more philosophical. I therefore do not say to which of these doctrines I rather incline. But I ask you to see that the cell-theory, quite as much as the exudation-theory, requires that we, as practitioners, should draw in some rude way that line of demarcation which nature has not definitely drawn between nutrition and pathological inflammation, between this and practical inflammation, and between either of these three and cancer, tubercle, and other pathological products.

It will be observed that neither theory tells us what force determines the first deviation from the course of orderly nutrition. It is probable that there may be divers forces acting in different cases.

Since inflammation is a process extending over a considerable space of time, we must recognise the fact that our treatment must vary according to the date at which we commence it. And, inasmuch as it is a complex process involving various tissues of an organ, we must be prepared to find that in one case one tissue, in another another may be chiefly affected; and that consequently it is obviously probable that we may, on this account, be obliged to adopt varieties of treatment.

But what I wish principally to enforce is, that, even if we grant that we have no drug or device which will act on the essential elements of inflammation, it does not follow that we may not be able to act beneficially upon other elements of so complex a process. For example, granting that we are unable to affect tissue-growth, we may yet be able, to the great benefit of the patient, to act by drugs upon the vascular or nervous elements. We have drugs, opium, antimony, mercury, aconite, salines, alcohol, purgatives, which do act, and very powerfully, upon these elements; and experience has taught me that this action is apparently beneficial. It is no answer to this to say: oh, but you are not treating the essential element of inflammation, but some non-essential element! My answer is, that it is true I am not treating an abstract idea or a fragment of tissue under the object-glass of a microscope, but a living man compounded of many structures and organs, which, even if remote from the primary disease, may be so compromised by it as to destroy his life. What harm would come of pneumonia of the apex of the lung if its effects did not radiate through the whole system? Why merely, at the worst, the destruction of an extent of lung-tissue, the loss of which would be no serious inconvenience. It may be that our drugs do no more than chain down the disease to its original ground, leaving it there to pursue its own unaltered course. This alone would be an enormous gain.

It is no argument to say that empirics who have preceded us have bled or salivated to death men who would have recovered untreated. We, I trust, enlightened by the advances of genuine science, shall avoid such excesses. If men in former days neglected or were ignorant of the use of alcohol in therapeutics, or if others, in later years, have used it in baneful excess, that is no reason why I should not employ it with a wise empiricism, not forgetting that, on the one hand, persons have been allowed to die from neglecting it, nor, on the other, that by its excess some have died who might otherwise have recovered.

Nor is it any argument against the use of these or any other drugs or methods to prove, if it could be proved, that they were first employed upon fanciful grounds, now shown to be untenable.

It is true that we have, of late years, been taught to appreciate the almost boundless resources of nature unassisted and uninterrupted. And the importance of this doctrine is almost inestimable. In no disease is this more manifest than in the one under consideration.

But, on the other hand, experience has shown me that many cases of inflammation have so little tendency to spontaneous cure, that the patient dies before the cure can be accomplished. Again, other cases, though they have this tendency to spontaneous recovery, do not recover without putting the patient to great and, as I contend, avoidable suffering. Take, for example, quinsy; and yet in no other disease have remedies greater alleviating power, and, indeed, if used early and boldly, the power of aborting the disease. Is it any answer to me, who believe this, to say that I have no direct power over the essential element of inflammation?

I had no intention in writing this paper, nor would the time at my disposal to-day permit me, to inquire into the respective value of different antiphlogistic drugs. What I did intend to do was to show that, as scientific practitioners, we are not precluded by the actual condition of science from employing these means, or others which may be suggested upon rational grounds as likely to be of benefit. But we must use them subject to the conditions imposed by the genuinely empirical method. What are these conditions? In a few words they may be stated.

We are in each individual case to watch the result; to abandon the experiment if the result seem to be unsatisfactory; not to continue it because authority has enjoined it, if to our common-sense judgment we find that, from some unknown cause, the result is different from what we had hoped and expected. In forming our judgment, we are to

make due allowance for its fallibility under the difficult conditions wherein we have to exercise it; giving, also, when we seem to have succeeded, due allowance to the cooperation of *natura medicatrix*.

The title of empiric was originally bestowed by their adversaries upon those who refused to be rigidly bound by the scientific dogmas of the day, when these dogmas appeared to be contradicted by the results of their own watchful observation.

We cannot now-a-days pretend to have so high an esteem for the then state of science, as to doubt that the empirics may often have been right. I trust that I esteem as highly as any one the vast labours of our own times and the wonderful scientific advances therefrom proceeding. But I feel that there is still scope for the empirical spirit. If, then, we, as practitioners, pursue the course above sketched out, we shall be justified in assuming the title of which some are ashamed, but in which I glory—the title of genuine empirics.

The true empiric is the intelligent minister of nature. The false empiric is the blind slave of art.

ULCERS OF THE LARYNX SIMULATING PHTHISIS.

By ARTHUR T. NORTON, Esq.,
Assistant-Surgeon to St. Mary's Hospital.

SOME cases of phthisis are accompanied by a deposit of tubercle in the trachea and larynx, and, as this deposit is usually followed by ulceration, such a condition accounts in some instances for the loss of voice in persons suffering from consumption; but, on the other hand, there are many cases of simple or of syphilitic ulceration of the larynx, in which symptoms are induced precisely similar to those due to a deposit of tubercle, and which, without the aid of the laryngoscope, cannot possibly be diagnosed from that disease. If the auscultatory symptoms of phthisis be marked, it is of course impossible to mistake the one disease for the other; but it is in those cases in which the chest-sounds are more or less masked, or in the earlier stages of phthisis, that a difficulty in diagnosis may appear. The importance of diagnosing between ulceration of the larynx and consumption cannot be overrated. The one—ulceration of the larynx—may, without proper remedies, remain persistent for an indefinite period, and may naturally become the cause of great uneasiness on the part of the patient and his relatives, whilst at the same time it is when detected readily amenable to treatment. The other—tubercular deposit in the lungs—is too well known to need further comment.

There is, as a rule, no pain accompanying ulceration of the larynx, unless the ulcer extend over the arytenoid cartilages, or into the œsophagus, when swallowing is productive of a sharp pricking sensation, which extends frequently into both ears. There is more or less constant cough, though usually of a dry character; and the cough, like that of phthisis, is worse on changing the atmosphere, as on entering or leaving the bedroom. Blood is frequently spat up with the cough, and is occasionally thrown off in larger quantities. The voice is often altered considerably. It may be soft and whispering, from the presence of œdema, or from thickening of one or both false vocal cords; or, on the contrary, it may assume the rough hacking character, from the inability of the patient to regulate the action of the true vocal cords. Such a condition may continue for months without abatement, and the system may now become affected. The patient becomes low spirited; he cannot converse, and he cannot properly attend to his duties; his appetite fails, and he becomes emaciated; he resembles one in consumption. On examining the chest, expansion is found to fall short of the expansion of health, but percussion and auscultation are unaltered. The following case, which occurred in the throat department at St. Mary's Hospital, under Dr. Sieveking and Mr. Norton, is a good example of ulceration of the larynx simulating phthisis.

H. R., a youth, nineteen years of age, pale and much emaciated, had been losing flesh for several months past, and been suffering from a cough for about a year and a half. He frequently spat up blood, but had never thrown up any large quantity at a time. His voice was of a hoarse, barking character. Swallowing produced no pain, but coughing was accompanied by a soreness in the throat. He complained of great exhaustion, and was too weak to attend to his vocation, which was that of a carpenter. An examination with the laryngoscope showed the right true vocal cord to be reddened, and superficially ulcerated in nearly the whole of its extent. The right false vocal cord or ventricular band was also inflamed, and upon it was situated a deep excavated ulcer of elongated form. In reply to a question, the patient denied that he had had venereal disease in any form, though the character of the ulcer led one to the belief that it was

specific. Iodide of potassium was ordered, and the ulcer was touched with the solid nitrate of silver. The patient was requested to frequently steam his throat. Little alteration in the voice, took place for some time, but, under a continuation of the medicine, and a change of the local application from nitrate of silver to a solution of chloride of zinc (two scruples to the ounce) the disease was entirely cured in two months.

LABURNUM POISONING.

By C. G. WHEELHOUSE, F.R.C.S.,

Surgeon to the General Infirmary at Leeds.

CASES of death from this poison are so comparatively rare that I deem it a duty to place the following on record.

On Friday (August 27th, 1869) I was called hastily, in the middle of the day, to visit F. B., a child aged five years and seven months, who was supposed to have poisoned herself by eating laburnum seeds or pods. On my arrival, I found the child very ill, and suffering from symptoms of irritant poisoning, but I was somewhat at a loss to reconcile the condition in which I found her with the history given me of the case. I was informed by the mother that she had eaten the seeds two days previously, and that she had been apparently well until about an hour before I was summoned, when the symptoms, as I saw them, set in suddenly. On closely questioning the child herself, I found that this account was not altogether a correct one; she acknowledged that she had eaten some seeds on the Wednesday, but also admitted that she had again eaten more a few hours previously. Her nurse stated that, so far from having been quite well in the interval between Wednesday and Friday, the child had really been poorly both on Wednesday and Thursday mornings; that she had complained of pain in the stomach, had looked pale and ill, and had been unable to take her food. The gardener stated that he had seen her with pods in her hands on the Wednesday. He had warned her not to eat them, as they were poisonous, and had lent her a trowel with which to bury them in her own garden.

From these statements, I came to the conclusion that the little girl had probably been really nibbling the seeds or pods (for they were unripe, and the seeds were difficult to get out of the pods) for some days past, and that the effects, as I saw them, were the results of several days' accumulated slow poisoning.

I found the child laid upon her bed, complaining of head-ache and pain in the stomach, which she referred very decidedly to the region of the umbilicus; the surface of the whole body was pale, remarkably cold, almost marble-like; the pulse was soft, feeble, and rapid; and there was slight dilatation of the pupils. She had smart vomiting and purging. The breathing was slow, and expiration especially was very markedly prolonged. The intellect was clear, but there was great restlessness and irritability. Emetics and castor-oil had already been freely administered; and, as I could not determine how much of the vomiting and purging was due to these, I gave my attention chiefly, at that time, to the condition of the surface and abdominal pain, ordering mustard and warmth to the body, hot bottles to be placed in the bed and around the child, and a little brandy and water to be given occasionally if the stomach would bear it. Unfortunately, up to this time, the evacuations had all been thrown away, and I had no opportunity of seeing them.

In a few hours I saw the child again, and found her in much the same condition; restless as before, a little drowsy at intervals, the knees drawn up upon the belly, and the hands spread over it to protect it. Vomiting and purging still continued; the vomit appeared to be simple gastric secretion, and contained no remains of either seeds or pods; the evacuations were very loose but feculent. The surface was still pale and very cold.

August 28th.—She had passed a very restless night, though she had dozed a great deal, and had, at times, been difficult to rouse sufficiently to understand what was required of her. When half awake, she tossed painfully to and fro upon her bed; at the same time she moaned and spread her hands over the abdomen as if to protect it. Her movements seemed to cause pain. She was greedily thirsty, and grasped at liquids with avidity, seizing the vessel with both hands and draining it. Nothing, however, remained on the stomach; even water thus given, or ice, was almost instantly rejected. The tongue was dry, glazed, and red; the mouth and lips were parched. The pulse was still feeble and frequent. The stomach ejected large quantities of watery secretion; and the same kind of fluid, with feculent odour, was constantly draining involuntarily from the bowels. The surface of the body continued pale and cold; and yet there was remarkable impatience of even the slightest covering; any article, however light, that was laid over her, was immediately torn away, with expressions of fretfulness and pain. Intervals of restlessness and tossing from point to point in the bed, alternated with

others of heavy drowsiness; and, during the sleep that followed, light warm clothing might be laid over her, only, however, to be again torn off the moment she awoke. If thoroughly roused, she knew those around her, and appeared conscious for the time.

This condition continued without variation, and in spite of treatment, for three days and nights, when symptoms of apparent amendment set in. The pulse improved; the vomiting materially abated; a copious dark coloured treacly evacuation was passed; the intervals of consciousness were prolonged; the pain in the body evidently diminished; and food, which was very carefully given from the first, was now, at last, retained.

During the whole of this trying period, I had aimed at the following points in the treatment of the case.

1. To subdue the inflamed condition of the alimentary canal, and allay the vomiting and purging.
2. To destroy any of the alkaloid (cytisine) which might by chance be within reach of antidotes.
3. As far as possible to restore and maintain the warmth of the body.
4. To sustain life by the administration of frequently repeated small quantities of light nutritious aliment, such as milk, egg-flip, beef-tea, and water in measured quantity, or in the form of ice.
5. To sustain the flagging powers of the nervous system by appropriate stimuli, as champagne, brandy, or ammonia.

During the following two days, the case continued to appear more hopeful. The abdominal pain steadily subsided; the stools, at first mingled with patches of blood, became almost natural; the sickness only came on at intervals when the child, apparently to gratify the intense thirst which continued, drank over freely, and the warmth of the body increased. But, notwithstanding the apparent improvement, dryness of the mouth and throat, prostration, and extreme restlessness continued, and resisted all my efforts for their alleviation. Of these symptoms, the restlessness was the most intractable, and the night of September 2nd was passed in a manner most truly pitiable.

At all risks, I determined, therefore, to attempt to allay the now incessant and almost frantic jactitation by opiates; but in this I did not succeed, and death speedily put an end to the painful scene.

TUMOUR OF THE BLADDER, SIMULATING STONE.

By WILLIAM ANDERSON, M.D., Richmond, Surrey.

THE following case is one of the most interesting with which I ever met, inasmuch as, during a long period of its history, it presented many of the symptoms and characteristics of stone in the bladder, accompanied by the passing of large numbers of irregular jagged stony concretions, varying in size from a pin's head to a large pea. The patient, Mrs. W., aged 52, was first under the care of Mr. Wetherfield, who reports as follows.

"During the early part of 1867, I was consulted by this patient for symptoms which seemed to denote the passage of stone from the kidney. At this time there was no abnormal change in the urine. Warm baths and various remedies were administered, with only partial relief. The same state of matters continued during 1868, her sufferings becoming gradually more severe. In February 1869, her symptoms became aggravated and the pain intense. Dr. Meadows, Mr. Thornton, and myself, made a most careful examination under chloroform, when it was decided that the disease was of the nature of tumour of the bladder, and probably cancerous."

Dr. Meadows, in his notes of the case, says: "The diagnosis was based on the fact that there was a distinct growth in the bladder, and that it was circumscribed. The degree and character of the pain favoured the malignant much more than the non-malignant view. The symptoms and history were not those of calculus only; and no stone was discoverable. Abscess was negatived by the history of the case and the appearance of the urine. The quantity of mucus, pus, shreds of tissue, blood, and phosphate of lime, which were always present in the urine in varying quantities, completed the diagnosis."

Mrs. W. was placed under my care on June 25th, 1869. The suffering which she endured when she was not under the influence of chloroform or sedatives was very severe until her death, on the 22nd August. She continued all this time to pass alkaline muco-purulent stinking urine, sometimes bloody, sometimes containing shreds of organic, fibrous, and cellular matter, and often large concretions of phosphate of lime. The urine was voided only in very small quantities at a time, and with great pain and straining. Morphine and chloroform were the only remedies which gave her any relief. The spasmodic contractions of the bladder were at once relieved, however, by chloroform, which her attendants administered constantly under my directions. On the