THE GOULSTONIAN LECTURES
ON
THE NATURAL HISTORY OF PULMONARY
CONSUMPTION.

Delivered at the Royal College of Physicians, London.

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LECTURE I.—*Concluded from page 501.**

WHAT, I think, we must conclude from a careful reading of different writers is this: that among the ancients, and even down to the time of Morton, pulmonary consumption was due to what they considered to be destruction of the lungs by ulceration. Sydenham even looked upon the close of the disease as due to what we should call now-a-days a pyæmia: "Pulmones exinde pure referti purulenta *μασματα* quaquaversum in carnes dispergunt." (*Works*, p. 605.) But with every writer, from Hippocrates to Morton, the *φυμάτα ἀπείτα*, the *tubercula cruda*, were the first cause of that ulceration. Bayle, with large experience of *post mortem* observation, allows a distinction, hardly perhaps accurate, between tubercular and ulcerous phthisis, and draws attention to the difference between miliary tubercles and miliary granulations; Laennec makes one step further, and describes the first commencement of the phthisis as extra-alveolar, leading on by some means or other to infiltration; Rokitsansky sketches the sharply marked line of demarcation (*op. cit.*, vol. iv, p. 102) between "interstitial tuberculous granulation" and "tuberculous infiltration", insisting (vol. i, p. 29) on the existence of a "genuine grey tubercle-granulation" which never undergoes the cheesy change, and asserting that Bayle's pulmonary granulations are vesicular tuberculous infiltrations; while Virchow (*Cellular Pathology*, Chance's translation, page 477) took the grey granulation to be the typical tubercle, of which cheesy metamorphosis was the subsequent characteristic. With writers of this century generally, it seems as if the word "tubercle" had become coextensive with and almost limited to "tuberculous infiltration", thus returning very nearly to its ancient meaning. The special pathology of the tubercle-granulation of the last ten or fifteen years, down to the present moment, I have attempted to sketch briefly, and I hope truly; and it needs no words of mine to show any one who reads the literature, whether of France, Germany, Italy, or England, to how many different, even histologically different, products this word "tubercle" is now applied. And I cannot but feel that, with all this uncertainty of use, even clinical facts will have no bearing till we all agree to discuss the same thing from the same standpoint—the same definition. With all humility, I think it would be well if we ceased to use the word altogether, at any rate in reference to ordinary consumption. To borrow the words of Andral in reference to the term inflammation—"created in the infancy of science, this expression, altogether metaphorical,..... is become so very vague, its interpretation is so very arbitrary, that it has really lost all value; it is like an old coin without an impression, which ought to be removed from circulation, as it only causes error and confusion" (*Précis d'Anat. Path.*; Paris, 1829, tome i, page 9). If it must be kept, let it be for that series of clinical symptoms and pathological results, always secondary, as I believe, and always fatal, to which we do apply the name general tuberculosis; for, as regards this last affection, I am not prepared in any sense to adopt the term "granulæ", first applied to it, I believe, by Empis over ten years ago, and advocated recently by Dr. Bastian. The word "granule" has at present a well-defined precise meaning in histology—a meaning which no want of a name for any particular affection ought to disturb; the vagueness of which meaning, if disturbed, would be open to the same abuses as *φῶμα*, tumor, tuberculum. Bayle (*op. cit.*, p. 10) truly says: "Nothing is more powerful than the influence of language. Erroneous denominations, and equivocal definitions, and false appreciations, bring in their train error, confusion, and the gravest mistakes, especially in sciences which, like medicine, are open to practical solution."

In coming to the close of this lecture, I would wish to add that, in anything I have said, I would not be supposed to detract—no assertion or supposition of mine could detract—one iota from the greatness of Laennec. The use of the word with which I have found fault did not originate with him. His attempt—and an honest one—to simplify the

origin of phthisis has been carried much further, I think, than he intended. But the words in which Addison spoke of him exactly thirty years ago are to every one who reads Laennec carefully a mere statement of the truth regarding him. "We are never permitted" (*Guy's Hospital Rep.*, ser. ii, vol. iv, p. 1) "for a moment to imagine that we are reviewing for the first time the mere professions of an ingenious speculator or plausible theorist. We are led insensibly to the bedside of his patients; we are startled by the originality of his system; we can hardly persuade ourselves that any means so simple can accomplish so much—can overcome and reduce to order the chaotic confusion of thoracic pathology; and hesitate not, in the end, to acknowledge our unqualified wonder at the triumphant confirmation of all he professed to accomplish." It may seem almost an odd thing, that in these days, in which we look—and, as I take it, look rightly—for light to come from the Teutonic rather than from the Latin race, we should be turning back to the pages of these French writers, some of them still fresh in the memory of many yet living, and, digging as it were through the rubble that has already half-concealed the real foundations, should attempt to raise, not only each for ourselves, some firmer superstructure. And yet the lesson, if in some sort our own, comes to us to-day from the Germans. Buhl sixteen years ago, and his approving critic Waldenburg later, seem to aim somewhat at the simplicity, though by no means at the theory, of Laennec. And perhaps, sir, if simplicity and truth—the very elements of the most powerful observation—are at all to be praised, you will allow me here to pay a passing homage to one who, stepping out as it were from between the half-closed portals which for years had hidden him from ears that longed to hear him, inscribed, only some twelve months back, one more conscientious record on the truthful and brilliant monument of his *Clinique Médicale*. The death in life which parted him almost altogether from the active work of his profession has become, in these last four weeks, the death indeed of one who to a great number of Englishmen had ceased to be the living possessor of a vast knowledge and a large reputation. To many of us, much his juniors, so far as he is concerned

"Obserat umbrosos lurida porta rogos".

But Andral's name may well be added to that list, including those of Hippocrates and Aretæus, Sydenham and Morgagni, of whose works Bayle speaks (*op. cit.*, Préf. xiv) with discerning praise as "being only expositions of facts: not, therefore, brilliant"—as compared, he means, with theories and speculations—"but having the advantage of never growing old".

CASE OF A LARGE REDUCIBLE FEMORAL AND
INGUINAL HERNIA AFFECTING THE
SAME SIDE.

SUCCESSFULLY OPERATED UPON SO AS TO ALLOW THE SATISFACTORY APPLICATION OF A TRUSS.

By THOMAS ANNANDALE, F.R.S.E.,

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I RECORD a note of the following case : first, as an illustration of the success of an operation performed for the so-called "radical cure" of a complicated case of reducible hernia; second, as a proof of the value of the catgut-ligature or suture in such operations. If the catgut be properly prepared and employed, together with the usual antiseptic precautions, it is non-irritating, and can be left buried in any wound or cavity, with the certainty that it will not require to be interfered with, as it will become absorbed, or otherwise disappear spontaneously. Catgut, as at present prepared, has the objection that it may disappear too quickly for the satisfactory accomplishment required of a ligature or suture in such operations; but Mr. Lister has recently shown me some catgut prepared in a different manner, which will withstand the action of the fluids or tissues for almost any length of time. The use of this new form of catgut must therefore prove most valuable in this and other operations in which a more permanent ligature or suture is required.

J. S., aged 46, was admitted into my wards on January 3rd last. Two years before, an inguinal hernia appeared on the right side, and gradually increased in size, and passed down into the scrotum. A few months ago, a second hernia showed itself in the femoral region of the same side, and this hernia also steadily became larger. The patient had never been able to wear a truss, and consequently the herniæ had always come down when he stood, walked, or coughed. In addition, he had suffered much from dragging pain in the region of the umbilicus. His symptoms had prevented him from following his employment as a labourer.

On admission, there was found a large reducible inguinal hernia on

* This portion of Lecture I was accidentally omitted in the JOURNAL of April 22nd.

the right side. The tumour passed down into the scrotum, and was of the size of two closed fists. On the same side, there was a reducible femoral hernia of the size of one closed fist. Both tumours were easily reduced, but the slightest cough or movement brought them down again. As it seemed impossible to apply with success a truss, and as the patient was rendered quite unfit for his employment, I proposed to him to attempt his relief by operation. He at once consented, and on January 14th I performed the following operation. An incision about two-and-a-half inches in length was made half-an-inch above, and parallel to, the inner half of Poupart's ligament. This incision was carried through the muscles and fascia, so as to expose the necks of the sacs of both the inguinal and femoral herniæ outside the general peritoneal cavity. The epigastric artery was ligatured and cut across, as it was included in the incision. The object of my operation being to ligature the necks of the sacs with catgut as high up as possible, I first drew out the inguinal sac which was not adherent, and easily reducible. When this sac was drawn out though the wound, it measured about six inches in length, and closely connected with it was a second and partially obliterated sac. This second sac was carefully separated from the first, and, when examined, appeared to be the sac of what had been a direct inguinal hernia. Having made a small incision into the lower end of each of these sacs, and introduced my finger, so as to be sure that all their contents were reduced, I applied a catgut-ligature around their necks as high up as possible. I then prepared to act upon the femoral sac, but found that it had slipped up into the abdominal cavity. I could pass my finger by the wound readily into the femoral canal, down which the hernia came; and, while hesitating how best to secure the femoral sac, it occurred to me that the ligatured inguinal sacs might be drawn down into this canal and secured there, so as to plug it up and prevent the descent of the femoral hernia. Accordingly, having passed my finger down through the wound into the femoral canal, I introduced through the inner aspect of the thigh, at a point a little internal to and below the saphenous opening, a curved needle armed with prepared carbolised silk, and pushed it through the tissues until it reached my finger, when one end of the silk was seized and drawn through the wound, the other end being left protruding from the thigh and the needle withdrawn. The end which had been drawn out of the wound was then passed through the eye of the same needle, and run through and through the lower end of the ligatured inguinal sacs. It was now reintroduced through the wound into the femoral canal, being guarded by the finger and brought out again on the thigh close to its first point of entrance. By pulling upon the two ends of this thread, the inguinal sacs were drawn down into the femoral canal, and firmly secured there by tying these ends on a small piece of India-rubber cord. When the wound had been stitched up, the patient was made to cough, but neither of the herniæ protruded. The whole operation was performed under the spray; and antiseptic dressing, with an antiseptic pad, was applied over the wound. No bad symptom interfered with the good progress of the patient, and all the stitches were removed from the wound ten days after the operation. Two weeks after the operation, the silk thread which had been passed through the thigh and hernial sacs was cut, and came away quite easily after a little traction had been made upon it. On February 12th, a truss having two pads—one to press over the inguinal region, the other over the femoral region—was applied. On February 14th, the patient rose from bed wearing the truss; and although I removed the truss when he was in the upright position, and tested him in various ways, no protrusion of the hernial tumours took place. From this date he continued to walk about the wards freely with the truss; and on February 26th, he returned home quite relieved from his miserable condition, and able to walk and move perfectly. Before leaving, he was cautioned to wear the truss constantly: for, although no protrusion had taken place since the operation, it was too much to expect that an operation in such a case would be permanently successful unless the pressure of a truss were retained.

THE QUARANTINE OF PUERPERAL FEVER.

By A. D. L. NAPIER, M.B., C.M.

ABSENCE from home has prevented me from replying to a communication in the JOURNAL for April 1st by Dr. Braxton Hicks. I feel great diffidence in venturing to criticise what Dr. Hicks has written, as from his great acquirements, reputation, and position in obstetric literature, it is difficult fairly to encounter so formidable a writer. From what I have read of Dr. Hicks' publications, I am (perhaps erroneously) under the impression that he belongs to the school of "omnivorous puerperal

fever", if I may use the term; that he believes that, though there may be a primary vitiation of the blood, this is not necessary to create puerperal fever, but that any zymotic disease occurring in the puerperal woman will constitute puerperal fever. Therefore, while cordially agreeing with what has been written regarding the desirability of due precautionary measures against contagion, I would express my hope that eminent obstetricians will devote some of the great talents and opportunities at their disposal to a more satisfactory solution of the question. In the BRITISH MEDICAL JOURNAL for March 25th, Dr. Churchill has stated, that with forty years' midwifery experience he has been unable to connect two cases of puerperal fever. Dr. Braxton Hicks says, "although we cannot find any extraneous origin for a case of puerperal fever, we are not forced to assume it to be self-generated or epidemic". Defining puerperal fever as of specific entity distinct from traumatic causes or septicæmia, we have, according to a recent distinguished writer, four causes—epidemic influence, contagion, infection, and nosocomial malaria. Now, if after strict inquiry, we cannot blame contagion, it is very unsatisfactory to have it insinuated that, notwithstanding, it must be due to contagion: such at least is a fair interpretation of the statement quoted.

In conclusion, I regret if in what I have written I have misrepresented Dr. Braxton Hicks's opinions. I have only penned the above to bring under his notice a point in which there is apparently a difference of view between us.

CASE OF HYSTERICAL BLINDNESS.*

By JUNIUS HARDWICKE, L.K.Q.C.P.I., F.R.C.S.Eng., etc.,
Rotherham.

ABOUT seven years ago, I was called to visit a young lady, about sixteen years of age, with a pale face and flabby tissues, who was suffering from obstinate vomiting; so much so, that her mother informed me that she retained none of her food; still she was not apparently emaciated. This condition of things would occasionally return, together with pain for a day or two in the regions of the epigastrium and left hypochondrium, for about twelve months. She had never been sufficiently regular; the catamenia were often absent for months, and, when they did return, were always scanty; perhaps she would be slightly regular for six months, and not again so for some time; but she could always tell when the catamenia ought to have appeared by other symptoms. She had pain in the back on pressure.

The sickness and pain in the abdomen, owing to the fact of her father having died (as I considered) of carcinoma of the head of the pancreas, gave me much anxiety; and another physician saw her with me two or three times; but her youth and some peculiarities about her seemed to point more to hysteria than anything else. Up to this time, her mother had always thought her strong.

About twelve months after this, slight hæmoptysis ensued, which I did not consider to arise from any lung- or heart-disease.

About five years since, after having visited her in the morning on account of irritation in the stomach, I was suddenly summoned late in the evening, and informed that she could not swallow. This did not alarm me much, as I guessed what was the truth. I found her in bed, apparently asleep, with closed tremulous eyelids, no fever; pulse slightly excited, and no indication of throat obstruction. As I felt that she was fully persuaded that she was quite unable to perform the act of swallowing, and thereby rendered incapable of generating the necessary motor impulse, I spoke very firmly to her, also to her friends in her hearing, and threatened to send for a galvanic apparatus, and, if that did not succeed, for another instrument which I possessed which would soon make her swallow. Shortly afterwards, I induced her to make a vigorous exertion of her will; and she took some nourishment.

Upon my visit next morning, and since that time, I heard nothing more of this symptom. Her mother informed me that for months she would take nothing but tea. I omitted to state that she had occasionally violent hysterical paroxysms attended with screaming. From this period, with the exception of attacks of tic, she enjoyed fair health for a long time.

One evening in September 1875, whilst driving home from chapel, she complained to her mother of having an attack of tic again in the face; but on this occasion she attributed it to the brightness of the gas in the chapel, and said that she had been obliged to close her eyes during the service. She now said that the tic had also got to the back of her eyes.

The next day, she could scarcely see at all, but had to grope her way about the house. At this time, I was again sent for. I found very

* Read before the Yorkshire Branch.