

gressive science. It is, indeed, scarcely possible that the judgment should not be biassed by popular prejudice one way or other; in a doubtful case, any single individual will not, as he certainly ought not, to risk his reputation by running counter to such a prejudice, when he foresees that the disease is very likely, under any circumstances, to prove fatal. This is just one of the points on which we might help each other by mutual counsel and confidence, and I am sorry that there is so much feeling with many against consultations. Each one of us is too fond of his own experience, too opinionated of his own knowledge. Let us not forget that we must be to the end still learners, and, as once said by your late president, none among us is too old to learn, none too young to teach.

The only rule that I can find for my own guidance is, that in all acute diseases a certain amount of febrile disturbance is an essential element in the reparatory process—without it there is no recovery—and it must be our care that this neither runs beyond what is necessary to recovery, nor falls short of that ideal standard. Where antimony and starvation are likely to do good, in the known progress of the disease, blood-letting is likely to do the same amount of good in shorter time, if the organism be otherwise healthy, and the pulse full and firm. But neither the one nor the other must be blindly followed simply because inflammatory fever exists, as if this fever were of itself an unmixed evil—their real use is to keep it within due bounds. My belief is, that excessive febrile action leads to further local mischief, and that by reducing the force and frequency of the pulse we can, to a certain extent, limit the amount of inflammatory disorganisation. But I must confess that this belief is rather the expression of an empirical formula than the enunciation of a pathological fact. It may be that the inflammatory fever is simply the consequence of the intensity of the local disorder, and does not in its turn react upon the diseased organ; but if we adopt this view, we must discard the whole of our antiphlogistic treatment together, we must unlearn all the teaching of experience, and I think we must ignore the very results of our own observation.

But further, if our knowledge of the course of disease, existing in the present day, teaches that a time will come when the death struggle will not depend upon the excess of febrile action, but on the failure of vital force; then we must carefully guard against unnecessary depletion: venesection is then an irreparable evil: starvation must give place to tonics and stimulants. I very much question whether this be the case to anything like the extent which is asserted by many of the supporters of the modern doctrine of stimulation. It is not the result of my own limited experience, that people die worn out with a protracted struggle in acute diseases so frequently as from the severity of the attack in the first days of its existence. All will agree, that in the aged and the infirm antiphlogistic remedies are wholly out of question, and, probably, most here present have seen life imperilled in such persons by a very moderate employment of these means.

Undoubtedly in the progress of any severe disorder, a time comes when there can be no longer any question of further lowering the strength of the patient, and this brings us to the consideration of the third point already referred to,—the stage of the disorder at which venesection may be beneficially employed. If the object of blood-letting be such as I have assumed, it is manifestly only in the access or increment of the disorder that it can materially aid our treatment; as soon as the congestion and exudation have become stationary, when the febrile action no longer excites fresh local mischief, the abstraction of blood must fail of giving relief, so far as the inflammation is concerned. Still there are one or two other considerations which must not wholly be overlooked. We must all, no doubt, have seen how remarkably pain may sometimes be relieved by it, and it may become a question at any period of a disorder, whether the persistence of pain may not cause more mischief than the loss of a few ounces of blood. Then again there can be no question that it often materially promotes the action of remedies. The text books, with which we are all familiar, abound with cases in which, although the febrile action was not such as to indicate the need for venesection, its judicious employment has been attended with the most happy results in bringing about changes which remedies previously administered had failed to do; and I feel that we are bound to listen to the teaching of experience in such matters.

I may also again allude to the laboured action of the heart and the congestion of the lungs, whether due to the primary effects of the general inflammatory fever, or merely produced in a secondary manner by the movements of the heart being

impeded, as an important point in deciding the question of blood-letting in any case. Here the principles which guide us seem to me very analogous to those which may be beneficially followed in chronic disorders, attended with similar conditions of congestion and impeded cardiac action. I have frequently had occasion to observe the unmistakable relief afforded to patients suffering under disease of the heart, aneurism, or chronic bronchitis with emphysema, by small losses of blood, and I believe that this must be the experience of all, who are not too much influenced by the too prevalent prejudice against venesection.

I fear that I have very imperfectly fulfilled the object which I proposed to myself in bringing this question before the society. It was my wish to elicit the opinions of others rather than to express my own, and I fear that too much of dogmatic assertion has mingled with what I have ventured to advance. I confess to a very strong feeling, that we are going away too much from what may be called the traditions of medicine, because of our just pride in the advances made in pathological knowledge in our own day. And when I find certain teachers advocating that all cases are to be treated by stimulation in place of by lowering remedies, I cannot but feel that there is a great danger of our running into an extreme, which will assuredly bring about a reaction; and some of us may live to see the doctrine of venesection as widely advocated as it is now by some persons indiscriminately condemned.

The evil of such teaching is not limited to our own ranks. Popular prejudice runs in favour of anything that is new, and popular conceit fancies itself well able to decide the merits of such pretensions. A gentleman told me the other day that he would never sanction bleeding of any sort in his house; and that he had consulted a homœopathic practitioner because he was sure that he would not bleed. But a few years ago, patients were in the habit of sending for a medical man simply in order that they might be let blood, and if he hesitated to perform the operation, however unnecessary it might seem, some more compliant person was sought for. It requires the exercise of judgment, conscientiousness, and firmness, to oppose such prejudices; but surely the exercise of these higher attributes of our nature will bring a more sure and lasting reward than the mere money-value of attaining popularity, if that be accompanied by loss of self-respect.

THE STOMACH AND ITS AILMENTS PRACTICALLY ARRANGED.

By W. S. OKE, M.D., Senior Physician of the Royal South Hants Infirmary.

[Read before the Southampton Medical Society, Nov. 7th, 1858.]

[Continued from page 169.]

VI.—SPASMODIC CONDITION OF THE STOMACH.

THE stomach is rendered liable to vehement spasmodic action by various exciting causes, acting upon the motor fibres of the par vagum nerve. These causes are—1. Crude indigestible food, such as shell-fish of every kind, raw cucumbers, melons, celery, and any other uncooked vegetables; 2. The sudden application of cold, either internally or externally, when the body is heated, as the hasty swallowing of an ice after dancing, or plunging into water of low temperature; 3. The passing of biliary concretions; and 4. The metastasis of gout.

There is also a peculiar spasm of the pylorus, that has not been noticed that I am aware of, independent of any of the above causes. This spasm is very similar to that of the bile-duct during the passage of a gall-stone, but it is very distinct from this, as the spasm is unaccompanied by the passage of any concretion, or jaundice, or slowness of the pulse. The urine also, although high coloured, is not deepened with a bilious tint; and, although the pain returns at intervals, it does not so completely and abruptly cease as in the passing of a biliary calculus, but more or less continues to wear the patient till another spasm returns; and the spasms continue to harass the patient sometimes for weeks and months together. I have met with several of these cases. The following case is one of this kind.

CASE X. A lady, aged 55, residing near Cowes, of spare habit, had been attacked for a considerable time with severe spasms in the epigastric region, accompanied with vomiting, and returning at intervals. The stools were full, and the urine high coloured. The pain was attributed by her medical attendants, very reasonably, to a morbid secretion of the hepatic

function. She was treated by a variety of remedies, by warm baths, purgatives, large doses of morphia, and by mercury until the gums were under its influence; and also by divers external applications; but no permanent relief was obtained, and she continued to suffer most painfully. Having been requested to visit her, and finding that sedatives of almost every kind had failed, I resolved to digress from the beaten track, and try the following pills.

℞ Extracti hyoscyami gra. xxiv; pulvis digitalis gra. viij; saponis duri ℥iss. Misce bene et divide in pilulas xxiv æquales, quarum sumat duas ter die.

This medicine was given in the hope of relaxing and subduing the spasm, and it completely succeeded. The pain was at once subdued; and, by continuing the medicine, she became free from any return of the spasm. In a note which she wrote to me on January 2nd, 1844, she writes: "I have taken four pills each day, beginning the 15th of December; and from that period have been free from spasm and severe pain. I have never been so sensible of benefit from any medicine as from this since the commencement of my malady." I have treated several cases of the same kind with the above remedy, and have always found it eminently successful. I might here mention that, when the bowels are constipated from spasmodic action, I have often found the digitalis a good relaxant to facilitate the action of purgatives.

CASE XI. A married lady, aged 29, had suffered for six years from severe spasmodic pain in the right hypochondriac region. It was usually of a heavy, aching, but sometimes of a tearing character, extending either towards the epigastrium or to the loins. The spasms came on three or four times a week, were succeeded by rigors, and accompanied with vomiting; and sometimes so severe as for a while to deprive her of consciousness. The urine was high coloured, and the skin of a bilious tint, but not amounting to jaundice. She consulted several medical gentlemen in London and in the country, who attributed the spasms to the passing of biliary concretions; but no concretion could be detected, although the alvine evacuations were attentively examined. The renal function was free from any irritation, and no calculous deposit was observed in the urine. When she came for my advice, I attributed the pain to spasm of the pylorus, resulting from gastric causes; and prescribed for her the above pills, which completely relieved her sufferings; and for four months she has had no return of the pyloric spasms.

The symptoms of gastric spasm are characterised by vehement excruciating pain and a feeling of constriction at the epigastrium, vomiting, and (if the diaphragm be involved) by embarrassed breathing and irregular action of the heart. In retrocedent gout, there will also be a distressing sense of weight and coldness in the region of the stomach.

The severity of the spasm sometimes destroys life at once; but, in such a case, this result can scarcely be attributed to the stomach alone, but more probably to the spastic action being extended or reflexed to the muscular walls of the heart, which are governed by the same nerve, and thus producing a fatal cramp.

I have often thought that this cause of sudden death, especially if preceded by vehement pain, is more frequent than is generally supposed, and often overlooked, from there being no evidence after death of the cardiac muscles having been so acted upon. In angina pectoris, pathologists are to this day at a loss to account for the sudden death of the patient, which is generally preceded by the most violent pain; and, for want of a more obvious cause, have attributed the sudden loss of life by this disease to an ossification of the coronary arteries, which can hardly be considered a satisfactory explanation, since, in a great number of subjects, the ossified state of the coats of these arteries and other parts of the heart's mechanism is found where no such symptom preceded death, as will be presently shewn. Might it not be far more naturally attributed to a cramp of the cardiac muscles, however induced? The difficulty of deciding the question may be certainly increased when sudden death takes place without being preceded by vehement pain; but, even in such a case, the death may be so sudden as to prevent the consciousness of pain, and the possibility of expressing its occurrence, as in the following instance. An elderly gentleman, of corpulent form, and of luxurious and inactive habits, was sitting after dinner at his fireside, in the act of peeling an orange, when, without the slightest warning, his head fell upon his chest, and he died instantly. Upon examining the body, the following day, the falx major of the brain was found to be a plate of bone, and the valves of the heart also in a state of complete ossification. Here ossification

must have existed for many years, without producing such an effect.

Gastric spasm will be most efficaciously treated by opium and ether, in doses proportioned to the violence of the spasm, according either to the draught (a), or the pills (b). At the same time, the epigastrium may be embrocated by (c).

a. ℞ Tincturæ opii, ætheris chlorici, ā ʒj; misturæ camphoræ ℥jss. M. Fiat haustus statim sumendus.

b. ℞ Pulveris opii gr. i; camphoræ gra. v; misturæ acaciæ q. s. M. Divide in pilulas duas statim sumendas, et repetantur omni horâ urgente spasmo.

c. ℞ Linimenti camphoræ compositi ℥iss; chloroformyli, ætheris chlorici, ā ʒij. M. Fiat embrocatio.

If the spasm has been caused by irritant indigestible food, an ounce of ipecacuanha wine should be given first, with a view to dislodge it; and the emetic effect should be promoted by copious draughts of hot water. After this, the spasm may be treated with opium and ether, as recommended; and, when the vomiting has subsided, the bowels should be opened by the calomel pills (d), and the warm aperient draught (e).

d. ℞ Hydrargyri chloridi gra. iv; extracti colocynthidis compositi gra. v; olei caryophylli guttas ij. M. Divide in pilulas duas statim sumendas.

e. ℞ Pulveris rhei ℥i; magnesiæ carbonatis ℥ss; tincturæ sennæ compositæ ℥i; aquæ cinnamomi ℥ss. M. Fiat haustus horis duabus post pilulas sumendus.

If eating ice when the body is heated has caused the spasm, a glass of pure brandy should be given immediately. Should the spasm continue, it ought to be treated with chloric ether and laudanum, as above recommended, and with the embrocation (c), or a hot mustard poultice.

When the cramp has been caused by cold bathing, the same treatment is indicated; and a warm bath may be prepared, in case it might be required.

If it have been produced by the passing of biliary calculi, it should be treated by opium or laudanum, as in (f) and (g), repeated as often as the spasms may require.

f. ℞ Pulveris opii gr. j; pulvis digitalis gr. ʒ; saponis gr. iij; liquoris potassiæ q. s. M. Fiat pilula statim sumenda, et omni horâ repetenda, vehemente spasmo.

g. ℞ Tincturæ opii ℥xl; ætheris chlorici ℥ss; tincturæ digitalis ℥x; aquæ cinnamomi ℥iss. M. Fiat haustus statim sumendus, absente vomitu et urgente dolore; et repetatur omni horâ si opus fuerit.

Should it have been caused by retrocedent gout, a glass of pure brandy, which is generally at hand, should be given instantly; and, at the same time, the joint or joints from which the gout has receded, be enveloped in hot sinapisms, with a view of restoring the gouty inflammation to the joints it had affected, and of abstracting the disease from the gastric function.

VII.—DEPRAVED CONDITION OF THE STOMACH.

This state of the stomach is characterised by an abnormal appetite for food, either in respect of quantity or quality. In the former case, the appetite is ravenous, and sometimes enormous to a degree scarcely to be credited, constituting a disease which has been termed *bulimia*. Most extraordinary accounts of this disease are on record. Dr. Mortimer relates a case, in the *Philosophical Transactions*, of a boy only twelve years of age, who ate, in six successive days, three hundred and eighty-four pounds of food, making an average of sixty-four pounds of food daily! Other cases still more extraordinary are recorded, but these I shall not cite, as they are too disgusting and improbable to be believed.

Abnormal appetite is supposed by some to be sheer gluttony, rather than the result of disease; but this opinion is clearly refuted by the fact that the body is not nourished in proportion to the quantity of food eaten.

CASE XII. I once saw a well marked case of this kind in one of my own servants, who acted as groom. He was 25 years of age, of a strumous habit, and usually ate so much at his meals as to disgust his fellow-servants with his supposed gluttony; indeed, they at last complained of the quantity of food which he devoured, lest they should be accused of extravagance. One day, after he had eaten the greater part of a leg of mutton, he declared that his appetite was not at all satisfied, and that he could gladly eat as much again, if it were put before him; and doubtless this he would readily have done, had not his fellow-servants cried shame upon such gluttony. But the result proved that, instead of gluttony, his abnormal appetite was caused by disease; for very soon afterwards he fell into

confirmed phthisis, and rapidly sank under the exhausting effect of a psoas abscess in each groin.

But it is amongst the ill-fed children of the labouring classes that we shall most frequently find the depraved condition of the stomach here alluded to. In these, there will generally be a gnawing pain of the stomach and a morbid sense of hunger; but, although food enough is given to satisfy the craving for awhile, the body is not nourished by it. The aspect is pale; the nostrils in a perpetual state of irritation; the limbs attenuated; the muscles flabby and the abdomen tumid; the hair erect; and the digestive functions so weak as to allow of worms being generated in the alimentary canal, especially the lumbrici, several of which are frequently passed either by the bowels or the stomach. These are the symptoms which characterise this depraved condition of the stomach; and its pathology must be sought for in a disordered function of the ganglionic nerve. What that disorder is, it is not easy to explain; nor is it of much importance to do so, as the disease is not only readily diagnosed, but easily cured. If the patient be an adult, the pills (*a*) and the mixture (*b*) must be taken.

a. R Hydrargyri cum creta gr. xxiv; pilulæ rhei compositæ gr. xxx; syrapi q. s. M. Divide in pilulas xij, quarum sumantur ij tertiâ quaque nocte.

b. R Misturæ ferri compositæ ℥vij; decocti aloës compositæ ℥iv. M. Fiat mistura cujus sumantur cochlearia magna ij mane et meridie.

Should the case be that of a child over two years old, (*c*) and (*d*) will be preferable.

c. R Hydrargyri chloridi gr. ij; pulveris rhei gr. iv; pulveris cinnamomi compositæ gr. i. M. Fiat pulvis tertiâ quaque nocte in theriacâ sumendus.

d. R Vini ferri ℥ij. Sumatur ℥i bis quotidie.

I cannot state the reason, but it is certain that the vinum ferri is much more efficacious for children than any other preparation of iron, and at the same time more easily given, from its being palatable.

The depraved condition of the stomach which respects the quality of food is often manifested in unmarried chlorotic young females, in whom abnormal appetite leads them to crave after unnatural food, such as chalk, slate pencil, or even cinders; sometimes acids are preferred, and sometimes raw flour or coffee.

In this case, also, we find the signs of debility, probably from imperfect sanguification; the aspect is remarkably pale, and the lips colourless. The breathing and the heart's action are embarrassed by the least exertion, especially in ascending the stairs. The pulse is weak, and the extremities cold; there is great depression of spirits, lassitude, and inactivity; the catamenia are either unhealthy, deficient, or wholly absent; and, as the disease goes on, there is often cough, increased embarrassment of breathing, and œdematous legs.

The pathology of this case is also referrible to a morbid condition of the mysterious functions of the great sympathetic nerve; and to this cause, likewise, must be attributed that extraordinary disposition in some young females to feign diseases. A few instances of this kind have fallen under my own notice.

CASE XIII. A young woman, about the age of puberty, consulted me for a troublesome cough, accompanied with small quantities of blood in the expectoration. She affirmed also that, with the expectoration, she brought up occasionally some calculeous concretions, and, upon examining some, which she shewed me, they appeared to verify her statements; but, having some suspicions, I requested her to call again, and to bring with her any other substances that might be expectorated. She returned in a few days, and brought a pill-box, containing all that, she declared, had come up; but, to my surprise, I found the box to be supplied with small gravel, which she had picked up on the shore!

CASE XIV. A young woman, who was in service as a maid-of-all-work, complained to her mistress of having a swelling on the left side of the lower jaw, for which she was ordered to consult me. On examining the tumour, it was found to consist of a wadding of brown paper stuffed between the cheek and lower jaw; and, having been there for some time, it was not a little offensive, and formed an excellent imitation of a true swelling.

Some young women affected with this condition of the stomach are liable to a cough of a remarkable character: it is dry and harsh, having a rasping or sawing sound; and it sometimes continues for weeks and months together, with scarcely any intermission, except during sleep: indeed, it is so incessant as to irritate and distract the acoustic nerves of all who reside within its range. In one instance, I was earnestly entreated

by the neighbours of the patient to subdue the cough as speedily as possible, as they had been so constantly disturbed and annoyed by it, that they could not tolerate it any longer. I have seen about six cases of it, all of which, to the best of my recollection, eventually got well under the use of morphia, alterative aperients, and preparations of iron. This result of the depraved condition of the stomach is easily explained by referring it to a disordered and irritated state of the laryngeal branches of the pneumogastric nerves, arising out of this cachectic condition of the gastric function.

Treatment. The treatment of abnormal appetite for unnatural food, and other effects of this condition of the stomach, is also simple and efficacious. The pills (*e*) and (*f*) are to be taken till the general health and the gastric and uterine functions are restored, which will usually be effected in a few weeks.

e. R Hydrargyri chloridi gr. vj; pilulæ aloës cum myrrha gr. xxiv. M. Divide in pilulas vj, quarum capiat unam alternis noctibus.

f. R Pilulæ ferri compositæ ℥ij. Divide in pilulas xxxvj, quarum sumantur ij ter quotidie.

Walking exercise in the open air, a nutritious diet, and one glass or two of white wine daily, will greatly assist in the cure.

Under this morbid condition, I will relate a remarkable instance of hypochondriasis, for which I was consulted not long ago, and which was probably caused by a morbid condition of the gastric nerves in their connexions with the cerebro-spinal nerves. I am not certain that it was the result of a depraved condition of the gastric function; but I am upheld by Watson in connecting it with *that function*, as he speaks of hypochondriasis in his lecture on *Dyspepsia*. He says: "In respect to all these feelings and apprehensions, there is commonly a most obstinate belief and persuasion."

CASE XV. An elderly gentleman, formerly member of Parliament, who had long and actively employed his mind not only as a county magistrate, but as a committee-man of the House of Commons, became at length so shaken and nervous that he believed he had no power to raise himself from the sitting posture. He was at the Dolphin Hotel when I saw him, and had come from an adjoining county for my opinion. Having requested him to raise himself from his chair, he *appeared to endeavour* to do so again and again; but all his seeming efforts were as unavailing as if he were trying to raise the beam beneath the floor; and, from his general appearance and the shaking state of his upper extremities, I really thought his lower limbs were paralysed. He then said that, if he "clapped his hands together", he could succeed. This he did smartly: when—up he jumped and walked around the room in quick time, to my utter astonishment, and to a severe trial of my risible muscles. The same experiment was made several times, with the same result; but, without the clapping of his hands together, he *believed* that he had no power whatever to rise from his seat.

In this case is clearly demonstrated that "most obstinate belief and persuasion" alluded to by Watson as sometimes occurring in hypochondriasis arising from dyspeptic causes. I believe Dr. Watson quotes the above from Cullen.

[To be continued.]

RADICAL CURE OF HERNIA.

By HENRY HANCOX, M.D., Wolverhampton.

THE operation introduced to the notice of the profession by Wutzer, for the radical cure of hernia, is one that is worthy of trial in all cases of inguinal rupture, no matter at what period of life the rupture may have occurred, as the following case will shew.

A. L., aged 12 years, had been the subject of rupture of the right side from birth. He wore a truss from eighteen months old up to a period of two years before coming under treatment, when he discontinued it: the rupture had been down since that time. His parents applied to me to measure him for a new one, when I suggested the operation for its radical cure, to which they readily consented.

The patient was very thin, pale, and of a decidedly strumous habit of body, and not by any means a good subject for the operation; but, there being a chance of its succeeding, and the pain of the operation being so slight, I determined upon performing the operation, which I did on November 4th, 1858. I proceeded in the usual manner, by passing the forefinger of my