Croonian Lectures

ON THE

LOCALISATION OF DISEASE.

DELIVERED BEFORE THE
ROYAL COLLEGE OF PHYSICIANS.

BY

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ETC.LECTURE III. (*Concluded.*)

IF we pursue the inquiry into the most approved modes of treatment of different forms of disease, as at our last meeting we cursorily examined into the teachings of modern science as to their essential characters, we shall, I think, be forced to the same conclusion; viz., that all local disease is an expression of malnutrition, and that our remedial measures act curatively only by influencing the nutrition of the body.

How is ulcer of the stomach cured? Bismuth, hydrocyanic acid, tannic acid, morphia, blisters, kino, are a few of the contents of the *Pharmacopœia* which we bring to bear upon this disorder, and with which we undoubtedly accelerate the cure, if we can enforce a condition in which a due nutrition of the body can be secured in spite of this injury to the very mainspring of life. There is nothing specific in any of the remedies; but they act either by diminishing the acid secretion of the mucous membrane, by checking congestion, by constricting the vessels, or by reducing sensibility—in short, by influencing the elements that determine the nutrition of the part in one or the other manner; but they would fail of this end, unless at the same time the tax upon the strength of the patient is diminished, so that a smaller quantity of food may suffice than would be necessary if hard work were continued. There must be no excitement of the circulation, nor must the nervous system be specially excited or depressed; because, in either case, the powers of repair would fail in their object. Still less would it be right to give the stomach its usual work to do, and to call upon it to digest many of the viands that are innocuous in health, but are now only a source of irritation. There is no specific mode of treatment for any form of gastric ulcer; and, without wishing to underrate remedial agents in this or other cases of disease, I am certain that various modes of treatment may lead to the same end, provided that all agree in principle. Certainly remedial agents, *sensu strictiore*, are altogether of secondary importance, compared to the paramount consideration of diet and regimen. These alone may cure; medicines alone must fail. We are not medicine-men, but physicians; we aspire to be *iatrioi*—healers; and the whole scope of Nature constitutes the limit to the powers which we are permitted, nay bound, to use, if we can, for the removal of disease, either in the individual or in the community.

What is true of a disease like ulcer of the stomach, which, if any, offers the characters of a primary and idiopathic affection, must be so to a still greater degree in inflammatory affections of the peritoneum, which, you will remember, have lost their claim to rank as the primary disease of text-books, and have sunk to the lower degree of satellite. Upon the treatment of peritonitis, but little need be said in reference to my argument. It is so palpably the result of other deep-seated maladies, involving the entire nutritive functions, that it has rarely been dignified with anything but symptomatic treatment, unless altogether misunderstood. Whether it be the result of scrofula, of the puerperal condition, of malignant or other diseases of the liver, the ovaries, the uterus, it is to these that the physician directs his attention with a view to cure, rather than to the peritoneum. Irritation of an investing membrane reacts injuriously upon the organ it covers; therefore, we act wisely in removing it, if possible, even though the process fail to cure the primary disease of the organ. But it is important that we rightly appreciate both the object and the result, and not think we have dealt with the fundamental morbid condition when we have only combated one of its excrescences.

Probably no cause more frequently induces a circumscribed form of peritonitis than irritation proceeding from the liver. But what is the antecedent of hepatic disease but a derangement of nutrition? The excess of alcohol that passes into the portal system, and induces so much physical misery primarily in that organ; the engorgement of the portal system from over-repletion of all kinds, from want of due aëration of the blood, from sluggish habits, from an overworked brain, are so many instances of the local effects of errors of nutrition, manifested chiefly in one organ. This first influence is often lost sight of in the paramount interest attaching to present symptoms, and demanding all the relief we may be able to impart, without much reference to antecedents. It does not follow here, or elsewhere, that we are to neglect the local condition, or to look on helplessly and hopelessly at the ravages of disease, because we cannot succeed in meeting its first commencement. We must often deal with the symptoms alone, because we have it in our power to allay them, and, by doing so, fulfil an important part of our duties, though it may not be the most exalted. When we look to the prevalence of particular forms of hepatic disease in different classes of men, what answer do we invariably receive to our inquiry as to the causes of their malady? What brings on cirrhosis, or fatty liver, or the amyloid or waxy liver—what causes hepatitis—but the various dietetic and regiminal errors, not to call them crimes, of which the sufferers have been guilty previously, or which have been forced upon them by ignorant authorities? When the dietary of our troops in India was more than double the quantity of the food allowed to our sailors and to the Queen's troops, what wonder that the prevalent disease in the tropical heat of their adopted country was a fatal disorder of the liver? Whether the same rations are continued to the Indian army now, I do not know; but ten years ago, while each man was allowed thirty-one to thirty-five and a half ounces of dry nutritious food in the navy, and in the army one pound of bread with three-quarters of a pound of meat, the East India Com-

pany's allowance amounted to seventy-six ounces; the consequence of which was fatty liver and consequent mortality to a frightful extent; so that, for instance, in the Bengal Fusiliers, 80 per cent. of the privates died in seven years, while of the officers only 11 per cent. were carried off; showing conclusively that temperature alone could not be made responsible for the mortality. The less acute and rapid hepatic diseases of our own country are equally traceable to, and amenable to, dietetic influences, and are best treated according to this view. Whether we administer calomel and grey powder, taraxacum, rhubarb, muriate of ammonia, nitrohydrochloric acid, gentian, chirayta, or any of the numerous medicinal agents supposed to exert a specific influence on the liver, their beneficial effect is proportioned to the extent to which they determine the nutritive changes occurring in the organ, and the reciprocal relation between the general nutrition of the body and the local nutrition of the organ in question. The difficulty under which we labour, is to determine the exact condition of malnutrition which at any time prevails, and the exact irregularity in the metamorphoses induced in and reflected from the liver. We require a much more accurate diagnosis of the changes (even of a coarse kind) which take place in this important organ, than we now possess; but, so far as our knowledge goes, the pathology and therapeutics of hepatic disease, equally, seem to confirm the view that primary or secondary malnutrition forms the basis upon which all disorders of the liver rest. The acrophalocyst that wanders into the liver from a portion of half-cooked food, and there makes its home, is much less a disease, in the sense in which I am using the term, than many less serious derangements of the organ; it bears a greater analogy to an external injury than to any of the ordinary products of perverted nutrition or irregular metamorphosis of the tissues; and its cure can only be effected by destroying the vitality of the echinococcus, and causing its expulsion or obsolescence. But, if we fail to recognise the immigration of so palpable an irritant as a parasite, how can we hope, till much more light has been thrown upon vital chemistry, and till our means of investigation are much more searching, to detect and neutralise the generation of subtle poisons in the animal economy, which slowly pervert function and structure? But, though we cannot as yet do that, we know with positive certainty the means of preserving health, by maintaining a perfect balance of all the forces, by securing a perfect primary digestion and an uniform and steady metamorphosis of the tissues of the body, including, of course, the organ that has more to do with regulation of nutrition than any other—the liver.

If we fail to discover any specific treatment for hepatic disease, we are not more successful in a similar search in the range of the urino-genital organs. We have seen that there is good reason for regarding all renal disease as depending upon antecedent morbid conditions of the blood, brought about by errors of diet and regimen, demanding, if recognised at an early stage, such measures as may enable the affected organ to recover its normal balance by throwing off the poison and its immediate effects. But, practically, we are much more frequently called upon to enable the organism to adapt itself to a permanent disturbance of balance, because we are unable to effect a cure. In the former

case, we endeavour either to relieve congestion and inflammation by drawing blood to other organs and establishing vicarious secretions, or we are able, by increasing the secretions of the kidneys themselves, to remove the offending cause. In the second case, we rely mainly upon our tincture of the muriate of iron, because by it and its analogues we can impart strength to the system, and enable it to bear the injury which we cannot get rid of. But of specific agents calculated to remove nephritis, or cure granular kidney, fatty kidney, encysted kidney, or cancerous kidney, we know nothing. The proof that such specific agents exist would imply that the entire view of disease which I have sought to develop was fundamentally erroneous, and would, in my opinion, subvert the whole tenour of our present physiological teaching.

When, as is the case with calculus in the bladder, the product of morbid action is altogether removed beyond the range of vital action, when it is either simply a *caput mortuum*, or a substance amenable to physical and chemical interference, surgery comes to the rescue; and the removal of the effect cures what was termed a disease, though, at the time of the operation, the disease may have entirely run its course; and the calculus bears about the same relation to the rest of the body that the argol of the wine-cask bears to the clear and ruddy wine from which it has been deposited.

The rest of the urinary tract obeys the same laws as the kidneys, except that, as we approach the orifice, there is a greater liability to direct irritation. That an external irritation or poison acts with a severity proportionate to the imperfect nutrition of the body, is a matter of common observation; still, the primary cause being altogether external, the consideration of these cases does not come within my present scope. The same applies to many conditions of the sexual organs, for the same reasons. But although, in regard to the human female, we are quite prepared to endorse the dictum of Mephistopheles,

“Versteht die Weiber zu curiren,

Es ist ihr ewig Weh und Ach, so tausendfach,
Aus einem Punkte zu curiren”.

I cannot admit it to be a justification of the view that all diseases of the female depend upon the local irritation of the sexual organs. It is correct if applied to the whole faculty of reproduction; and surely, if the powers of the system merit a concentration upon any one physical end, it is that of the perpetuation of the species. Now, so far as sexual disease is not demonstrably of local origin, surely both science and experience teach us that sexual derangement is a symptom rather than a cause of deep-seated malnutrition—call it anæmia, or amenorrhœa, or scrofula, or phthisis, or hysteria; the treatment that results in a perfect cure is not nitrate of silver, or division of the cervix, or the uterine douche, but such measures as are calculated to rectify the derangement of nutrition upon which those cachexiæ are based. The local treatment, doubtless, is as little to be neglected as a gargle or caustic in angina, if, by such means, the local malnutrition can be corrected; but the fundamental rectification is always sought to be gained by the administration of tonics or chalybeates and alterative measures which restore the healthy balance of the tissues at large. I appeal to your own experience in verification of my statement. Let us take one of many illustrations bearing

upon this subject—the relation of amenorrhœa and phthisis. Are we more likely to benefit our phthisical patient in whom the catamenia have ceased by directing all our therapeutic operations to the functions of the ovaries and uterus, to the neglect, as I fear is too often done by ignorant or half-educated, of the pulmonary symptoms? or will our patient profit more by employing the remedies calculated chiefly to remove the pulmonary affection? If the latter issue be the correct one to follow, it can only be because the treatment pursued in this case tends to invigorate the whole system, to make more healthy blood, to get the local affection into a quiescent state, and to increase the aerating power of the lungs, which may be said to be identical with greater elasticity, greater vigour, and more life. Treat either condition only as one of local origin, and the patient gradually consumes; let the local treatment be adapted to support and encourage the restoration of the general balance of forces, and our endeavours may be crowned with success.

Far be it from me, I wish to state it specifically, to object, either here or elsewhere, to local treatment. I advocate it most strongly, and employ it where I can; but it should, I opine, always be subordinate to general treatment, and be selected and carried out with the distinct understanding that its object is to improve the nutrition of the part, so as to aid in the restoration of the general balance of the functions that constitute health. Were man a polypus, or a compound of independent vitalities, we might effect a cure of a diseased portion without reference to the whole; but the higher we rise in the scale of the creation, the more intimately are all the parts blended that form one individual being; and in man, where we reach the pinnacle of the creation, the interchange of relations between the different parts becomes so complete that such a severance is impossible. The anatomist and the pathologist may divide and subdivide; but there is a science higher than that taught in the dead-house, the science of life—the science of life healthy, the science of life in its morbid manifestations, but yet of life. The unity which pervades all the phenomena of life, gives us the unity which binds up the flowers of medical science into one beautiful wreath; take away the bond and the whole tumbles to pieces; and though even the fragments may attract and charm, their harmony is lost, and we no longer recognise the exquisite effect of colouring and perfume which the combination by the master hand was capable of producing.

I have not yet exhausted even the small list of diseases to which I adverted in my last lecture in illustration of the general doctrine which I have been considering. I fear that I have already trespassed too long on your patience; and that, even were more time at my disposal, the further instances that I might adduce to show that what is generally considered the most efficient treatment of disease, is directed rather to correcting a fundamental state of malnutrition than combating a nosological entity by specific remedies, would only suggest to you a *crambe iterum repetita*. For, whether we examine cardiac diseases or tubercular affections, or the morbid conditions of the cerebro-spinal system, and analyse the prevailing treatment, we should still, in my opinion, be led to the same conclusion.

Whether I have succeeded in making myself intel-

ligible, or whether I have only clothed in my words views that others hold, I do not know. The immediate stimulus that has excited in me a desire to suggest for our joint consideration the theory of disease that I have placed before you, has been the doctrine broached of late abroad, and apparently adopted by some teachers in this country; according to which in many cases—if not in all—the local disease is the first change, and the general and constitutional symptoms follow upon it, according to a normal law of development. This view is one that no amount of microscopic evidence could bring home to my convictions, because it appears to me irreconcilable with evidence of a more important and prevailing force. Practically we may still hold to the distinction between a local and a general disease; but the localisation of the disease need not the less (nor I think is it) be a means by which nature eliminates morbid material, a continued persistence of which throughout the system would be incompatible with life.

What I have said is to me a professional creed—not lightly formed nor lightly to be discarded. But as it is a creed, so also it is a light (I trust not an ignis fatuus) of practice. What an individual may do towards the alleviation of human suffering, is but as a drop in the ocean; but what we conjointly do, if we act in the right spirit, carries with it the mighty issues of the health and strength of our fellow-creatures. Although I have not been able to give a surgical lecture, as Lady Sadlier's will directed, I would fain hope that I have acted in her spirit, in trying (feebly indeed) to show the common basis underlying the whole edifice of the healing art.* Nor can I think that I have contravened the spirit prevailing in this ancient College at the present time, which has induced you, Sir, in conjunction with the Fellows, to endeavour to associate with us all our professional brethren who are willing to undergo a severer training than is legally necessary to obtain a qualification to practise. You, Sir, have, like the wise men of old whose portraits and statues are to be found in our halls, added to your many honours not the least, that of opening your arms to Surgery, and establishing in the College of Physicians examinations in that great and beneficent branch of our common profession. In that union I see a promise of greater things—a promise of continuous progress of mankind towards a more perfect growth of all their powers; a greater conquest of mind over matter; a more complete destruction of the works of darkness, so far as they are manifested forth in misery, disease, and premature death.

If I have ventured to place before you my own professional creed, I must ask your pardon, and that of my entire audience for any dogmatic or unsupported assertions that I may have used. No one can feel his weakness and his inability to cope with so large a subject more than I do. But however I may have failed, it will always be a comfortable reflection to me that you, Sir, our President, one of the most honoured among living physicians, have thought me not unworthy to address this assembly.

For that distinction, conscious as I am of my want

* The learned President of this College well urges this principle when he says:—"You can neither understand what may be called medical, without learning much that belongs as strictly to surgical pathology; nor can you be ignorant of either, without being in many important respects deficient in the other also."

of merit, I would express my deepest acknowledgments. I can only close with a hope that no worse judgment may be passed upon my endeavours to plead for the scientific unity of our noble profession than that conveyed in the words of the companion of our early days:

"Magnis tamen excidit ausis."

But whatever our aim and whatever the result, the most successful among us must still confess that, compared to what he has not achieved, he is but as

"A curious child who dwelt upon a tract
Of inland ground, applying to his ear
The convolutions of a smooth-lipped shell,
To which, in silence hushed, his very soul
Listened intently; and his countenance soon
Brightened with joy; for murmuring from within
Were heard sonorous cadences, whereby
To his belief, the monitor expressed
Mysterious union with its native sea:
Even such a shell the universe itself
Is to the ear of Faith."

THE TRUE FOUNDATION OF MEDICINE. Dr. Wilks speaks as follows in a lecture:—"Taking a long list of diseases and considering them as so many entities, and then taking your *Pharmacopœia* and looking for the corresponding remedies, does very well for opinionated ladies with their homœopathic guides and chest of globules, and whose strong assertions it is never worth refuting; but for you it is different. Cease to look upon that book (the *Pharmacopœia*) as containing the only method which you possess for treating disease; for by regarding it in that light you act on the same principle as the charlatan. Every system of quackery depends upon its special mode of cure. Take that away, and the whole bubble bursts. Is it so with us? Throw our *Pharmacopœia* in the fire. Has our system ceased? Can we make no use of our knowledge? Have we no resources left? Mind you never allow anyone to compare orthodox medicine with any system of quackery. The only point of comparison can be in reference to cure. Theirs is a given method; ours is not. It is perfectly absurd, therefore, to call us 'allopathists,' and to say that we give medicines to oppose diseases. What has allopathy to do with treating a case of fever?—or with the case of albuminuria of which I spoke?—or with the case of perforated intestine? Never allow yourself to be called by so absurd a name as allopathist, or by any other term which implies a particular mode of treatment or physic-giving. We cannot be ticketed in that manner. We have much larger means at our disposal than the *Pharmacopœia* can give. Destroy it, I say; but Guy's Hospital remains, the professors remain, and you practitioners remain. That book is not the foundation on which we practise; and, therefore, although I say it with the utmost respect to the individual members of the Apothecaries' Hall, I solemnly believe that the founding of the medical profession upon a company of druggists was one of the most lamentable events that could ever have befallen a learned body. Physic and medicine the bases on which we depend! Could anything be more absurd or mischievous? Anatomy, physiology, pathology, and the study of disease is our foundation. If we discover valuable medicines in plants, animals, or in the bowels of the earth, let us make use of them; but these things do not constitute the foundation on which our art stands. Quackery is founded on a given system of physic-giving; we are superior to it. Orthodox medicine is an art based on a knowledge of disease."

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

BIRMINGHAM GENERAL HOSPITAL.

CASE OF INTRATHORACIC ANEURISM: SPASMODIC
ELEVATION OF ONE VOCAL CORD: CON-
TRACTION OF THE PUPIL.

Under the care of JAMES RUSSELL, M.D.

THE case illustrates the two important symptoms connected with the nervous system, lately made subservient to the diagnosis of intrathoracic aneurism. Of these two symptoms, the spasmodic closure of the glottis on the affected side (and its opposite, a paralytic condition) has been especially pointed out by Dr. Morell Mackenzie as occurring in certain forms of aneurism of the aorta or its primary branches. With respect to the second symptom—viz., alteration in the size of the pupil of the same side, contraction, or occasionally dilatation, from paralysis or irritation of the sympathetic fibres supplied to the iris—a variety of pathological illustrations have been afforded by Dr. Ogle (*Med.-Chir. Trans.*, vol. xli), and by Dr. W. T. Gairdner (*Clinical Medicine*). Some very interesting cases are also quoted by Dr. Hughlings Jackson (*London Hospital Reports*, vol. i, p. 372), which associate wasting of the muscles of the arm with contraction of the pupil, through the medium of disease of the roots of the nerves. "It seems strange" (he observes) "to say that the same nerve-trunks which supply the muscles of the arm supply the iris, but experiment proves it to be so."

These illustrations have been chiefly derived, however, from disease external to the cord; it may not, therefore, be uninteresting to relate the three following instances of a similar change in the pupil, resulting from change in the substance of the cord itself.

Contraction of the Pupil, from Disease of the Cervical Portion of the Cord. My first two illustrations are from Ollivier (*Maladies de la Moelle épinière*, ed. 1837).

Vol. ii. CASE XCVIII. A man, aged 40, was taken suddenly with acute interscapular pain, which continues from May 20th till June 7th. On June 7th, after violent aggravation of the pain, he suddenly fell, with complete paralysis of the upper and lower extremities, followed by extreme dyspnoea, oppression, and anxiety. When he came under observation, on June 8th, together with the foregoing symptoms, there were noticed paralysis of the external respiratory muscles, feeble voice, retention of urine, anæsthesia of the surface of the body below the mammæ; but there was no priapism. On the following day, the symptoms were increased in severity; the voice was extinct; and he died. During these two days, the pupils are said to have been contracted. It is added, on the second day, that they were immoveable, and the conjunctiva injected.

On *post mortem* examination, the spinal cord was found softened through its entire thickness, excepting a thin superficial lamina. The softened portion, which was of a red colour, extended for the length of six inches, commencing an inch below the pons. In the centre was a black semifluid coagulum, of the size of an almond.

(Page 190.) Immediately following the record of the preceding case, is a brief notice of one similar