aim of the surgeon. It is more than doubtful that any medicine, exhibited with a special view of procuring resolution without suppurating, will be of any avail without due attention being paid to the general health. It is usual to stock the system with iodine, and to apply it locally, as will be presently mentioned, under the impression that disintegration and softening with liquefaction having taken place, absorption will rapidly remove the altered tuberculous matter. My own opinion is, that a destructive, or what may often be viewed as a curative, process having advanced to a certain point, ulceration of the covering integuments will, generally speaking, speedily obtain, so as to give exit to the putrefactive material. It may be that absorption will remove the fluid and least efficient portion of the altered tubercle, and leave the solid part to undergo such changes as were described when considering the pathological metamorphosis of tuberculous exudation. Some authors are inclined to believe that such a process frequently occurs; and that a residue of failed matters most materially would certainly be advisable to make use of those means which would most materially aid nature in her curative endeavours. With this view, iodine or bromine may be administered, and from M. Baudeolouque’s experience it would appear that such treatment is often of avail. I am somewhat reserved on this point, because I have failed as yet to obtain any very definite results as to the influence of iodine in producing effects which we know do sometimes take place. Lime-salts, with cod-liver oil and iron, I believe, are important adjuncts in the treatment, although it is doubtful to what extent they are directly useful, and in what manner they exercise any influence over the conditions of the tuberculous alterations.

When suppurating of the gland and ulceration of the integument have fairly set in, notwithstanding the most skilful treatment may have been adopted from the earliest manifestation of diseased action, it becomes advisable to use such medicinal and dietetic means as belong to that portion. To support the constitution and powers, which are further distanced by the destructive process which is taking place, is the first call to which the surgeon has to respond. Cod-liver oil, ginger, iron, quinine, and the salts of lime, with the mineral acids, will ordinarily be found of most avail. If the patient be young, and many glands, as is very commonly the case, are implicated, it will be necessary to support the system by nutrition diets. Milk, eggs, and meat, combined with jelly, and a certain amount of alcoholic stimulus, and ale or porter, will form the best diet scale. I have found a certain flour, made by Messrs. Brown and Polson, of great advantage as an article of food for young children, who will frequently take it when the fancy refuses ordinary viands. The Senola, made by Mr. Bullock of Hanover Street, and the Tous les Mois, imported by Mr. Fincham of Baker Street, will likewise be found most valuable as a variety in the diet-scale of youthful patients. Should sweating and general languor be present, the mineral acids will be of great use, especially if combined with iron. When the discharge becomes more chronic, and the size of the ulcerations thicken, and present their peculiar bluish-purple colour, the administration of iodine is often accompanied with great benefit. I have known many such ulcerations heal kindly under a judiciously prescribed course of iodine when they have resisted other treatment. The great aim, however, of the practitioner is to support the general health, and then the local means of treatment, presently to be adverted to, will meet with a fair amount of success.

[To be continued.]
destroyed the sight in the other eye. He sees well to the present day, nearly three years after the operation.

Case ccxxix. M., aged 57. The cataract in the left eye was deeply seated, and had been coming on for years. The right eye was blind from closed pupil and old internal inflammation. I operated on the left, and he recovered speedily, but had very imperfect sight, for opaque capsule obstructed the pupil. I tried to remove it with the cannula forceps, but in vain, and two weeks afterwards I broke the capsule across with a needle through the sclerotic, and he went home with a circular pupil and good sight.

Case ccl. M., aged 58. I extracted the lens of the left eye and he recovered with intermediate vision, but a portion of opaque matter remained in the pupil; this was removed, and he went home with good sight.

Case ccli. M., aged 59. I operated on the right eye, and made the upper section, and when the capsule had been ruptured a quantity of vitreous humour and small portions of the lens suddenly gushed out. The corneal flap fell down, and the lens itself disappeared from the eye of the patient, and I could see on the side while I operated upon a squint case, and when I examined him again the lens was presenting at the pupil, and was easily removed. A very large quantity of vitreous humour had escaped. He recovered in a week, and had good sight.

Case cclii. M., aged 43, with remarkably full and prominent eyes and very thin corneas. I extracted the right cataract, and he went on well until the fifth day, when he accidentally touched his eye and it ran with water considerably. He recovered well and has still very good sight.

Case ccliii. M., aged 68. I operated on the left eye by lower section, and a little fluid vitreous humour escaped. He has improved vision in 10 days, and could see to read well, but the pupil was slightly drawn down. The next year he came down again, and I operated on the right eye by an upper section, and he recovered excellent sight with this also.

Case ccliv. M., aged 45. I operated on the right eye without accident, and he received very good sight.

Case cclv. M., aged 60. I operated on the left eye, removing some débris from the pupil after the lens had escaped. He had an attack of iritis on the ninth day, which was treated with blisters, and coloamul and opium, and he went home, after five weeks confinement, with good sight. His sight cleared as he became affected by the mercury.

Case cclvi. F., aged 70. I operated on the left eye, and immediately afterwards Mr. Leonard operated on the right, and she recovered excellent sight.

Case cclvii. F., aged 57. I operated on the right eye. The corneal flap was rather disposed to fall down. She recovered with fair sight.

Case cclviii. F., aged 65. I extracted the cataract from the right eye, and it was followed by a little clear vitreous humour escaping. He went on well, and, after a tedious convalescence, recovered her sight.

Case cclix. M., aged 86 last birthday, lost his sight in his left eye a few years before from a blow, and cataract had gradually formed in the other. This was an extraordinary old man, who had lived as a hermit all his life, studying botany, astronomy, and mathematics; sometimes called by that name, and sometimes also allowed to enter his house. He cooked his own food, even when he was blind and 85 years old, and when he was able to walk about he carried his purchases home in his umbrella. He probably knows more of optics, astronomy, and mathematics, than any one in this neighbourhood, and the loss of his only eye was, perhaps, even more distressing than most. He had a little eye, sunk, and very prominent eyebrows, and it was a very promising case, but the helpless condition of the old man induced me to give him a trial. I extracted the cataract in the right eye, and he recovered his sight, and now (nearly two years after the operation) he can see to walk anywhere and to read a little. Since the restoration of his sight he has also improved wonderfully in his health, and can walk some miles and attend to his own affairs.

Case cclx. M., aged 56. I operated on the left eye, making the lower section. He recovered speedily, and sees to read and write now without difficulty.

Case cclxi. M., aged 63. I operated on the left eye, and extracted a large flat amber lens. On the seventh day his eye was strong and he had excellent sight.

Case cclxii. M., aged 55. I operated on the right eye, and extracted the cataract through a small upper section. Débris of the lens had to be removed from the pupil. Inflammation followed, brought on, apparently, by cold and diarrhoea, and he went home with closed pupil.

Nearly two years afterwards I made a cut in his iris with the iris knife, but it was insufficient; and, therefore, after waiting a few days, I operated again, making a section in the cornea, and drawing out some of the iris with a hook, and then I introduced the cannula forceps and drew out a piece of capsule. He went home with very good sight, with a four inch lens.

Case cclxiii. F., aged 66. I operated on the right eye by the upper section. She made a good recovery from the operation, but some opaque matter filled the pupil and interfered with vision, and thinking it was capsule I introduced a needle to depress it, but it turned out to be quite soft. After stirring it about it was soon absorbed, and she recovered with excellent sight, and is now able to see to read and write. The cataracts in this case were recent.

Case cclxiv. F., aged 76, an active little old woman. I extracted first the left and then the right cataract. In making the corneal section in the right eye the globe rolled inwards, and the point of the knife caught the conjunctiva and the aqueous humour rushed out of the anterior chamber into the cellular tissue between the conjunctiva and sclerotic, and a complete hemorhous was suddenly produced. I then recovered with excellent sight with both eyes in a very few days.

Case cclxv. F., aged 73. I made the lower section in the left eye, and completed it with a little difficulty, owing to pressure made by the finger of my assistant. She was a stout woman, subject to headache. I applied bella donna to the brow, and gave her several doses of cathartick mixture, and she recovered and has very good sight.

Case cclxvi. F., aged 73. I extracted both cataracts without difficulty, and within a week she opened them both and saw well, and in a few days went home with excellent and strong sight.

Case cclxvii. M., aged 52. The cataract in the right eye was irregularly opaque. I extracted it, and it was well developed in the capsule, which had the opaque spot upon its upper part. Some vitreous humour flowed out also. His eye was much inflamed for some time, but he ultimately recovered. I have not recorded the exact condition of his sight.

Case cclxviii. M., aged 55. I operated on the right eye. Some of the more opaque matter remained in the pupil after the escape of the lens, and this I removed with the curette. He recovered well and has excellent sight. On examining his eye it would not be possible to say that anything had been done to it.

Case cclxix. F., aged 46. I operated on the right eye. After making the corneal section and rupturing the capsule the lens escaped in two distinct portions, and there was a free flow of vitreous humour, so that the eye looked quite collapsed. She recovered in about ten days with good sight.

Case cclxx. F., aged 44. I operated upon this
THE COMPOSITION OF THE URINE IN HEALTH AND DISEASE, AND UNDER THE ACTION OF REMEDIES.


Some quarter of a century ago, as scientific records tell, and as many of us can remember, animal chemistry took a sudden start into vigorous existence, and became one of the most welcome handmaids to the physician and the physiologist. Liebig’s fascinating formulæ promised to open a new epoch for the practitioner of medicine; and, at the same time, the then strange and cruel experiments of the famous physiological Professor of the College of France gave us curious insights into diseases processes. Thus the chemist and the physiologist were at work in this hitherto-for regeneration of medicine; and so also was the practitioner of medicine in the wards of La Charité—anxious to turn to practical account the new lights projected by the skill of the chemist and the physiologist. In these days, the blood—la chair coulante—the vivifying fluid of the body, was the subject of all these profound and enthusiastic studies. It was the source of life, and men thought to find in it the sources of disease also, and, judging by the plus or minus of its constituents, to supply or subtract, accordingly, the needed or the superfluous article. Here was truly a charming prospect opening on the dark and empirical ages of medicine. Given diseases were fitted to given states of the blood; and, in fact, in these abnormal states of the blood was to be discovered the solution of diseased processes, and their appropriate remedies.

But this happy period of hope was not a lasting one. The fluidists were triumphant only for a short day. They found failures in the practice which they based upon their seductive theory, and defects in the theory itself; and were at length forced away from their position of security by the revelations of that great teacher and rectifier of medical errors—experience. It is painful, and not altogether satisfactory, to look back to that little episode of medical history, and to note how little it taught us, in a positive sense, either of the essence of diseases or of the remedies appropriate to their cure. What it did for us was—and this, indeed, was much—it removed many of the thick errors which had been theretofore over-weighting and obscuring the science of medicine; but it did not tell us what diseases were, nor bring us any new weapons with which to attack morbid.

Rapidly theorising on the facts thus opened before them, men rushed too hastily to the deduction of practical conclusions; and thus, indeed, from the very light obtained, spread fresh errors into the path of medicine.

If we refer thus to the modern history of the chemistry of the blood, it is that we may draw a word of moral—a little useful caution—from the tale, for the benefit of the zealous zoochemical and physiological physicians of this present hour. The attention which the blood, the vital fluid, then received, is now concentrated upon an excretion of it—upon the urine—as though from it we may win the history of diseases, and deduce the methods appropriate to their cure. We trust we are not misunderstood. We desire not to damp the ardour of such studies. We know them, indeed, to be absolutely necessary as parts of a scientific knowledge of medicine. But we want to put in a word of caution against those hasty practical conclusions, into which we are so apt to fall when we have chemistry as our guide in the inductive processes which we reason out and apply to this vital body. We fear we must for many a long day yet, notwithstanding all our great discoveries in this direction, be contented to labour merely as gatherers of knowledge; and that an immense stock of facts has yet to be acquired before we can hope for the deduction of any effective practical generalisations from the accumulated mass, and their application usefully to the treatment of disease.

We need not remind our readers of many of the chemical works which have during these last few years made the chemistry of the urine, in some sort, the general study of all of us. One excellent work has just been added to the list. We need hardly say that we refer to the volume of Dr. Parkes, and we are glad to see that he admits the necessity of the caution we here indicate; for in his preface he tells us, for instance, that without a knowledge of the other secretions of the respiratory and the cutaneous secretions, the chemistry of the urine loses half its value. He himself has, it is true, endeavoured, as far as may be, to supply this defect; and he is exceptional, we believe, in this respect, but he discovers, in doing so, his true philosophic mind.

His intention is, indeed, and we must sincerely