and other stimulants to prevent collapse. If the exudative process has not at this period extended to the bronchi and pulmonary cells, the propriety of performing tracheotomy becomes a question; and as the operation has saved many lives, it seems not only justifiable but proper, though the success of it be problematical; but, having had no experience of this proceeding myself, I refrain from any opinion as to the circumstances in which it should be had recourse to.

27, Hyde Park Square, 6th November, 1851.

ON THE MANAGEMENT OF CERTAIN SECONDARY FORMS OF DIARRHŒA.

By HUMPHRY SANDWITH, M.D., Physician to the Hull Infirmary.

THE expectant method of the French, and the *nimia diligentia*, or "heroism", of the British school of medicine, is each a practical mistake. The happy blending of the two makes a secure pathway, on which we may firmly tread. But the safe treatment of diseases must equally be based on pathology, and recognise an enlightened observance of the laws and operations of nature. In the absence of these qualifications, men rashly interfere with the remedial efforts of nature, at the expense, perhaps, of both aggravating the malady and obscuring its cause; or, on the other hand, they leave the disease to pursue an unrestrained and fatal career. Avoiding both these errors, we should narrowly watch the order of phenomena, remove obstacles to recovery, and, that we may not thwart the conservative efforts of nature, interpose only when urgent circumstances warrant the interposition.

I propose to consider the treatment of diarrhœa under two general secondary forms—*first*, those in which the blood has been poisoned; and, *second*, those dependent on some local or constitutional source of irritation.

1. DIARRHŒA WHERE THE BLOOD HAS BEEN POISONED. "We can readily understand," says Mr. Henry Lee, "that the appearances and symptoms, which, a few years ago, were so often observed and described as forming a separate disease, under the name of gastro-enteritis, may frequently have been only the secondary results produced by an unhealthy condition of the blood."[1] The truth of this remark must strike every one conversant with the health of large classes of operatives in our principal towns, pent up at night in the crowded apartments of unventilated courts and alleys, and overworked from an early hour in factories, where "the sound of the steam-engine anticipates the cock-crowing of the morning". Amongst these pallid, sickly-looking people, whose nervous energy is below par, and whose blood is poisoned, the secretion of bile

[1] LONDON JOURNAL OF MEDICINE, No. xxxi, July 1851, p. 628.

is generally vitiated, and bowel complaints are frequent. Nor can we doubt, that diarrhœa is often a purifying process of nature in such circumstances. Suddenly to lock up these impure secretions by astringents, might convert a harmless diarrhœa into a dangerous fever. And here I beg leave to allude particularly to the valuable papers of Mr. Lee, *On the Causes, Consequences, and Treatment of Inflammation of the Veins*, as published in several numbers of the LONDON JOURNAL OF MEDICINE. That gentleman, as is well known, has made numerous experiments on animals, by poisoning their blood through the introduction of putrid fluids into the circulation. The results are most instructive, as shedding the strong light of analogy on many cases of febrile diarrhœa. In Mr. Lee's cases, diarrhœa was almost an invariable consequence of the introduction of putrid matter into the blood, and looked like an effort of nature to get rid of the offending poison. For the perfect recovery of the animal, in a few cases, proved the salutary operation of the diarrhœa, and that its effect was to remove the poison from the blood. But I will here quote Mr. Lee's general conclusions from his experimental cases:—

"The general result of the presence of putrid fluids in the system, whether introduced directly into the circulation, or by absorption from serous surfaces, is, as evinced in the foregoing cases, to produce a remarkable affection, peculiarly characterised by congestion of the mucous membrane of the intestines. The evacuations that accompany this condition, are evidently an effort of nature to relieve the system from the vitiated fluids, which have entered the circulation; and it is not a little remarkable, that the mucous membrane of the intestines should in these cases be exclusively affected. The appearances produced may be distinguished from the results of inflammation, in that no thickening or shrinking of the tissues is produced; but they are swollen, congested, and blood-stained, either in petechial spots, in larger patches, or over a continuous surface. The discharge from the intestines, in such cases, consists chiefly of mucus; but this may sometimes be accompanied by a kind of passive hæmorrhage, and occasionally the secretion may assume a puriform character, without any abrasion of the mucous lining of the canal."[1]

Such examples of gross poisoning of the blood as the experimental cases of Mr. Henry Lee, may have exhibited less actual tendency to inflammation than, we may presume, might occur in the milder *remittent and a few other fevers*, in which the atmospheric, vegetable, or animal poison might not so rapidly decompose the blood, and depress vital power, as in Mr. Lee's cases and in fevers of a more malignant character. In fact, inflammation is a frequent accompaniment of eruptive and other fevers, the same disease assuming also a sthenic or asthenic character, according to the intensity of the poison or the epidemic constitution of the atmosphere. It seems probable, therefore, that, in the less malignant forms, congestion would pass more readily into inflammation, or, at least, be accompanied by a less asthenic type of fever. But even in those of the lowest type, diarrhœa is often a salutary process, and not to be checked hastily without the warrant of approaching collapse, or some equivalent reason. That

[1] LONDON JOURNAL OF MEDICINE, July 1851, p. 628.

close observer of nature, Sir John Pringle, in his *Observations on the Malignant Fever*, emphatically says:—"If a *diarrhœa* comes on in the decline of fever, it is to be moderated (but never suppressed) by adding a few drops of the *tinctura Thebaica* to the full quantity of the alexipharmic decoction; or by giving a spoonful or two of the astringent mixture mentioned before. For, though the looseness may be considered as critical, yet, as the sick are too low to bear great evacuations, it must be somewhat restrained: and I have often observed, that when it has been treated in this manner, about the usual time of the *crisis* the patient has fallen into a breathing sweat, that carried off the disease."[1] Soon after follows a remark, which recognises the opinion that the bowels are the outlet for the poison of malignant fever. "In proportion," says he, "to the putrid nature of the stools, astringents are to be used with the more caution." The same high authority, in his observations on *Inflammatory Fevers in General*, remarks, that "there is no caution more necessary to a young physician, than to abstain from all opiates throughout these fevers, however much the patients complain of pain or watchfulness. There may be some exceptions,[2] but they being few and hard to define, it will be safest to make none besides the following one. If the fever is accompanied with a *diarrhœa* not critical, the looseness is to be gradually checked by *diascordium*, after giving rhubarb, and endeavouring to turn the humours to the skin by the usual diaphoretics.[3] He then adds, that "some low and nervous fevers are frequently attended with a looseness, which, though not immediately critical, can never be stopped without danger". We may also quote the opinion of the father of English observers, Sydenham, who in his *Medical Observations on Continued Fever in* 1661, 1668, *and part of* 1669, which was manifestly a synocha with an inflammatory bias, after having spoken of treating it by bleeding and simple febrifuges, remarks, "the looseness, which often accompanies this fever, does not divert me a single hair's breadth from my plan. I have even found, that nothing is so effectual a check as venesection and cool drinks, like whey, barley-water, etc.; since it is caused by inflammatory vapours passing from the blood, through the mesenteric arteries, into the intestine, and there causing irritation". He then goes on to show, that neither purgatives nor astringents were right remedies. "All this," says he, "made it as clear as the light of day, that the diarrhœa was of the same nature and essence with the dominant fever; and this opinion is confirmed by the effect of venesection, and the cooling medicine, regimen, and diet, which I found so advantageous in the fever. They cured the diarrhœa as well; whilst, if treated upon a different principle, with rhubarb or lenitive cathartics (given with the view of expelling those acrid juices, which were supposed to irritate the bowels to such

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[1] PRINGLE, Sir John. Observations on the Diseases of the Army in Camp and Garrison, p. 276.

[2] We are indebted to Dr. Latham and Dr. Graves for pointing out what are those "exceptions", and for defining the circumstances attendant on a state of continued *pervigilium*, which demand a cautious interposition with opiates. After all, the rule applies rather to typhus than inflammatory fever.

[3] PRINGLE, Sir John. Observations on the Diseases of the Army in Camp and Garrison, p. 136.

secretions), or even astringents, it changed its character from a mild disease to a deadly one, a fact that is sufficiently proved by the bills of mortality for the year."[1]

Whatever imperfection may be attached to the explanation of the facts thus recorded by these great observers, there is too solid a substratum of true medical philosophy at the bottom to admit of the practical advices grounded on them being easily subverted. Yet Andral has boldly called their philosophy of observation in question, and attempted its subversion on grounds too narrow and slender, I think, to sustain the weight of his crushing criticism. He confirms, indeed, the accuracy of the observations of his predecessors, as to the truth of what they record, but objects to the interpretation of the facts. "Was it observation or mere theory," he remarks, "that induced Huxham to lay it down, that delirium and disposition to coma disappear as soon as purging sets in? Was it by facts that Pringle was led to consider diarrhœa as ordinarily serving for a crisis in the remittent fevers, of which he has given us so valuable a description? He recommended that the purging in these diseases should not be checked too soon. Grant also considered diarrhœa to be the natural crisis of putrid fever. In our opinion, all these ideas rest on facts, which are real, but incorrectly interpreted."[2] He then opposes to the conclusion, that the diarrhœa was nature's own effort to accomplish the evacuation of the morbific matter, the pathological explanation, that diarrhœa "is the natural result of the intestinal lesion, the existence of which has been ascertained in those diseases by anatomical research". But this answer does not embrace all the phenomena, for in innumerable instances of fever, we trace after death no follicular lesion, or any other changes beyond those produced by simple congestion. It seems strange, too, that he should have contented himself with this anatomical explanation of such facts as the following, which he himself records. "Yet some of our cases," he admits, "afford instances where, at the same time that the fever ceased, and the other symptoms improved, the diarrhœa, on the contrary, was visibly increased. In other cases we have seen it appear, for the first time, just at the very moment when also, for the first time, there appeared a tendency in the disease to a favourable termination. Sometimes again it comes on during convalescence, without appearing in any manner to interfere with its progress. It is facts of this kind, no doubt, which made the ancients think, that in some continued fevers diarrhœa is *critical*, whilst in others perspiration constitutes the *crisis*." He then immediately subjoins:—"For our part we shall say, that the cases of *continued* fever, in which we saw the establishment of diarrhœa followed by any advantage, are so few, that we cannot conclude anything from them with respect to the critical nature of this phenomenon."

These two statements of the great pathologist are so conflicting, not to say contradictory, that they can only be reconciled by the supposition, that when he spoke of *continued* fever he lost sight of the

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[1] SYDENHAM, Thomas, M.D. Works of, translated by Dr. R. G. Latham; vol. i, pp. 156, 158.

[2] ANDRAL'S Clinique Médicale, vol. ii, p. 755.

large class of remittent and intermittent types, and that with respect to continued fever itself, he had in view principally the anatomical results of the *typhoid* variety with its follicular exanthem. This specific result of the typhoid poison insulates the diarrhœa dependent on it from that which accompanies a simply congested or inflamed membrane in other fevers. In the one case the poison seems to spend itself in disorganising the follicles, and in the other it seems to pass out of the system by a diarrhœa, which is recognised by no such lesion. These views receive strong support from the late Dr. Abercrombie's strictures on the above pathological dogma of the French school. Admitting the anatomical facts, he objects to the indiscriminate use made of them. "Their observations on this subject," he observes, "are worthy of attention as far as they consist of facts; but we suspend our confidence when we are farther informed, that the dothinenterite is synonymous with the malignant fever of Sydenham, the hospital fever of Pringle, the typhus of Cullen, the putrid and petechial fever of other writers; in short, that every variety of fever, continued, intermittent, and remittent, arises from the inflammation of these follicles."[1] Moreover, Andral virtually concedes the crisis by perspiration by his profound silence after a bare allusion to the subject. The anatomical objection to the theory of crisis by diarrhœa will not apply here. But if crisis by perspiration be conceded, then, as the intestinal mucous membrane is virtually a continuation of the skin, we may, even on anatomical grounds, vindicate the theory of crisis by diarrhœa.

I shall make but a passing allusion to the *diarrhœa accompanying inflammation and ulceration of Peyer's glands*. The distinctive characters of this affection are so well defined, both in the tenderness of the umbilical region, especially half way between the navel and the groin on the right side, and in the rose-coloured rash on the skin, that diarrhœa under such circumstances cannot be mistaken for anything but a symptom of follicular inflammation of the ileum. The local affection, meanwhile, is the well known specific result of typhoid poisoning of the blood, and is pathognomonic of typhoid fever. Here, again, astringents are out of the question; nor will it suffice to leave nature to pursue her destructive course. Ulceration, on the contrary, may sometimes be averted by a treatment consisting of soothing injections, cautious local depletions, and counter-irritants.

In the *Asiatic cholera*, we are properly warned by Dr. Watson, "not to try, in cases of diarrhœa, to carry off the presumed offending matter, but to quiet the irritation, and stop the flux as soon as we can".[2] Here again the specific result of the cholera poison, as in the analogous case of typhoid fever, insulates the diarrhœa dependent on it from those fluxes which accompany a simply congested or inflamed membrane in other fevers. *Follicular eruption* (the *psorenterie* of M. Serres), as well as venous injection of the enteric mucous membrane, is, on Andral's authority, characteristic of the disease. The low diphtheritic condition of the alimentary canal is, indeed, altogether

[1] ABERCROMBIE, Dr. John. Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, etc., p. 291.

[2] WATSON, Thomas, M.D. Lectures on the Practice of Physic, vol. ii, p. 469.

unlike the follicular inflammation of typhoid fever, and it destroys life in a different way. The uncontrollable diarrhœa, which accompanies it, differs essentially from ordinary diarrhœa, by largely exhausting the serum of the blood. The premonitory looseness of cholera, when severe, is most surely arrested by acetate of lead, as is the secondary diarrhœa by scruple doses of calomel with two or three grains of opium, going on with the remedy in diminished doses.

In the early stages of *remittent and intermittent fevers*, both in this country and still more in tropical regions, it is most dangerous to arrest diarrhœa by astringents. Amongst other risks may be mentioned that of inducing cerebral or pulmonary congestion, by a transference of the irritation from the gastro-enteric to the brain or bronchial membrane. I think I have seen this occur in practice. A safer method is, to obtain a gentle control over the diarrhœa by the alterative virtues of turpentine, combined with castor-oil in emulsion, giving both in very small doses. The object would be further promoted by rubefacients applied to the abdomen. The diarrhœa dependent on this condition of the mucous membrane is not seldom associated, especially in the East, with deep congestion of the liver or spleen, which would obviously be aggravated by a premature arrest of the diarrhœa. The treatment of what may be called the tropical variety, even its chronic form, is somewhat peculiar, as the following extract of a letter from my son, dated Constantinople, July 24, 1851, clearly shows. I may just premise, that, in the expedition to Nineveh, he had suffered several attacks of the fever of Mesopotamia, occasioned by the overflowing of the Tigris. He thus writes :—

"I have told you in what a wretched state of health I arrived from the interior; and you know what a struggle I had all the latter part of last year with a chronic diarrhœa. This latter complaint reached its acme about Christmas; and having gone through every kind of treatment but the right one, I at last took to bed, and commenced leeching repeatedly, and dieting rigorously, taking no other medicine whatever. After two or three days, I found myself constipated, and then had regular and natural evacuations up to February 19th, when the complaint recommenced, though not by any means severely. There were about two somewhat loose stools a day. This was quickly followed by a slight attack of ague; and on the tenth day the diarrhœa had entirely ceased. During March, I had *occasionally* a little looseness of my bowels, though not what I should have taken any notice of, had I not acquired a nervous dread of the thing. During April, I was almost always either rather constipated, or natural in my habit, though a few days are marked as shewing a little disposition to looseness, though not amounting to diarrhœa. On May 17th, some diarrhœa, though not severe, having reappeared, I applied leeches *ad anum* in small numbers for three days successively. The diarrhœa was *completely cured*, and my stools were perfectly healthy, and, with scarcely an exception, have been so ever since. So nervously afraid am I of this horrid complaint (having suffered so frightfully on my journey home), that I take note of, and treat the least, the smallest approach to it. After all, the ague is the *fons et origo mali*, and I have had it in various forms—dangerously and irregularly at Akra last autumn almost always mildly since. I am sorry to say, that I still fear a

return of it, as I had one accession, about a month or more ago,—a return of the Assyrian complaint, though mild. It often happens, that a fever caught in the country, sticks to a patient for nine months, one year, or even two, after which he recovers his health completely. I am now taking every precaution to avoid a repetition of this pest, the principal of which are, avoiding fatigue, taking occasionally doses of quinine, keeping in doors at night, and taking care that my diet should be generous, but easy of digestion, and simple."

In *scarlet fever* again, in which the blood is poisoned by a specific miasm, the gastro-enteric mucous membrane, though not the usual seat of morbid action, is yet liable to suffer from a condition, which gives rise to severe diarrhœa. I have seen children rapidly swept off by it, and with a violence exceeding that of the ordinary *cholera infantum*. If the fever manifestly verged on typhus, or the prostration threatened collapse, as the presumption would then be that we had to deal with a diphtheritic condition of the membrane, I should adopt the treatment proper for *cholera infantum*. If, on the contrary, the type of the fever was palpably inflammatory, and other diseases had a sthenic type, I should prefer leeching the anus, and giving alterative and soothing remedies. I have seen leeches applied to the epigastrium afford the most marked relief in scarlet fever, when the symptoms indicated congestion of the mucous membrane of the stomach.

Dr. Watson has remarked, that in *measles*, "when the rash is about to decline, a spontaneous diarrhœa often sets in, and appears to have a beneficial effect in abating the febrile symptoms. If this natural curative process should fail to occur, it may be imitated by the exhibition of gentle aperients." To arrest such a diarrhœa, would be an injurious interference with nature, and might produce, by metastasis, congestion either of the bronchial surfaces, or of the membranes of the brain. The play of these remote affinities is an interesting phenomenon in medicine; and with a view to illustrate the sympathy of the brain with the bronchial mucous membrane (we see it still oftener excited by abdominal affections), I will here cite a case, which fell under my own observation.

CASE. Master ——, aged 4, became affected by hooping-cough in May. The attack was severe, but without producing acute symptoms of bronchitis. Emetics, purgatives, and prussic acid cautiously administered, made no decided impression on the complaint. After exposure to cold, in the latter end of June, his cough suddenly left him, and general lassitude, loss of appetite, and increased feverishness, supervened. The fever, with symptoms of cerebral irritation, increased from the 24th to the 30th, when actual phrenitis demanded more active treatment, than the less violent anti-inflammatory remedies hitherto used. About a teacupful of blood was taken from the arm on that day, and seconded by leeches and free purgation. The general bleeding was repeated on the 1st of July; and leeches to the temples and the sides of the neck were afterwards several times freely employed. Sleeplessness and that delirious anguish which mark cerebral inflammation in children, were prominent and distressing features during the severity of the attack: there was also for a day or two rigidity of the spinal muscles, and a peculiar drooping of the head to the left side, with a semi-rotatory motion. The symptoms of cerebral

irritation, though moderated by active treatment, did not wholly decline before a fortnight had elapsed from the time of the first general bleeding. The emaciation was equal to what we observe in the most protracted cases of fever. The first clear proof of the entire removal of cerebral irritation, was a return of the cough, with its distinctive hoop, which continued in a mild form during the whole period of convalescence. Natural and refreshing sleep, at first excessively profound, succeeded to the long-continued scenes of excitement. A change of air finally removed the cough, and asses' milk repaired the wastes of the system.

II. DIARRHŒA DEPENDENT ON SOME LOCAL OR CONSTITUTIONAL SOURCE OF IRRITATION. I shall dismiss these forms in a more summary way. I may instance, as introductory to the rest, the *diarrhœa of dentition*. This disease is consequent on constitutional irritation, set up by a local source of annoyance. As spontaneous salivation tends materially to lessen the local irritation, so does a moderately lax state of the bowels diminish the constitutional disturbance; nor ought the latter, when not excessive, to be interfered with. Still we should prohibit the over-feeding of the child, and improper kinds of food, as well as regulate the diet of the mother or wet-nurse. But suddenly to suppress the milder form of diarrhœa during dentition, would be dangerous. Interference, however, becomes a duty, and that by the most decisive treatment, in the graver forms of this malady. Here vomiting is superadded to the diarrhœa, which becomes excessive, the stools being sometimes yellow, but oftener green, like flocculi of confervæ floating in a transparent serous fluid. The condition of the gastro-intestinal mucous membrane, according to the best authorities, both French and English, is not one of inflammation, except very casually. There is some discrepancy between the statements of Cruveilhier and Guersant, the former speaking of the membrane as found in a state of softening, being reduced to a disorganised pulp, but without any appearance indicative of inflammation; while the latter speaks of it as only pale, colourless, and almost transparent, with the mucous follicles in their natural state. A remark of Dr. Carswell's goes far to reconcile the two statements. He suggests that the action of the gastric juice has something at least to do with producing the softening of the membrane. The dangers of this formidable malady are to be met by the prompt and bold use of stimulants, in conjunction with astringents and opiates cautiously administered.

"If the diarrhœa," says Dr. Copland, "either in infants or older children, be symptomatic of cerebral congestion, irritation, or inflammation, leeches behind the ears, calomel, with James's powder, the semicupium, cold affusions on, and cold applications to, the head, with cooling diaphoretics, diuretics, and external derivatives, are the chief remedies."[1]

In the *serous diarrhœa of the puerperal state*, especially in an early stage, when the skin is hot, the thirst great, and the pulse rapid and vibratory, and more especially when pain is felt in any part of the abdomen upon well-directed pressure, the danger of transferring the

[1] Dictionary of Practical Medicine, Part II, p. 532.

congestion of the gastro-enteric mucous membrane to other parts is peculiarly great on employing astringents or opiates, owing to the extreme susceptibility of the nervous system, and the exalted sympathies of various organs. Here general or local bleeding, with refrigerant salines, diaphoretics, and, eventually, the chalk mixture, with hydrocyanic acid, are the appropriate remedies. I have seen a severe diarrhœa of this kind speedily arrested by a dozen leeches applied to the abdomen, and their bites allowed to bleed freely into a warm emollient poultice.

In the *diarrhœa symptomatic of hepatic congestion*, we are warned by Dr. Copland against the too early exhibition of astringents or opiates, and even against the indiscriminate use of calomel.[1] The alvine discharges being an evident, but inadequate, effort of nature to relieve the system of some latent source of irritation, our business is to master all the symptoms before we prescribe for one of them, and that, in itself, the least important; and we shall soon find palpable indications of the existence of pain or heat about the region of the liver, the scapulæ, etc., or of fulness and tenderness in the epigastrium. To arrest diarrhœa under such an assemblage of symptoms, would be to convert congestion into positive inflammation of the liver, or supplant diarrhœa by dysentery. The treatment, on the contrary, should commence with venesection, or, what is perhaps preferable, free local bleeding, to be followed up with alterative doses of mercury castor-oil, and neutral salts.

Once more: diarrhœa is sometimes *vicarious of suppressed evacuations*, as interrupted sweat and checked menstruation. The mode of relief, in such cases, is obviously to restore the suppressed evacuation. Gout, also, is known to expend itself by the outlet of the bowels. "One gentleman", we are told, "had his first attack of gout on giving a check to a loose state of the bowels, which he considered troublesome."[2] "The gouty diathesis", says Dr. Todd, "disposes to peculiar affections of internal organs, so different, as regards their tractableness to ordinary remedies, from the common diseases of those parts, that their connexion with some particular state of the general habit is clearly indicated. Two patients of mine, in no way connected with or known to each other, manifest all the signs of this temperament; and, I find, always consequent upon a kind of exacerbation, to which they are almost periodically liable, a considerable discharge from the bowels of mucus, coloured with bile; this will continue for three or four days, and *never fails to bring great relief*."[3]

To conclude:—in addition to the individual lessons of practical medicine taught us by the preceding remarks, the great truth is also inculcated, that the philosophy of observation ought not to be set aside by the researches of the scalpel or microscopical investigations; otherwise we shall but "pore and pore, and dwindle as we pore." A just anxiety to profit by the laborious thinkings of such observers as Sydenham, Pringle, Heberden, Mead, and others, need not exclude an equal willingness to attend to all that is valuable in the pathological

[1] Dictionary of Practical Medicine, Part II, p. 528.
[2] Cyclopædia of Practical Medicine, vol. i, p. 557.
[3] Todd, Dr. R. B. Practical Remarks on Gout, Rheumatism, etc., p. 32.

researches of Andral, the numerical method of Louis, or the microscopical analysis of our modern professors. Pathological inquiries, such as those conducted by Mr. Henry Lee, may also be called in to our aid in demurring to the views of Andral: for they strongly support by analogy the conclusion of the old observers, as to Nature's own efforts to accomplish the evacuation of the morbific matter of fevers by diarrhœa. Heberden has clearly stated what their conclusion was, in the following words. "A diarrhœa is often brought on by that power, which is exerted in every part of the body, of freeing itself from anything painful and oppressive. Not only the mischief from the noxious qualities and improper quantities of what has been taken, and immediately offends the stomach, are carried off by means of a diarrhœa, but likewise many disorders of remote parts, or of the whole body, (such as morbid impressions from the causes of epidemical complaints and of fevers), are, by the self-correcting powers of an animal body, determined to the bowels, and thence discharged by a diarrhœa. The observation of this has given occasion to that useful caution of not being too hasty in stopping a recent spontaneous purging, it being frequently useful to cooperate with nature in promoting this evacuation."[1] It is almost superfluous to add any further proof of the soundness of these views. I may, however, just refer, by way of illustration, to the value of active purging, whether spontaneous or induced by medicine, in not a few instances of the coma attending jaundice, brought on by the suppression of the secreting function of the liver, owing to a greater or less destruction of its proper cells, with consequent cerebral poisoning. In other instances of the same kind, relief is afforded by the colouring matters of the bile passing off freely by the kidneys and skin.[2] It is impossible, indeed, to overrate the importance of the general doctrine, as to the danger of rashly interfering with diarrhœa, especially in febrile complaints. Nor ought we to be awanting in the rational proofs of a doctrine of so much practical value, because occasions ever and anon occur in practice calculated to shake our confidence in its dictates. Thus, while watching the progress of fever in subjects of refined organisation and high nervous sensibility, deceptive appearances of weakness, under the depressing influence of diarrhœa, may throw us off our guard, and lead us to interpose prematurely in restraining that which may be securing permanent benefit, although concealed under the mask of excessive exhaustion. The same delusive appearances in various cerebral affections may similarly mislead us. We cannot, therefore, act more wisely than in studying the advice of the old sagacious observers, and in calling to mind the mischiefs we ourselves have witnessed by turning a deaf ear to their warning voices.

Hull, November 1851.

[1] Heberden, Dr. Commentaries on the History and Cure of Diseases, p. 144.
[2] Budd, Dr. G. O. Diseases of the Liver, pp. 188, 222, 226.