EXPERIENCE IN MEDICINE:

BEING THE INTRODUCTORY ADDRESS DELIVERED BEFORE THE LIVERPOOL MEDICAL SOCIETY, ON WEDNESDAY, NOVEMBER 16, 1858.

By Thomas Inman, M.D.

Gentlemen,—It devolves upon me, as one of the vice-presidents of the Medical Society, to deliver the opening address upon this occasion. Of course, I should have been very glad if the duty had fallen upon one of my colleagues, and I had been able to enjoy the ease and pleasure of a listener, rather than perform the more onerous and somewhat nervous task of author. However, as I accepted with satisfaction the honour of office, it becomes me to discharge this part of its duties to the best of my ability. The main difficulty to be overcome is the selection of the practice lately the subject of my research. Upon ordinary topics, you are all equally informed with myself; and the interest of extraordinary subjects is small, unless they have practical bearings. If we were to content ourselves with a simple retrospect of what has recently been done, we should have little difficulty in framing an elaborate mosaic out of Brown-Séquard's new views respecting the nervous system, and the influence of Claude Bernard's experiments upon our knowledge of diabetes. All honour to the Frenchmen for themselves; but it is quite apparent, with respect to other matters, however, to take as the subject of our paper one of individual interest; and to found our discourse on the single word ‘experience.’

There is probably no set of proverbs so constantly before our minds as that founded on this word. We have the short ‘Experientia docet’ of our Latin Delectus, the ‘Experience makes wise,’ the ‘Learn wisdom by experience,’ of our own language. The ideas intended to be conveyed are, that we learn more by seeing and hearing than we do by reading and thinking; that we necessarily grow wiser as we grow older; and therefore, the materer the age of an individual, the more mature must be his knowledge and his judgment.

Notwithstanding these proverbs and the concentrated wisdom they are supposed to infold, it is strange and somewhat interesting to observe how continually they are ignored, and how the complete practice belongs not to the man, but to the age. According to theory, the world ought to be growing wiser as it is getting older; the knowledge possessed by our forefathers ought to have been steadily advancing and increasing, like a spreading snow, year by year. In our profession, now three thousand years of age, ought to stand for precision and acumen far higher than the comparatively recent and ever changing systems of law and theology. But we find ourselves, if excused, at the same level as the jurists are ever pointing back with triumph to Hale, Coke, and Littleton, and the theologians to Chrysostom, as men the like of whom they never will see again, so medicine triumphs in the worthies that are gone, and deprecations in the advantages that remain behind. Distance ever lends enchantment to the view: the faults of the dead are glozed over; their frailties forgotten; their good deeds alone embalmed in memory. De mortuis nil nisi bonum is the motto for the past. De vivis nihil nisi malum is too often the motto for the present. Even in Solomon's time, a period to which all can look back as being grander than any other that history records, there were individuals whom the preacher rebuked for saying that former days were better than their own; and in the Augustan age of Rome, we find Horace speaking of those who were laudatores temporum actis. Strange it is that these times on the time hallowed notions of the value of experience. ‘Experientia docet,’ say our tongues at one moment; while at another they grumble, ‘knowledge grows only as a cow's tail, downwardly.’

We may, however, suppose that the prudent physician in this subject are far more nearly united at the present day than they have ever been before. ‘Look forwards, not backwards,’ is the motto of a vast number of individuals; and each one feels that, if he is to excel in the race of life, he must be constantly turning to consult those who ran before his day. He must be like the mariner who looks ahead for the shoal, the lighthouse, and the buoys; and not like the oarsman, whose
back is ever towards the goal. In this respect, we may say that the present generation are cutting their wisdom-teeth, and practically testing the truth of the real value of experience.

But there are a vast number, nevertheless, who have still a strange jumbling of ideas respecting experience in general, and especially in those departments of knowledge to which experience is supremely necessary. 

There is no peculiarity in general admirers and pins its faith on the practical man, who is handy with his tools, quick with his fingers, and a close stickler for his business alone and the good old ways of his fathers; under the disguise and dispensation; if they do not perceive this, the inventor who prefers his newfangled plans to ancient customs; and their opposition is often proportionate to his apparent inequality and success. Yet in the next generation the inventor is withered up, and no spittle is sufficiently strong to express the contempt which is felt for his opponents. What has happened in the past, is taking place around us daily; and we are not more perfect than our ancestors.

The reason of all this is obvious; it consists essentially in the indolence of our own minds, which prefers to take a general verdict rather than exercise its own independent judgment. The majority prefer to go with the herd, and to follow the leaders rather than to be leaders themselves. This indolence of mind has ever existed in the human race, and will do so to the end of time. It runs through the whole history of medicine, tinting it with every tincture of blue and red, and in one form or another, showing itself in every individual man—even in those who appear to be most ardent and energetic in the pursuits of life. Of all the various forms this indolence assumes, none are more common than the implicit and varying opinion on conclusions once formed; and, second, as soon as one error is exposed, to run for shelter to something the most directly opposed to the former one. We are content to toil on for years in the accumulation of facts, in the dissecting of former theories, and in the careful examination of the results of treatment, until at last we consider that we have in our position to build our castle and establish ourselves on a firm foundation; and, when once there, to allow nothing to shake us. The task of reconsideration is too great; and we content to explain away new facts rather than pull down the edifice we have reared and reconstruct it for the sake of a single flaw—a fault from which even the mind of the great Harvey was not free. This affects us chiefly as individuals. The second tendency is more common in the mass. As in the older days of medicine, solidism succeeded moralism, and this is again becoming in vogue; as vitalism succeeded chemism, and empiricism dogmatism: so we have seen in our own times that some have flown directly from all medicine to the same relation; and a bone-setter and boiliness has been succeeded by that of globules, and heroically large doses have been substituted by absurdly and infinitely small ones. In this unfortunate transition is being replaced by another system in which bleeding has been abandoned and the antiphlogistic treatment of inflammation is fading away, while a totally opposite system is advancing. Tired of such oscillations, the mind too often becomes weary and determines to make a stand; it adopts the most popular theory of the day, and therefore, like a constant lover, refuses to see any fault in its deliberate choice.

We see this fact exemplified under many different circumstances. Let us take one example—John Hunter—a name of which we all are proud, and whose memory we revere. One of the characteristics of the man was, that his theories were constantly changing as new facts were developed. Eager to interrupt every answer he received. The views he taught as true in one year, he proclaimed as being unworthy of confidence in the next; and his students had to hold fast by his skirts, and to make rapid strides, to keep up with his sweeping steps. By the young and active minded, he was almost adored; but as they progressed in years, and lost the opportunities they once had for acquiring knowledge, they lagged behind their superiors. It is not strange that students who came in for Hunter's newest views; the older ones got weary in changing perspective rapidly.

Tired of seeing, as they thought, the weathercock constantly changing, they determined they would not look at it; so they rejected the idea that it was wise to point as they last had seen it. In other words, the first admirers of Hunter gavo him at last the cold shoulder; and he was unpopular among his contemporaries, for the very reason that we respect him. He was ever forgetting more and more experience; his contemporaries were content with what they had.

If we might take other examples from history, we would point to the frequency with which despotism is hailed as a boon after a series of political disasters arising from visionary theories. Nothing more than the wild views of the Republic of France paved the way for the accession of the first and third Napoleon; and nothing in theology has recently given so great a number of adherents to the Church of Rome. It is only the opposition that is necessary. The fact is, conflicting teachings of the various parties into which Protestantism has been divided. There is a time in the existence of every one when controversy loses all its charms, even though it prizes the acquisition of truth; but this rarely happens until the period within the grasshopper is a burden, and all desire fails.

Leaving, however, these generalities, let us examine a little closer into the popular systems which have been vocalized respecting experience. The word simply means a knowledge obtained by personal observation and repeated experiments or trials. But, in common parlance, it has a far wider signification: it implies not only the means of learning, but the learning itself; and an individual who has had abundance of opportunities for acquiring knowledge is supposed absolutely to possess it. Thus age and experience are words commonly associated together; and the union of grey hairs and wisdom has long been held sacred. There can be no doubt that experience is not one of the attributes of extreme youth; a boy can have little knowledge of the ways of the world, and of the instability of things. No, the boy who is wise in his wisdom by experience. But here we stop, and ask, Does he continue to gain experience after a certain period? Does his stock of knowledge unceasingly increase from the cradle to the grave? How can he continue to gain knowledge, if knowledge is to be had by experience? If we owe the advances which have been made in medicine to the former, or to the latter? In answering these questions, the old story of "Eyes are there to see;" and a host of other memories crowd upon us to show that it is possible to live in the midst of interesting phenomena, and yet to be unconscious of them all. The shepherd knows little of the nature of the mountains over which he leads his flock; or of the movement of those stars to which his eyes are so frequently turned up. The seaman knows little of the course of storms, or of the countless fish that are daily swimming near him. But, as a general rule, the world believes that the mariner must know more of the weather than a simple landsman; and that the man who sees with his own eyes must necessarily know more than he who sees chiefly through those of others. Thus we have insisted on experience, the bone-setter and quack, if they have large practice, to the exclusion of the educated surgeon who has more limited means of instruction. Monthly nurses, midwives, and old hospital sisters, whose time is spent inriegng indolence and death, are believed by the multitude to know more than the physician, whose relations to his patients are more restricted. Yet long ago, there was a celebrated woman in the midland counties, who went by the name of "the wise woman of Wing". Her practice was so enormous that a railway company made a station for the convenience of her patients, and her rotaries had to wait for whole days ere they could obtain an interview; yet all the means she had of obtaining knowledge was having been a nurse (or servant of some kind) in a hospital; and the chief, if not the sole medicine, she used, was some preparation of quinine, which was generally made in a large brewing-tub. While we stand at such credulity, we may endeavour to extract a moral from it, and to distinguish between that familiarity with broad outward appearances which passive demeanor, and polite hesitation which is obtained by reflection and the collating one fact with another. An individual who has the former alone can never leave the beaten track, while one possessing the latter can adapt himself to the circumstances in which he finds himself.

Experience, then, we conclude, can only give wisdom when it is associated with a well stored mind, steady powers of observation, habits of continued thought, and a power of calm judgment. It demands a perfect use of the brain, a clear mind, and self-reliance. Without these powers, experience is barren; and age is no wiser than youth. It was my fortunate
once to know a surgeon whose boast it was that he never read any book on medicine, as he was determined to trust to ex-
perience alone for an increase of his knowledge. He had a large practice, and ordered vast quantities of the favourite sub-
mixtures; but he descended to the grave with the notions of his youth; for, though progressing in years, he stood still in medical instruction.

What this man did from deliberate choice, others do from paramount necessity. After they once leave the medical schools, they become so deeply immersed in a laborious prac-
tice, that they have no time to read, and are generally too fully occupied to think upon anything beyond his salient points in the cases under treatment. The mind, moulded in the form given to it by its teachers, and modified by its own individuality, remains in the form in which it was originally fashioned. It has neither the energy nor the knowledge necessary for remodelling its views; and the experience of such men is worth more, than that of a railway guard confined for all his life to the same eternal round of duty on a short line. In conversation on the subject, with a country medical friend in very large practice, he bitterly complained of the dilemma into which practitioners were thus thrown, and contrasted his own position with that of his town brethren. The latter, he remarked, were daily meeting their contemporaries, each of whom added to each other's stock of current knowledge; while those who laboured in a country district, could only get an increase of light from some occasional consulation.

But if experience alone, apart from reading and thought, is insufficient to increase our real knowledge, are we justified in running into the opposite extreme, and enquiring of reading andceremonial erudition the expenses it occasions? Certainly not; for mere erudition is, we believe, as useless as mere experience. It is in the judicious combina-
tion of these two that true progress can alone be made. There must be the power to borrow, as well as the will to learn, and the power to use, as well as the wish to do so. There must be a question put, and an answer noted—not simply guessed at. A man who is contented with mere erudi-
tion, who is satisfied when he knows what is known by others, is in the same position as one who seeks only that which others have seen, and no more. It is, as a recent author ob-
erves, the man who is intensely moved to know and see for himself, who extends the circle of what is known to be seen. As long as medical men pinned their faith on Hippocrates there was no growth in learning; no wisdom was gained by experience. The motto of each physician was "Experience Hippocratem docuit"—not "Experience docet me;" and so long as we pin our faith upon any writer, no matter how learned he may have been, so long are we doing our utmost to prevent the progress of knowledge.

Let us take some examples in a field which has often been written of, in giving us real wisdom or reli-
able information.

There are few diseases more generally known than hysteria. It was a cause of the notices of physicians for ages—the views taken of its true nature, as well as the treatment, have been perpetuated.
At one time, its cause was supposed to be in the uterus and its appendages; now it was held that hysteria implied a desire for sympathy; and now that it implied a desire for marriage. We can now readily understand how such theories were built. We know that the disease is most common amongst females; that it is often con-
nected with some of the functions of the uterus; that a touch upon the uterus ulcer has produced an hysterical paroxysm; and that many an hysterical virgin makes a comparatively healthy wife. But we know, at the same time, that there were many other causes of symptoms which were never taken into consideration. We doubt, however, whether these conditions would have been thought of, unless the treatment based upon the older views had become offensive to modern notions. The older theories led to the use of mercury, and the newer to saline diaphoretics; to purgation, leeches to the vulva, hip-baths, pediluvia, and the like. These failing, marriage was recommended with such delicate pertinacity that the world began to consider hysteria to be synonymous with a fit of hysterical passion, and the art of marriage was supposed to be the analogue of the leaping of one cow

upon its fellow. Others, taking another view of the complaint, armed themselves with the speculum. By this they considered they penetrated to the citadel of the disease—the stronghold of the almost impenetrable Proteus; and took Dr. Lee's statement as correct; the sexual passion was duly encouraged, and every disease of the womb was cured. But success did not follow even this clever plan. Others, attempting to attack the disease with a steady determination; now, with the mystics, they made an infinity of Messmeric passes, magnetic sprinklings, or electric inductions; now they used strange charms of eba-
ulist origin; now they were to ascend with a solemn procession in front of the patient, with armours of holy verses, oaths, cauterities, mercury, and the like; and now, with Fabian tactics, they did nothing but "put on time" with globules or bread-pills, hoping that the disease would at last disappear like bad liver.

So far experience has hitherto conducted us; but who is contented with the guide? Has experience, then, been wrong? Certainly not; for if she had been asked, she would have shown that there was little if any truth in the assumptions of her so called disciples. She would have shown that hysteria exists in males, who have no uterus; that it is frequently un-
attended with any signs of uterine disease; that it is rare in cases of cancer or other genuine diseases of the womb; and, as regards marriage, she would have shown that the complaint was as common amongst wives and keep mistresses as amongst virgins; that common prostitution is no bar to its presence, and complete virginity not an excuse for it. A few cases recently collected have demonstrated that good has followed marriage in only twenty-nine cases out of three hundred; and that in four hundred cases, only one hundred and thirty had any appreciable symptoms.

But the errors of our predecessors were not confined to the causes, nature and treatment of hysteria; they were equally at sea respecting those symptoms which they considered to be characteristic of the disease. Their reasoning was something like this, hysteria is a mysterious complaint, and common amongst young women; therefore every mysterious or un-
accountable symptom in a young female is to be considered as hysterical in her, and treated with such a panacea, as almost means. With all the experience of the past, can any of us say that we thoroughly understand the disease, and are never baffled in its treatment? Can we even say whether it is a cerebral or an uterine malady—a disease of the body or an affection of the mind?

Let us next ask what experience has done for us in pneumo-
nia. Has it enabled us to discriminate perfectly between acute phthisical deposition or strumous engorgement, and genuine inflammation? Has it yet taught us the natural history of the disease in town and country? Has it shown us why pneumonia selects the lower lobes for its seat, and Phillips the upper ones? Has it told us whether pneumonia is a disease which has a course as is small-pox, erysipelas of the head, measles, or varicella? Has it enlightened us as to the best mode of treatment? So far from having told us that such a disease has a proper treatment, it is evident that it gets well under all plans, and in such proportions that it is morally impossible to draw any definite conclusions as to which is better than another. Thus, in a recent and very learned article in the "British and Foreign Medical-Chirurgical Review," we have no fewer than thirteen thousand cases collected which have been treated by profuse bleeding, mild bleeding, and no bleeding at all. On the whole, the numbers are in favour of the old method; yet, when we dissect the returns, we are unable to give the palm branch to anyone. Of those who bleed largely the proportions of deaths vary from one in two to one in sixty-
four; of those who bleed moderately, the proportions vary from one in three to one in twenty-seven; while of those who do not bleed, the numbers vary from one in two and a half to one in ninety and even to none at all. With such results, who can expect that any printer should hurry the article, or any author to rush his pamphlet? Let us then the facts before us all such asser-
tions must necessarily fail, unless we can affirm that he whose opinion has taught to swear by venesection is inferior to him whom experience has taught to swear by expectancy. With the facts before us all such assertions must necessarily fail, unless we can affirm that he whose opinion has taught to swear by venesection is inferior to him whom experience has taught to swear by expectancy. With the facts before us all such assertions must necessarily fail, unless we can affirm that he whose opinion has taught to swear by venesection is inferior to him whom experience has taught to swear by expectancy.
with scars, whose origin none can ignore. As yet, the books have not got beyond the recommendation to open such places with the possible lancet, or have removed the opinion of one person only—and sorry I am that I am unable to recollect the name—who has proposed to open the abscesses through the centre of one or more holed-biles, thus ensuring no scar beyond the well known places inhabited by these useless creatures. While the cutting of the skin or cutting the pus is of no use, their experience has been unable to suggest a plan originated by a parish doctor. Let us now turn to medicine, and inquire what experience has taught us with respect to fever. Starting with the notion that fever was a proof of increased action, the first line of rails along which the doctors ran was that of starving the patient, for which purpose they used the bloody-hammer syllables. After having exhausted all their efforts to reach the goal with credit, they changed their plan, and let things take their course. Then they endeavoured to lead out, through some of the natural emunctories of the body, the poison upon which they considered the disease to depend. By and by again, they thought they saw in fever a mark of too rapid combustion of the frame, too energetic an expenditure of power; and they concluded that the extraordinary waste of tissue must be met by corresponding profuseness of supply. Who can say that here we have learned wisdom by experience, or that we have done much more than clear away the ground for future observation?

Pass we on next to the subject of infantile convulsions. How common the complaint! how vast the amount of experience! How the subject already accumulated! Yet all this experience was for the most part misdirected and useless from the beginning. The false theory led to false practice; and false practice to false deductions. Young children were the most common victims to the disease; the most of them were cutting their teeth; lancing the gums so often relieved the convulsions; therefore it was argued, that the teeth were the most common causes of convulsions, and lancing the gums the most important means of cure. This being the pathology, the treatment was adapted thereto, and experience was developed only in our estimation of mortality, the efforts of sacrfifying the gums, the time or duration of attack, and the most unfavourable methods of treatment. At last, some one more sagacious than his fellows saw that the previous experience was one-sided. He argued that all children had teeth; but that few comparatively had convulsions; and that of those who had convulsions, comparatively few were cured by lancing the gums alone. No sooner was attention aroused to these points, than experience suggested a variety of other facts which had long been ignored; and, for the first time, the substance was followed instead of the shadow, and experience therefore was rational; and the results were no longer as indefinite as deplorable.

If we turn to the action of remedies we meet with the same universal experience. Colchicum, so says the practical man, is unquestionably good for gout. The dictum is at once adopted as a fundamental truth; and all that experience then pretends to do, is to ascertain in what manner the disease is affected by it. Yet it is only by the facts that in many if not in the majority of cases of chronic gout, the drug is of no service whatever, and that many victims die from over doses, the physician attempts to extend his knowledge from the original dictum. Experience says, colchicum does good in gout; in gout, experience says, there is an excess of lithic acid in the blood, or in the urine, or in both. Experience says, colchicum diminishes in a notable manner the quantity of lithicates in the urine. Therefore, says the inductive reasoner, gout depends upon lithic acid; and colchicum cures it by diminishing that ingredient. Following out this argument, the physician believes himself that there is an alteration of the vessels of lithicates in the urine in rheumatism, and concludes that colchicum will do good in that disease also. He gives it with unswerving faith; and experience tells him that his patients get well, and he enlarges the dose. Yet his inductive reasoning is fallacious, as it is founded upon facts that are more or less allowance—if not identical. This process of thought seems so clear, that no farther consideration is given to the substantiation of it; and for years colchicum is supposed to be the chief reliable drug in these two complaints. By and by, however, it occurs to some more vigorous observer that experience has shown us that lithic acid abounds in the urine after an excess of food, after great exertion; and that lithic acid in the urine are abundant in diseases of the liver, in influenza, and in every form of indigestion. In these cases he sees no particular results from the administration of colchicum; and he then, as Dr. Garrod has done, puts to the test the time-hallowed notion that colchicum really does diminish the lithic acid. In a recent paper, Dr. Garrod has proposed to open the abscesses through the centre of one or more holed-biles, thus ensuring no scar beyond the well known places inhabited by these useless creatures. While the cutting of the skin or cutting the pus is of no use, their experience has been unable to suggest a plan originated by a parish doctor. Let us now turn to medicine, and inquire what experience has taught us with respect to fever. Starting with the notion that fever was a proof of increased action, the first line of rails along which the doctors ran was that of starving the patient, for which purpose they used the bloody-hammer syllables. After having exhausted all their efforts to reach the goal with credit, they changed their plan, and let things take their course. Then they endeavoured to lead out, through some of the natural emunctories of the body, the poison upon which they considered the disease to depend. By and by again, they thought they saw in fever a mark of too rapid combustion of the frame, too energetic an expenditure of power; and they concluded that the extraordinary waste of tissue must be met by corresponding profuseness of supply. Who can say that here we have learned wisdom by experience, or that we have done much more than clear away the ground for future observation?

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the heart's action, that, when they are opened, the blood flows in a good stream, being sometimes projected to the distance of a foot or more. Experience also tells us that the arteries are always empty after death. Experience with the microscope has long told that cause change; the movement of the blood is arrested in many capillaries, while the current in others is equable and steady; and Dr. G. Johnson has shown that, when this retardation has existed for some time in the kidney, the arteries of that organ are hypertrophied. All this teaching, must we not conclude that there is a motive power in the circulating system entirely independent of the heart? and, as we can have ocular demonstration of the retarding power of the capillary vessels, we need not hesitate in believing that in them resides a large, if not the largest, portion of this circulating force. In aid of this belief, the microscope can here be of some value; for the capillary vessels, with the prolonged circuit taken by the plasma round the cells of the chor. He sees the sporens of contrariety enjoying the power of locomotion; and hosts of cells moving perpetually, each of which is infinitely smaller than the finest muscular fibre. And if it be conceded, as unquestionably it must, that the capillary system has a motive and retarding power peculiar to itself, and entirely independent of the heart, how greatly must we modify our views of inflammations and fevers; and how comparatively useless is the experience accumulated without reference to this power!

Take another illustration from the obstetric branch of our art. For the earliest ages of the world women have borne children, and we see proofs that thousands of years ago midwifery was followed as a profession much the same as it is today; yet, with all the accumulated experience of centuries, no real knowledge appears to have been possessed of the natural position of the child's head as it was coming through the pelvis, until the advent of Naegele, barely fifty years ago. The great William Hunter was here at fault, and the well known Smithie was no better. Why? Simply because they lacked opportunity; not because experience was wanting; not because they were mere close philosophers; but simply because they started with a fixed idea, and never dared to inquire into its truth. They believed the assertion drilled into their young ears as implicitly as any child believes in a mother's love. No doubt ever came into their minds; and, without doubts, there is no inquiry.

Ever since midwifery has been practised, the fearful nature of placenta praevia must have been known. Yet it appears to have been reserved to our own days for an extended and enlightened experience to teach the best method in which this accident is to be treated. There is nothing to be learnt more surely from the umbilical cord, and the manner in which safety may be almost ensured both to mother and child in cases of contracted pelvis.

[To be continued.]

TREATMENT OF DIPHTHERIA.

By W. A. Bryden, M.D., Mayfield, Sussex.

Having been written to by gentlemen from different parts of the kingdom, with reference to a paper which I published in the British Medical Journal of November 21st, 1857, perhaps I may be permitted to answer them through the medium of the same organ.

First, as to the cases in which I think the guinacum to be most useful: I use it in all cases, whether of "diphtheria," properly so called, or of what in this neighbourhood we have styled "acute scrofula, or tubercle malaria." I combine it with the chloride of potash, and use a gargle of chlorine gas at the same time.

In an acute tonsillitis, I order a warm bran poultice, sprinkled with vinegar, to be applied externally, and give the guinacum in three doses; with three or four grains of nitrate of potash, every three or four hours.

The following prescription is one which I have frequently used in scrofula malaria and diphtherin, the dose being for an adult:—

* In thus speaking of the capillary vessels, we wish to include the parts or tissues through which they run, and not to attribute the power entirely to the thin elastic capillary cylinder.

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CASE OF INTESTINAL OBSTRUCTION.

Under the care of S. W. J. Merriman, M.D., and T. Holmes, Esq., F.R.C.S.

[Reported by T. Holmes, Esq.]

On August 27th, 1858, I was requested by Dr. Merriman to see a woman labouring under protracted constipation. The patient, whose name was Louisa Clark, aged 34, was a person of imperfect health, having a weak digestion; and had been under Dr. Merriman's care, at frequent intervals, for a good many years, for dyspeptic ailments, which required a more or less prolonged attention, as she very slowly regained that amount of strength which is of value to her size. She had not acted naturally in this respect for more than half a year; and, on the first day of her attendance, she had suffered from irregularity of the bowels, and had been liable to diarrhoea and colicky pains. On August 16th, the bowels had acted naturally, though scantily. She then had convulsions from a prolonged attack of diarrhoea, lasting the bed out of this time, except once under the influence of enemata, when a small amount of faecal matter had passed with the injection. Various purgative medicines had been given, but without effect. She had vomited for the first time to-day, only a small quantity of grumous fluid, apparently the contents of the stomach or duodenum. The tongue was very red and dry; the countenance distressed; the pulse weak and rapid. The belly was uniformly, but not excessively, distended (she was very fat); and there was no great tympanitis. She had complained principally of pain in the right iliac region, but this had been relieved laterly by pain in the neighbourhood of the umbilicus. There was nothing to suggest, according to the patient's account, to suggest that, in the ilo-coccal region, a large coil of intestine could be felt distinctly when any attack of torrznia occurred. The attacks were rather frequent. The coil of distended intestine ran, as well as could be ascertained, transversely across the abdomen, and therefore much below the situation of the transverse colon. There was no obstruction to the passage of a tube into the rectum, but it was arrested at a distance of about eight inches from the anus, apparently by a band of the gut, and not a constriction, and any quantity of water could be passed without resistance.

From the readiness with which a large quantity of injection was passed and retained, as well as from the uniformity and completeness of the obstruction, and the pain being first complained of in the region of the ilo-coccal valve, it was thought most probable that the obstruction was at or near that part of the intestine.

It was decided to try the effect of a powerful purgative; and, with this view, three pills, each containing half a minim of croton oil and five grains of compound extract of colchycin, were given during that night. They produced no effect, beyond a slight temporary aggravation of the colicky pain. Next day, she was in much the same condition. One grain of opium (in Dover's powder, or compound soap pill) was given every four hours. This gave her some relief; and on the following day (August 29th), her face looked certainly more calm. In other respects, she was much the same, except that the pain was more decided, and referred to the ilo-coccal region; and it was more easy to feel the coil of intestine above referred to. Chloroform was administered (which she took with wonderful rapidity and ease, becoming quickly insensible after very few inhalations), and a very large quantity (considerably above...