Wigley, but the union proved an unhappy one, and a separation took place. Mrs. Adams afterwards went to live at Birmingham. At the beginning of the present week she returned to Uttoxeter for the purpose of removing some luggage, and was requested by her husband to stay and live with him again. This she refused to do, and it is supposed that this refusal preyed upon his mind and led to the commission of suicide.

## British Medical Journal.

SATURDAY, JUNE 28TH, 1862.

### THERAPEUTICS: THE ACTION OF REMEDIES.

It is somewhat surprising to note the sort of feverish energy with which medical men in France, England, and America are searching out and investigating the nature of new remedies. Would not the time and energy of those of our brethren thus engaged be far better employed in the attempt at elucidating the mode of action and the exact effects of those well-accredited remedies of which we already possess so goodly a number? Our ignorance, indeed, of the physiological action of remedial agents on the body is something very surprising; and we may safely affirm that there is no department of experimental medicine which offers so wide an opening for the labours of the pathological physiologist, none which offers so goodly a prospect of novel facts and results. The real truth is, that we know absolutely nothing of the mode of action of even those remedies whose effects are most clearly manifest.

Dr. Handfield Jones some time since called the attention of the College of Physicians of London to the unsatisfactory state of our therapeutical knowledge, and the thanks of the profession are due to him for having done so. Truly enough he argued: Is it not the duty of the leading body of the profession in medicine to make some effort to arrive at serious and settled opinions respecting the usefulness of the various methods of treating diseases, about which so much discordance of opinion exists amongst us?

The position of our knowledge of the effects of remedies on the body is indeed most unfortunate. What know we of the particular actions exerted on nerves, vessels, and organs, by our remedies? It is really humiliating to think that, even in the instance of the most familiar remedies, we know scarcely anything of their mode of action in the body. Clearly, our therapeutics are profoundly empirical. Is such a state of things, Dr. Jones asked, worthy of our high position? Ought we to be the only *opifices* in the world who have no intimate acquaintance with the tools we use? The information sought for is no mere speculative knowledge; it is eminently practical, and such as we cannot well do without, if we are to treat disease as men of science.

Let us look to some instances. It had long been a familiar fact that colchicum cured gout, at least the articular gouty paroxysm. It was also pretty certain that lithic acid was the *materies morbi* of the

disease; and so it came to be accepted by many that colchicum procured the discharge of retained lithates from the system. But an eminent member of our body, by exact research, has clearly proved that this is not so—that colchicum has no effect in increasing the excretion of uric acid or urea. The eliminant view of its *modus operandi* therefore fails, and we have to look for another explanation of its remedial virtue. If this should be, as some have thought, that it only suppresses the articular manifestation, without ridding the system of the poison, is not this a most important practical point, which ought to be well proved and tested? Or, again, if it be true that colchicum is, as has been stated, an antidote to the gouty poison, which may be used to overcome its slighter as well as its greater morbid manifestations, should not this be fully made out? Is not all this most practical?

The effects of mercury on the system surely deserve to be ascertained much more accurately than they are at present. It has a classical repute for its cholagogue action on the liver, and its power of causing the absorption of inflammatory exudation; yet recently it has been seriously questioned whether it has these properties at all. Such doubts ought not to be possible in the nineteenth century. Again, with regard to digitalis, it is known to lower and diminish the action of the heart; and also it is believed by many to tone and strengthen a weak one. Here is an apparent contradiction, which needs to be explained, and which probably might be, by aid of the advances recently made in neurology. Once more, is it creditable to us that we should have been all these years curing ague with bark, and yet never set ourselves earnestly to find out how this remarkable result is produced? What do we know of the mode by which arsenic cures a skin-disease, or chlorate of potash a stomatitis?

If our knowledge were more perfect, we should not only handle our weapons with greatly more satisfaction to ourselves, but with greatly increased power over disease. We should no longer be acting blindly and empirically, but with a clear perception of what we were about. When we knew well what a remedy did in one case, we should be able to apply it to analogous cases. Further, from the knowledge of the true action of remedies there would certainly result a better insight into the nature of diseases. If, for instance, it were determined that arsenic cured eczema by its tonic influence on cutaneous vaso-motor nerves, it would be a matter of just inference (supposing no other eliminant action to be set up, and the health to remain undisturbed, which is the common case), that eczema did not depend upon a blood-poison; and a similar conclusion might be arrived at in various analogous instances. Is it not most desirable for our own credit, and for the welfare of the public, that such questions as have

been lately raised should be fully and finally solved; or, at least, that an honest, earnest, intelligent, and adequate effort should be made to solve them? Is it creditable to us to have our best authorities so divided as they recently have been as to the value of bloodletting in inflammation, of antimony in pneumonia, of mercury in syphilis, and of calomel and opium in peritonitis and other cases of inflammatory exudation? Ought we not to ascertain accurately the natural course of disease, with its possible variations, so as to have a secure basis whereon to ground our conclusions as to the value of remedies? Here, indeed, is work enough sketched out, more than any one man can well attempt, but not more than might well be undertaken if we brought our united action to bear upon it.

Dr. Jones also pointed out the course to be pursued in order to obtain the desired object. There are, as he observed, numerous hospital physicians among us who are most favourably circumstanced for observing accurately the progress of disease. Of them would be asked two things—(1) that they would themselves undertake the accumulation of a body of evidence bearing on all the principal mooted points in the treatment of disease; and (2) that they would make over a few selected cases to expert chemical observers, for the purpose of accurately determining the changes effected in the cutaneous, pulmonary, alvine, and urinary excretions, under the influence of certain modes of treatment. These observers must, of course, be younger men, who could devote more time to scientific research. Of course, all the expenses incurred by them in their inquiries must be paid by some public body; in the publication of their reports, they should be acknowledged as the actual workers, and have the full credit of their labours. Many a rising man would doubtless be too happy to undertake work upon such terms.

Objections may possibly be raised to this; and the usual official one will perhaps be stated—viz., that the object is doubtless very desirable, but not one which a public body ought to contemplate; that it would be much better left to private enterprise. The reply is—(1) that the work is too great and manifold for almost any individual, and requires conjoined effort to be properly carried out; and (2) that it is the duty as well as the interest of our medical corporations to take an honourable lead in placing our art on a basis of scientific truth it has not yet occupied.

Some may be disposed to doubt that inquiries of this nature will be fruitful of practical results, or that they will materially increase our mastery over disease. Too sanguine expectations may be disappointed; but it is nevertheless certain that work in the direction here indicated is of all other the most likely to bring practical advantage. At any rate, if

we do not thus work, what remains for us but to go on in the same empirical way that we have been pursuing for centuries, making all the time scarce any approach to a truly rational therapeutism? In all labour there is profit. God denies nothing to well-directed diligence, as an old author says. It is impossible, if we work intelligently and earnestly, that we should fail to achieve some good results. Let us at least satisfy our consciences by making the attempt of obtaining this desirable knowledge. And, indeed, could any one of our great medical corporations do more to exalt medical science in the eyes of the world, and to further the great end of all our art—the cure of disease—than by initiating the inquiry so well and wisely called for by Dr. Handfield Jones?

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### THE WEEK.

A M. ASSOLANT, or Insolent, after a few days residence in the classic regions of Leicester Square, lately undertook to give his countrymen a faithful description of the manners, customs, and sentiments of the English nation. Amongst other qualities for which we are in his opinion distinguished, he noted down the one of inhospitality. In reading his words, we were naturally led to reflect upon the sort of reception which English medical men meet with on continental soil, when they desire to take up their residence in any great or small town as practitioners of their art. Express permission, it occurred to us, must be obtained from *l'autorité* for such settlement; and, in fact, only under very stringent regulations is permission given, and only to a certain happy few. M. Assolant's remark, indeed, led us also to reflect upon the liberty in this respect enjoyed by all foreign doctors, or any other foreign parties who choose to call themselves doctors, in the practice of their art on British soil. Any one, mountebank or philosopher, in this free-trade country, may practise medicine or surgery, provided he keep outside the limits of malpraxis; and so may every foreign mountebank or doctor. We know not the exact number of foreigners who are actually practising their art in this metropolis; but we will venture to say they equal in number the English practitioners of medicine in all the leading continental cities put together. M. Assolant's accusation of inhospitality also led us to reflect upon the kind of reception which we English doctors give to our continental *confrères* and their scientific labours when they appear amongst us; and we must confess that we have been astonished at its liberality. We are inclined to think that the reception referred to is in many instances considerably warmer than it would be if the scientific labour had been of English growth, and its author bred on English soil. We

therefore are led to a conclusion very different from that of M. Assolant; and it is, that our (medical) generosity or hospitality towards foreign *confrères* is often considerably greater than it is to our own countrymen. A pretty thing imported from Germany, for example, will often produce a sensation amongst us in England, which, had it been of native manufacture, would have elicited no kind of applause, and scarcely recognition. Indeed, we believe that, in some instances of high medical art, its cultivators would have done wisely to have exported their matter into Germany, had it there stamped with a German brand, and then re-imported into the country. We verily believe that they would have thereby had a much better chance of a fair hearing from their own countrymen. No doubt, in the matter of hospitality and scientific liberality, it is better to err on the right—*i. e.*, the liberal—side; but there are reasonable limits to the error. Let us by all means do the liberal liberally towards all foreign men of science and of medicine; but let us, while doing so, be wise enough to restrain our liberality within sensible limits; and, whilst holding out the most open hand of friendship to all such, be just enough also to mete out equal liberality and attention to our own countrymen. We will venture to say—M. Assolant notwithstanding—that there is no country in the world in which a foreign man of science has accorded to him so grand and numerous occasions of inflating his own trumpet as he enjoys at our hands. *Sit modus in rebus.*

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THE Cambridge meeting of the British Association for the Advancement of Science has been postponed until October. Professor Willis will preside; and the Dean of Ely, the Master of Trinity, the Astronomer Royal, and Professors Sedgwick, Adams, and Stokes, are Vice-Presidents.

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A SPECIAL meeting of the Medico-Chirurgical Society has been summoned for Tuesday next, to receive the report of the committee appointed to investigate the subject of suspended animation from drowning, and, if possible, to throw light upon the obscurity surrounding its right mode of treatment. The report will doubtless be a very interesting one. Our readers will remember that this is the first occasion upon which the society has appointed a committee to investigate important medical subjects. This meeting will doubtless be the one of the season.

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THE Queen has been pleased to appoint Claudius F. Du Pasquier, Esq., to be Surgeon-Apothecary to her Majesty, in the room of John Nussey, Esq., deceased. It will be seen from this that the ancient office of Royal Apothecary has ceased to be; that officer being now styled Surgeon-Apothecary.