

thoric, a few leeches to the upper part of the thighs, applied two days before the expected period, will be desirable. With this, a piece of flannel about fourteen inches wide, and folded twice, should be wrung out of a hot and strong decoction of poppy-heads, and wrapped round the pelvis, and covered with oiled silk. This fomentation may be renewed three times a day; and its application should be had recourse to for two or three days prior to the expected suffering, and continued steadily during the period. Of medicines, none, I believe, answer better to relieve the pain than nauseating doses of ipecacuanha, combined with opium, and the extract of stramonium, if the symptoms be very severe. During the interval, no preparation answers better than steel; but care must be taken that such doses and such forms only be given as the stomach will readily assimilate. The following formula is sometimes very useful for the purpose.

(Ph. Lond.) ℞ Ferri sulph., zinci valerianat., ā gr. i; ext. nucis vom. gr. ʒ; ext. belladon. gr. ʒ ad ʒ. M. Fiat pilula. To be taken three times a day.

[To be continued.]

### COLD INJECTIONS INTO THE UTERUS.

By A. G. ROPER, Esq., Croydon.

THE following cases of *post partum* hæmorrhage testify to the success of cold water injected into the uterus in this serious disaster. This proceeding I have adopted for some years, with the same unvarying result of the immediate check of the flooding and the permanent contraction of the uterus.

I have also found cold injection either into the vagina or uterus, of much service in those troublesome hæmorrhages which accompany or succeed abortions in the earlier months.

CASE I. Mrs. M. was confined May 20th, 1863, with her first child. The labour was natural. Two hours after the birth of the child, I received a message, stating that Mrs. M. was in great pain, and was faint; but that there was no hæmorrhage. Suspecting the nature of the case, I took my elastic syringe with me. My patient was faint, pallid, with cold extremities, and nearly pulseless. There was no external hæmorrhage; but the uterus approached in size to the full term. I injected cold water. Many clots were expelled; the hæmorrhage ceased; and the uterus remained permanently contracted.

CASE II. Mrs. M. was confined with her first child on April 24th, 1864. The labour was natural. The placenta was cast into the upper part of the vagina with the last expulsive effort of the uterus in the birth of the child. The removal of the placenta from the vagina was followed by excessive flooding. External pressure effected nothing more than a partial check to the hæmorrhage; and my patient became rapidly pallid and faint, the flooding being greater than I have ever witnessed. This ceased immediately on the injection of cold water; and the uterus remained permanently contracted.

**ARTIFICIAL LEGS.** The United States Government has increased the pay heretofore allowed for artificial legs furnished to soldiers. At the present rate (\$75), the manufacturers can afford to furnish their best limbs without extra charge. The liberality of the Government, and the necessities of many thousands maimed heroes, have stimulated the inventive powers of the ingenious, and the substitutes for lost limbs are reaching a high degree of perfection. (*Med. and Surg. Rep.*)

## Reviews and Notices.

**BENEFICENCE IN DISEASE.** An Introductory Address delivered at St. Mary's Hospital. By JOSEPH TOYNBEE, F.R.S. London: 1865.

MR. TOYNBEE endeavours, in this Address, to prove what he calls the "beneficence of disease". We think he fails in the attempt; and fails in consequence of having confused together the symptoms of disease and the disease itself. Mr. Toynbee says that disease is the result of an injury done to the body: "an impression has produced an injury to the body, and disease is the result." Now, to our view, the injury is the disease. Fire burns—*i. e.*, injures—flesh. The burn—the injury—is to all intents the disease. The impression fire has produced an injury, and this injury is the disease. The disease cannot be separated from the injury which represents, and is, the very disease itself.

But Mr. Toynbee has himself given illustrations of his views which clearly show the fallacy lying at the bottom of his argument.

"Thus," he says, "at the outset, I think it must be manifest to every medical man, that, in many instances at least, disease, instead of increasing, in reality repairs the injury from which it arose. A cough, obviously, often seems to remove the source of the injury which causes it—*e. g.*, a foreign body from the windpipe. Vomiting, again, often answers the purpose of ejecting noxious matter from the stomach. Accordingly, we look upon these diseases as of a reparative character," etc.

Now the fallacy here is transparent. Neither cough nor vomiting are diseases; they are simply reflex actions. They are just of a kind with that spasmodic closure of the glottis which is induced, for example, by the attempted inhalation of pure carbonic acid. Cough is not disease; it is merely one of the symptoms of disease, and may depend upon a score of different diseases. Does cough in any way cure tubercle of the lungs, or aneurism, or a laryngeal ulcer? The "impression" spoken of by Mr. Toynbee, in the case he here gives, is manifestly the foreign body in the windpipe; and the "injury" is the irritation, etc., excited by its presence. The "disease" here is assuredly the local injury caused by the foreign body. In no sense can the cough be called the disease, as Mr. Toynbee has it.

Then again says Mr. Toynbee: "An attack of scarlet fever seems to rid the system of the poison causing the scarlet fever, etc." Now surely, if this argument is to hold good, we might equally well speak of the beneficent effects of poisons. An attack of hydrophobia, Mr. Toynbee might equally argue, seems to rid the system of the poison causing the hydrophobia.

Mr. Toynbee also naturally draws illustrations of his position from his own department of surgery; and one or two of these we may add.

"In truth, so commonly is it manifest that diseased processes terminate in the reparation, partial or complete, of injuries, that the thought can hardly fail to suggest itself, whether, in these instances, the fundamental character of disease be not exhibited; whether, in fact, diseases may not be regarded as Nature's processes for repairing or lessening injuries? I have thought it well to bring before you some facts,

which to my mind tell in favour of this view, confining my illustrations to that branch of surgery which I now exclusively practise, and which I teach in this medical school.

"CASE I. Two or three years since, a man was admitted under my charge into St. Mary's Hospital, having the pendulum of a clock, eighteen inches long, projecting from, and firmly impacted in, his right ear. He, a German perambulating clockmaker, in the act of picking his ear with the hooked end of the pendulum, had it forcibly thrust into the outer meatus by the unfortunate reel of a drunken baker passing by. The house-surgeon, by the exercise of great force, pulled out the pendulum, the hook of which not only lacerated the dermis, but scraped the bone. Here was the *injury*, the disease which followed consisted in inflammation and profuse suppuration, and afterwards catarrh of the dermis, forming for some weeks a case of, so-called, otorrhœa; but by degrees this disease vanished, and the injury to the ear was wholly repaired. Now, here was a well-marked instance of the presence of a disease, the result of which was to repair an injury." (Pp. 13-14.)

"CASE II. A gentleman hunting, galloped along a green lane through a wood, and a twig of an overhanging beech tree penetrated the tube of the left ear and lacerated the drum. Inflammation and suppuration and catarrh of the dermoid layer followed; another form of disease usually called otorrhœa, thus presented itself; after a short time, however, the aperture healed, and the hearing was restored." (P. 16.)

"CASE III. A scrofulous lady, who was much out of health, when picking her ear, let a pin fall into the meatus; during attempts at its removal, the point of the pin was pulled by a pair of forceps into the substance of the meatus, and there left. Inflammation and suppuration round the end of the pin followed, as in the preceding case, but it extended to the mucous membrane of the tympanum, thence to the membranes of the brain, and caused death." (P. 17.)

Clearly, in all this, Mr. Toynbee confuses the symptoms of disease with disease itself. If he had told us that we often see beneficent efforts in the system to counteract or compensate for the effects of other diseases or injuries, we could fully follow him. We may see beneficence in the hypertrophied heart which compensates for defective valves. We may see beneficence in the one enlarged kidney which is found compensating the loss of the other kidney. We may see beneficence in the hypertrophied muscular structure of the bladder in cases of stricture. We may see beneficence in the enlarged collateral arteries which follow obstruction of an arterial trunk; etc. But surely all these things can in no sense be called diseases, any more than is the cough attending bronchial irritation.

"Cases of scarlet fever, small-pox, cow-pox, measles, etc., terminating favourably, rectify the several injurious conditions in which they take their origin," says Mr. Toynbee. Here, again, there is much confusion and obscurity of language. If this sentence mean anything, it means that scarlet fever cures scarlet fever! Surely Mr. Toynbee would not call the fearful convulsions resulting from strychnine beneficent; and yet they are so, according to his mode of arguing. For in what respect does scarlet fever, as a disease, differ from strychnine-poisoning? In both cases, we know that a poison is introduced into the system. In both cases, the poison produces certain characteristic symptoms. In neither case do we know how the poison acts. All we do know further

is, that according to the strength of the poison introduced, and the state of the body, etc., in which it operates, will be the chance of the recovery of the patients. "An attack of scarlet fever seems to rid the system of the poison causing the scarlet fever." But what is an attack of scarlet fever, excepting the manifestation of the presence of scarlatina-poison in the body? What are those manifestations, except morbid symptoms excited by the poison? Here, as in the case of strychnine-poisoning, either life is destroyed, or the poison is gradually eliminated from the body, or ceases to excite further morbid action and the patient recovers.

Mr. Toynbee might assuredly have drawn a much more secure basis for his argument, had he gone back to the origin of the diseases to which he especially refers. For example, he might have spoken of the beneficence of fevers, when they lead men wisely to remove the sources of them. He might have largely dwelt on this theme, and have shown that a very large portion, at all events, of the diseases which mankind suffers, are in this way distinctly traceable to acts which are deviations from the laws of Nature; and thus have shown that all this large class of diseases are removable, if man will only act in accordance with the laws of Nature. In such a sense, the beneficence of disease might, we think, be excellently exemplified. But to attempt to show the beneficence of cancer as cancer, or of tubercle as tubercle, of an ovarian cyst, or of rheumatic fever as a destroyer of the valves of the heart, is a task, we must say, which appears to us impossible in our present state of knowledge.

ON THE TEMPERATURE OF THE BODY AS A MEANS OF DIAGNOSIS IN PHTHISIS AND TUBERCULOSIS. By SYDNEY RINGER, M.D., Professor of Materia Medica and Therapeutics in University College, London. etc. Pp. 90. London: 1865.

The object of this work is sufficiently denoted by its title. Dr. RINGER gives the analyses of the histories of twenty-five cases, as examples selected from a number observed by himself and others, and on which the following propositions are based.

"1. There is probably a continued elevation of the body in all cases in which a deposition of tubercle is taking place in any of its organs.

"2. This elevation of the temperature is probably due either to the general condition of the body (tuberculosis), or to the deposition of tubercle in its various organs (tuberculation).

"3. This elevation is probably due to the general condition (tuberculosis), rather than to the deposition of the tubercle (tuberculation).

"4. The temperature may be taken as a measure of the amount of the tuberculosis and tuberculation, and any fluctuations in the temperature indicate corresponding fluctuations in the severity of the disease.

"5. The temperature is a more accurate indication of the amount of tuberculosis and tuberculation than either the physical signs or the symptoms.

"6. By means of the temperature we can diagnose tuberculosis and tuberculation long before the physical signs and symptoms are sufficient to justify such a diagnosis.

"7. By means of the temperature we can diagnose tuberculosis even when during the whole course of the disease there are no physical signs indicative of tubercular deposit in any of the organs of the body.

and in which cases the symptoms (apart from the temperature) are inadequate to enable us to arrive at such a diagnosis.

"8. It is probable that by means of the temperature we can conclude that the deposition of the tubercle has ceased, and that any physical signs that are present are due to obsolescent tubercle and the chronic thickening of the lung-tissue between the tubercular deposit.

"9. It is probable, though further observations on this point are necessary, that the temperature of the body affords a means by which we can diagnose between diseases in which the symptoms and physical signs are either too scanty or too much alike to enable us to decide between them."

Each of these propositions is commented on *seriatim*. Dr. Ringer has started a very useful and important subject for consideration; and, if the mere observation of the temperature of the patient's axilla shall aid physicians in forming a judgment of the progress of a case of phthisis, or in diagnosis of tubercular from non-tubercular disease, the author of this work will have done a good service to medicine. There can be no doubt that, whether on empirical or on other grounds, the observation of the changes in the temperature of the body in disease deserve more attention than has been paid to them.

ON SOME POINTS CONNECTED WITH THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF FIBROUS TUMOURS OF THE WOMB; being the Lettsomian Lectures on Midwifery and Diseases of Women, delivered before the Medical Society of London, 1863. By C. H. F. ROUTH, M.D. Lond., etc. Pp. 135. London: 1864.

THE three Lectures which form this work have already appeared in the pages of the BRITISH MEDICAL JOURNAL, where they must have afforded much instruction to many of our readers. We have, therefore, only to mention the fact of their publication in a separate form; and to express our hope that Dr. ROUTH will receive the due reward for having so ably placed before the profession the results of his literary research and practical experience.

THE SCIENCE AND PRACTICE OF MEDICINE. By WILLIAM AITKEN, M.D. Edin., Professor of Pathology in the Army Medical School, etc. In two volumes. Vol. I; pp. 933. Vol. II; pp. 993. Third Edition, revised, and portions rewritten. London: 1864.

THAT a third edition of this valuable work should be called for within a year after the appearance of the second, is not at all surprising. In preparing the book for the press on the present occasion, Dr. AITKEN has, he says, submitted every page to a careful revision, and has "especially aimed at improving the work by rewriting some portions and condensing others, in order to make room for new material, especially regarding the treatment of diseases." He specially acknowledges his obligations to Dr. Graham Balfour, for having revised and corrected the part which treats of Medical Geography.

It is a little more than a year since we expressed our favourable opinion of the merits of Dr. Aitken's *Science and Practice of Medicine*. What we then said of the second edition, is equally deserved by its successor.

WE beg to remind the members of the Association that the annual subscription for 1865 became due on January 1st. Payment of the same can be made either to the Honorary Secretaries of Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

## British Medical Journal.

SATURDAY, MARCH 11TH, 1865.

### THE MEDICAL COUNCIL.

THE Medical Council will reassemble early in next month, at the Royal College of Physicians in London. It is understood that this early date of meeting is fixed in order to allow the Council, if possible, to procure alterations of the Medical Act during the present Parliament.

The Council is, therefore, as heretofore, full of schemes for the good of the profession; but it has as yet, unfortunately, done for us none of the great things expected of it. Since we last cast up its accounts of activity and passivity, a year has passed; and we find nothing since then added to its balance-sheet of things actually done—except, of course, a further addition to its annual expenditure—except, as we have said, in so far as it has been engaged in inquiring and scheming in order to learn how to do something for the good of the profession. It has up to the present time given us a *Register* and a *Pharmacopœia*; and for these blessings and favours the profession has paid some £50,000! But as yet, in the matter of education—its main business—it has settled nothing. Year after year has the *Council of Medical Education* met and met, and talked and talked, and recommended, and advised; but each revolving year has found the matter of medical education left where it was by the preceding year. Seven years—*fugaces anni!*—in truth, have passed since the Medical Council undertook to regulate the medical education of the country; but still medical education is without regulation! What will the Council do with it during this coming session? One great business of the Council, it appears, will be to attempt to obtain alterations in the Medical Act. If, therefore, the Council's energy be concentrated on that object, what will become of medical education? How many more annual meetings of the Council of Medical Education must we record barren of operations effective to settle the medical education of the country? Suppose some member of Parliament ask the Medical Council, when they apply for alterations in the Medical Act: "But, gentlemen, have you already done those duties which devolved upon you under the Act? Before you ask for further powers, tell us how you have used the powers