

BRITISH MEDICAL ASSOCIATION:
SUBSCRIPTIONS FOR 1873.

SUBSCRIPTIONS to the Association for 1873 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 37, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, OCTOBER 11TH, 1873.

MEDICAL ANSWERS TO LAY CORRESPONDENTS.

THE author or editor of the medical column in the *English Mechanic* replies to our observations of last week, in a letter which we publish in another column with a reluctance wholly due to consideration for its author. It will be read, we believe, with very general surprise and very great pain. It is possible to have clear and plausible grounds for mistaken proceedings; and it is customary, when gentlemen entertain views dissimilar from those of their peers, to express them in the language of propriety and of moderation. Whatever might be thought of the course of proceeding which Dr. W. H. Stone adopted, every one would have expected that, if it became necessary for him to justify it in the eyes of his astonished brethren, he would do so in language not unworthy of himself or of his profession. Those, however, who look to the text of the letter in which he appeals to our readers to-day, will be as grievously disappointed and as justly indignant at the manner as at the matter of the letter. In defying the rules and traditions of his calling, he can find no better form of words to describe his position than by declaring himself a member of a "clique" whose rules he declines to follow, and as at odds with the views which we last week expressed, on the ground that this is "the recognised organ of a large trades-union".

A physician who describes the Fellows of the Royal College of Physicians and the staff of St. Thomas's Hospital as a clique, and the British Medical Association as a trades-union, takes very bold ground, and may fairly be expected to illustrate his thesis by some singular evidence of his own disinterestedness and self-devotion, and to support it by clear and well developed argument. It does not, we think, well become any physician to remain a member of a clique whose rules he defies, or of a body whose principles he repudiates. It was inexplicable that Dr. Stone should appear in all the full glory of his titles as Fellow of the Royal College of Physicians and Senior Assistant Physician of St. Thomas's Hospital, as editor of the medical answers to correspondents of the *English Mechanic*, before his present explanation was given. It is still less comprehensible, now that his explanation has appeared; for it was possible before to presume the existence of some, to his mind overwhelmingly strong, ground of action, which might be considered conclusive, against the obvious objections to his proceeding. We can gather no such justification from the text of his letter, so far as it is possible to understand it. In reply to a leader which he characterises—with truth, we hope—as courteous, he answers by an intemperate and course defiance of the unknown professional multitude for whom he cares not an iota, and of the particular professional "clique" to which he belongs. We are not quite sure what this clique may be; but we interpret the phrase to mean the body of the Fellows of the College of Physicians and the staff of St. Thomas's Hospital. These are the cliques whose titles he weekly associates with his name at the head of his answers to correspondents in the weekly journal of mechanics which he favours with his professional advice, and we know of no other clique to which he can refer. Little, however, as Dr. Stone may care for the opinion

either of "the jealous profession" or of "the unknown multitude for whom he cares not an iota", or of the "trades-union" known as the British Medical Association, on behalf of which he considers that we are bound to express mercantile views, there are still some persons, not clearly indicated, to whom Dr. W. H. Stone desires, or rather consents, to offer some sort of explanation. He speaks of it as a correction of facts; but, on the face of his letter, it is rather a declaration of principle. We have not at any time seen the first number of the *English Mechanic* in which Dr. Stone's intentions were explained to his lay readers, but we interpreted the number actually forwarded to us in the plain and evident sense of his words. It is a twopenny weekly paper, having, we believe an excellent reputation as a journal of mechanics; and in its medical column, edited by Dr. W. H. Stone, a number of correspondents apply by letter for advice on matters affecting their health, which advice they receive gratis. The advice goes to the extent of ordering medicines; and we are therefore totally at a loss to understand Dr. Stone's intimation that the title of our last article, which is repeated at the head of this, conveyed a vile untruth. Bad language never mended any cause, and we must leave to this gentleman a monopoly of it.

What Dr. Stone is doing, he describes thus:—"The editor of this excellent scientific paper, knowing me as an old correspondent on mechanical subjects, asked me to exercise a general supervision over the medical and semi-medical correspondence, of which he thought a good literary and technical critic was comparatively ignorant. To this I willingly consented, on the understanding that it should be done openly and without remuneration." Why the *English Mechanic*, of all papers, should have a medical and semi-medical correspondence in its columns, whence its warrant, or where its necessity, does not appear. But the fact is, according to Dr. Stone's explanation, that, finding a medical correspondence in a popular weekly paper, and being asked to manage it, he undertook the answers to correspondents on gratis terms, and on condition that his name and titles should be printed at the head of it. Here is no audacious suspicion, but the bare fact, as he that hath eyes may see, and as Dr. Stone explains it. Now, as to his reasons for doing what he describes as a new thing, which induced him to expose himself, not only to the not "uncourteous remarks" to which he now replies, but to the less courteous censures in other quarters which he politely and moderately describes as the "misrepresentations of the nameless paid scribes of a jealous profession;" the reasons which Dr. Stone alleges for contributing a column of medical answers to correspondents to the *English Mechanic* are these.

"I am of opinion that the first advances to a knowledge of the simple routine and process of the medical world are often difficult; that many, from mere ignorance, fall into wrong hands; that still more, by having certain names daily paraded before them in general prints, lose their health, their business, and their lives; nay more, they even diminish the gains of the medical man, of which you are so zealous a guardian, by expending them on quacks! There is a charmed line around our profession, which, by habit, seems nothing to us; but which is very real to those outside. The usual go-betweens being interested and unlearned, there is need of one or more, who, being above suspicion, may give the merest rudiments of advice, such as we, in our esoteric conceit, term 'vague,' but which prevent initial and fatal errors. Of this fact, also, you seem to have a dreamy cognisance."

Dr. Stone avowedly writes this to remove our astonishment at this "new thing" which he is doing. We are fain to confess that he has added to it. We read with some astonishment in the first part of the explanation, that the editor of the *English Mechanic* was comparatively ignorant of his medical and semi-medical correspondence, and that Dr. Stone described himself as undertaking to supervise it. But we conclude that the plain English was, not that the editor was ignorant of the correspondence, but that he could not prepare the answers to it, and that Dr. Stone undertook to do so. We do not see why he should consider it a merit, and make it a condition, that he should do, without remuneration, work for which the editor is paid, and which presumably

increases the circulation and returns of the journal. But Dr. Stone's general justification remains to us as mysterious as we believe it will be to the members of the "clique" who will read it and to the "jealous profession", and, we believe we may add, the intelligent public at large.

Taking his reasons categorically, his first is to facilitate the advances of non-medical persons to a knowledge of "the simple routine and process of the medical world." But the simple routine and process of the medical world is, that a person who needs medical advice should be personally examined and questioned by a medical man, and receive advice based upon such examination; if he be a poor person, he can receive it gratuitously; and we are afraid to say, from memory, how many million persons annually avail themselves of that privilege in this country. We altogether fail to see, therefore, how a hospital physician facilitates the adoption of this routine by an act which most persons would be more disposed to look upon as a directly mischievous and public departure from it.

His next reason is that, by having certain names paraded before them, many fall into the hands of the quacks. It would be an obvious, but we believe it would be a quite unjustly significant, retort, if one of the "nameless scribes of a jealous profession" were to point out that the name, which is here weekly paraded in opposition to the quacks, is that of Dr. W. H. Stone, Fellow and Physician, etc. Dr. Stone's style of controversy, and his statement of reasons, alike invite the remark; but we hold sincerely to the belief that he is merely wrongheaded in the matter, and is entirely free from self-seeking. That does but make his course the more dangerous, since by consecrating, by purity of motive, an evil and dangerous course, he makes it the more easy for others of far different character and intentions to use, for the worst purposes, the forbidden weapon which is forged ready to their hand; and of which, from his example, they might plead that the use is lawful. In point of fact, Dr. Stone's plea goes for just nothing. It only implies that the editor of the *English Mechanic* should advise his readers to avoid quacks and shun advertising doctors; and that he is perfectly well able to do, without retaining for the purpose the services of a hospital physician whose name is weekly advertised at the head of the column—much, we should imagine, to the confusion of those "outside the charmed line of our profession," who must find it difficult to draw nice distinctions in the matter of advertising.

Dr. Stone's final reason is, that there is a charmed line round our profession, and that "there is need of one or more go-betweens" who shall give the rudiments of advice, "such as we, in our esoteric conceit, term 'vague'." Now, it is much easier to assert than to prove the necessity for such "go-betweens". The only "go-between" a patient seeking gratuitous advice and his physician of whom we can see the necessity, is the hospital porter or the officer of the Charity Organisation Society; at any rate, we do not see how the physician can properly be his own "go-between": if commenced from pure philanthropy, such a system may easily degenerate into mere touting. Nor can we conceive that, if a patient require quinine or iron, it helps the matter much for the physician go-between to order "two or three grains of some preparation" which, in our esoteric conceit, we term a vague and harmful mode of prescribing.

More trashy reasons were surely never adduced by any man than those which Dr. Stone alleges with so much vehemence of manner in defence of his new thing. After all, however, he must be aware that a medical column in a popular paper is no new thing, but a very old thing, and one very universally condemned and repudiated by the respectable part of the profession, not only in this country but all over the world. The argument *quod ab omnibus, quod ubique*, is always of no small cogency; when it is met by suggestions so empty as those put forward by this physician, it is irresistible. Dr. Stone describes the profession as jealous—"as Cæsar's wife", is the answer. The imputation which he throws out, that the course which he is pursuing is for-

bidden to respectable physicians only because it hurts the mercantile interests of the profession, is coarse, and contrary to the facts. It is calumnious of a profession which gives a larger amount of gratuitous service to the people and to the State than do any or all others, and to a college which bids its Fellows to regard their fee always as an honorarium, and prohibits them from recovering fees by process of law.

The practice of inserting a "medical column" in a popular paper, and of giving medical advice to lay correspondents through such a column, is forbidden by the sentiment of the profession; because much more efficient means of seeking and giving gratuitous advice exist in abundance; because such a practice affords no means of sifting deserving from undeserving applicants; and because so insufficient and imperfect a means of communication can give no sufficient information, and tends to degrade the relations of doctor and patient, to supply the patient with very imperfect assistance in his difficulties, and to bring the medical art into contempt. This is so in any hands; and hence the proceeding is a forbidden one. It is well that it is forbidden, for it is open to the most serious abuse.

There must be some opinions which Dr. Stone respects, much as he may depise those of a jealous profession generally. We beg him to take the advice of his most judicious friends. We shall be surprised indeed, if he find one who will not tell him that he has altogether failed to justify the course which he defends, or who will not advise him frankly to acknowledge an error of judgment and to desist from it. In the position which he now assumes in respect to it, further discussion would clearly become necessary in the bodies to which he belongs, and this must be serious in its consequences. Frankly, we should much regret it. Dr. Stone is a physician of culture, capacity, and excellent antecedents, notwithstanding the unfortunate display which he makes to-day; it would be deplorable that he should persist in so false a course as this on which he has entered. With the strong preconceptions and the irritable impatience of criticism which he manifests, we can hardly hope to have convinced him; but in any case we may beg him to take wise counsel from his senior colleagues in the profession, and to be guided by it. Let him consult his senior colleagues in St. Thomas's Hospital, or the President and Censors of the College of Physicians, and abide by their advice. We shall be surprised if they do not advise him to retrace an unwise course, and to express regret for the most unseemly language in which he has expressed his feeble defiance of professional opinion.

ALBUMINOUS EXPECTORATION.

II.

LET us pass on to the opinions enunciated by MM. Woillez and Marrotte, and see if *traumatic perforation* can give the key to albuminous expectoration as a result of thoracentesis. Woillez, in his *Traité des Malades Aigues des Organes Respiratoires*, pronounces the opinion that puncture of the lung in thoracentesis is more common than is usually supposed. At the meeting of the Société Médicale des Hôpitaux on June 28th, he dwelt upon the fact of recent puncture of the chest; on the physical and chemical similarity of the fluid extracted from the pleura to that expectorated; on the issue of a small quantity of blood by the cannula; and, above all, on the presence of blood in the earlier portions of the expectorated liquid; finally, on the issue of bubbles of air through the cannula during the course of the operation. He attributed the mischief to the operation itself, consisting as it does in plunging a sharp instrument more or less roughly and directly into the chest, without knowing, says M. Woillez, whether the lung be floating or not in the liquid, and whether it do not advance to meet the point of the instrument; and likewise not knowing if some local adhesion do not retain it within reach of this point. M. Woillez considers one of the best proofs of the lesion of the lung by the trocar to be more or less rapid expectoration, after puncture, of a fluid resembling that extracted from the pleura; and, amongst the outward characteristics, he cites one having a particular value in his eyes—namely, that the expectorated fluid may be sanguineous. In

the cases under consideration, however, not one of the true signs of perforation was noted; neither issue of blood through the cannula, nor passage of air from the bronchial tubes into the pleural cavity by pneumothorax, is spoken of. MM. Marrotte and Woillez have never demonstrated any perforation, nor has any ever been found on necropsy. It is, besides, as pointed out by M. Hérard at the meeting of July 11th, 1873, necessary to know if effusions followed by sero-albuminous expectoration were small effusions, and if the lung may have been injured during the operation. But, in M. Terrillon's twenty cases, in three only from one hundred to fifteen hundred *grammes* of fluid were removed; whilst in the others the amount rose from two thousand to five thousand five hundred *grammes*. Therefore, in the majority of cases, the lung was removed from the thoracic wall, driven back to the vertebral column, and thus sheltered from the point of the trocar. M. Béhier points out, in his lecture on June 13th, that it is an incontestable fact that, if the albuminous expectoration arose from perforation, it would not take an hour to come on; it would be as immediate and instantaneous as the injury itself, as in Boule's case already mentioned. In that case, the lung would have been wounded four times in succession, notwithstanding that every precaution against such an accident was taken. It is evident that this cannot be the fact, and consequently perforation of the lung by the trocar may be put aside.

We now come to the third explanation—*The passage of the pleural liquid into the pulmonary vesicles, and thence into the bronchial tubes.* This will not detain us long, for it is acknowledged to be impossible; it is contradicted by the anatomy of the lung, and by the physiology of combined absorption and circulation, which teach us, as M. Terrillon says, that the fluid passes into the vessels and is carried into the general circulation. Why, then, should not the pleural liquid be submitted to this physiological law? Besides, in bringing forward this explanation, the fact that the pleura loses its absorbent properties when it is inflamed and becomes covered with false membranes, is entirely lost sight of.

We now come to the fourth explanation, enunciated by M. Pinault in 1858, and repeated with much clearness and force by M. Hérard in 1872; *the transudation of the sero-albuminous liquid through the alveolar walls* by means of rapid pulmonary congestion with pulmonary oedema. This is based on sound physiology and on pathological phenomena, and is upheld by the majority of physicians, MM. Hérard, Moutard-Martin, Béhier, Dujardin-Beaumetz, Brouardel, and others, and is demonstrated by clinical observation and necroscopic examination. Physiology explains this transudation as follows. Section of the pneumogastric nerves brings on a frothy effusion in the bronchi and a sanguineous engorgement of the pulmonary tissue. One of the two products of secretion is nothing but bronchial mucus; the other, which is most abundant, is serous matter. M. Jaccoud, touching on the oedema of congestion, in his *Elements of Internal Pathology*, says, "constituted by a serous exudation in the walls and on the free surface of the alveoli, oedema is the constant and necessary consequence of all pulmonary congestion of a certain standing." M. Charles Robin, in his *Traité des Humeurs*, acknowledges that the capillary network of the surface of the alveoli may, under the influence of either temporary or permanent congestion, allow a certain amount of fluid quite distinct from the bronchial mucus to exude. M. Moutard-Martin grapples with the question in a very clear and decided way. "You cannot," he remarks, "clinically establish your so-called pulmonary perforation, while, on our part, we do clinically establish the sero-sanguineous congestion of the lung, by the presence of slight dulness and subcrepitant *râles*, of pulmonary oedema and hæmoptysis." That it may be proved after death, is shown in M. Gombault's case reported by Terrillon. In the explanation of this transudation, it is easy to understand that, when a lung has been compressed for a certain time, when it has been excluded from the air, that natural excitant, penetrating rather suddenly into the pulmonary vesicles, would produce irritation of the mucous membrane, and an excitement of the vessels which, in a very short time, would be followed by paralysis, of which the inevitable consequence is passive congestion with oedema. If we add to this the

destruction of the epithelium, which clothes the alveoli and strengthens the walls of the capillaries, the probability of MM. Hérard's and Moutard-Martin's explanation will be much increased.

In certain cases of albuminous nephritis, the desquamative congestion at the commencement allows the capillaries of the kidney to let the albumen escape into the tubules and mix with the urine; here the modified alveolar mucous membrane readily allows the albuminous serosity to filter through. Further evidence of the rapid congestion of pulmonary oedema, and of the expectoration resulting from this oedema, may be found in the analysis of the two fluids. The very complete researches of M. Dujardin-Beaumetz show that these fluids have a very distinctly marked difference of character. He says, "while both fluids [contain urea, mucine, and albumen, the expectorated fluid only contains 1 part in 1000 of albumen; the other, on the contrary, contains from 66 to 88 parts in 1000. This difference in the analysis," says M. Dujardin-Beaumetz, "includes, in our opinion, the difference in the origin; and we can now affirm that the expectoration is exclusively derived from the bronchial mucus."

Further, in favour of the theory of pulmonary congestion, as an etiological condition of the accident in question, the different cases of albuminous expectoration after thoracentesis, observed by M. Louis Lande, Professor in the Bordeaux School of Medicine, must be recorded. He proves the non-identity of the two fluids in a decisive manner, by citing the cases of Dr. Musson and Dr. H. Gintrac, in which the phenomenon came on after thoracentesis, performed for purulent effusion. To this may be added the conclusive proof given by MM. Revillout, Jalabert, Renan, etc. M. Revillout has applied himself specially to this subject; and the series of investigations which he has published in the *Gazette des Hôpitaux* for June and July are calculated to throw much light on this interesting problem. They are on very simple cases, attacks of albuminous expectoration not only arising without any thoracentesis, but even without the presence of any pleurisy.

In a series of clinical records, M. Revillout has accumulated a progressively significant number of cases, which, from their great theoretical and practical interest, deserve to attract the attention of physicians. In one of them, an old man, subject to attacks of asthma, did not at the time suffer, nor had ever suffered, from pleurisy. On two occasions he was seized with alarming crises, characterised by a cough, which at each expiratory movement brought up a mouthful of albuminous fluid tinged with blood, with which the patient soon filled a large basin.

In a similar case, M. Jalabert of Carcassonne, rejecting all idea of a pleural origin for the fluid, especially as the patient was subject to similar attacks from time to time, which were completely relieved by bleeding, did not hesitate to diagnose pulmonary congestion with excessive bronchial secretion, and combated the attack by agents capable of exciting the contractility of the small vessels, such as ergotine and syrup of belladonna.

These cases, M. Revillout remarks, lead us to form more just notions of acute pulmonary oedema. Similar cases have also been described by Robert Bree and Laennec. These accidents are not brought on by asthma only; for Dr. Renan of Saumur gives a report of a similar case, which might perhaps be considered as a manifestation of paludal infection. It is, then, to the fourth explanation of the phenomena of albuminous expectoration that the balance of evidence inclines. The subject is one of great clinical interest, and deserves the attention of medical observers, with a view to the definitive solution of the question at issue.

DR. BOLL, private teacher and assistant in the physiological laboratory of Berlin, has been appointed Professor of Comparative Anatomy and Physiology in the University of Rome.

INFANTICIDE has become so prevalent in New South Wales, that a movement has been originated with the view of establishing a foundling hospital.