General Remarks

ON THE

PRACTICE OF MEDICINE.

BY
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XI.—TREATMENT.

Treatment of almost all Diseases—helped and explained by the Study of Fever. Speculatively and rudimentally Fever pertains to the Vascular and Nervous Systems. Practically and consequentially to all Parts and almost all Diseases. Limit of Speculative Thought in Practical Medicine.

It was altogether accidentally and by the way, that we came to discuss the great subject Fever. We were simply in search of the symptoms which should serve us for indicators or guides of *Treatment*; and we found them not among those which are *proper* to the particular disease, as being nearest akin to it and its real or supposed essence; but among those which are *common* to it, and to many another disease besides.

Take the five Diseases which served us for our first and plainest illustrations. They were fitly called small-pox, scarlatina, and measles, and typhus and typhoid, from their *proper* elements, which differentiated them one from another, and from every other disease in the world. And still were they fitly called Fevers from their *common* elements, which kept them all still related one with another, and with every disease in the world of which Fever is predicated.

But I do not presume to tell medical men what they mean, or ought to mean, when they talk of Fever. Some may mean more, and some less, and many may not exactly know what they mean. Only we have strangely misnamed what we have all so called, if this one and the same appellative denote now one thing and now another in every different disease where Fever is found. The name should stand for some pathological reality common to them all. And so it does, and plainly too and unmistakably, in the many diseases of various types through which we have just been tracing this (so-called) Fever.

Let it then be repeated, that Fever, wherever it is found, is not the man's Disease but the man's Life assailed by his disease; Life as embodied in the functions and feelings of the entire vascular and nervous systems. For my part I can go no deeper than this, and can generalise no further. But if, as far as we can see, the vascular system and the nervous system are first and principal in acting or suffering wherever disease most tries and imperils life, it would be well to consider what they are in themselves prior to our more practical dealings with them.

In speaking of the vascular system and the nervous system, I pretend to no greater accuracy than the nature of the subject allows. Doubtless, to the eye of the anatomist, the vascular system and the nervous system are things apart one from the other. But to the physiologist, the pathologist,

and the practical physician, they are always mixed. One cannot fulfil its natural and healthy functions without the other. One cannot be drawn out of its natural and healthy habitudes, and display the actings and sufferings of disease without the other. Nor can one be subjected to the impressions of medicine without the other being subjected also. While each taken alone is vitally inert, both taken together exercise the great vital forces which move and actuate the whole body.

Nevertheless, the vascular system and the nervous system have each its own proper instruments and power to act with, and each its own proper part to play. Though they cannot work but by mutual help, their offices are not interchangeable. Some little may be learnt of these separate powers and offices by observing their operations in health; but much more by attentively looking on when accident or disease forces them out of their accustomed conditions into others which do not naturally belong to them; and much more still by noting accurately the results of experiments of our own choosing in the treatment of diseases. But for diseases, and the treatment of diseases, we should know but little of the powers and offices of the vascular and nervous systems.

Now, all this is in analogy with the nature of things around us, with the material elements of the world, and their separate existence, and their co-operative agency in accomplishing their great designs.

It is remarkable how few are the elements which nature makes use of in her grandest operations. Yet she never works with them singly, but always in combination. By single elements she does nothing; by two or three together she moves the world.

These elements, inert in themselves and giving no self-notice of a separate existence, have been hard to find out; and hence their discovery has been postponed to a late period in the age of mankind. Yet have they always been chief objects of human curiosity; and it has ever been reckoned among the triumphs of science to win a new element from the jealousy and concealment of nature. But such discoveries have not been made by simple observation of things as they are; but men, by contrivances of art, have forced them out of their natural combinations, and transferred them into others of their own choosing, and then noted their behaviour under new conditions presented to them beyond the first intent and purposes of nature. Thus, injury, or disease, or whatever, either by accident or design, has been brought to bear upon the functions of our bodies, so as to force them out of their natural course, has given the first hint, and become the very test and experiment, and ultimate proof, of new and otherwise unattainable knowledge concerning them.

Further, the vital functions of our bodies are in analogy with the intellectual faculties of our minds. A mixed operation and a separate essence belong to them both. The memory, the imagination, and the reason do not, perhaps cannot, work but in union one with another. Yet, it should seem, they are three separate elements of intelligence. Lord Bacon, at least, regarded them as such; he accepted this ancient truth, and gave it preeminently his sanction by the use he made of it. For, in accordance with it, he made a threefold division of his universe of knowledge, and found for its several parts a store-

house (as it were) and natural laboratory, either in the memory, the imagination, or the reason. Thus, the three together go essentially to make up the one mind; and thus the one mind becomes capacious of all knowledge. Where all three are of equal power, and that power is great, and all are harmoniously blended, and all duly cooperative, there is the perfect mind. But the difference between mind and mind is mainly seen in the different measures in which they are conjoined. And thus He who made us "has divided unto every man severally as he willed." But a total defect of any one of the three elements of intelligence can hardly consist with any mental operation at all. The working of any one can scarcely be begun, certainly it cannot be sustained, without some degree of impulse and support derived from the others.

But this utter spoiling of intelligence by one capital defect is (I presume) very rare. And, on the other hand, the perfect mind has been the lot of very few. To come near to possessing it has not been the lot of many. And those who have the greatest repute for intelligence, like those who seem to have the best health, are often so self-conscious of some weak part, that they are glad to resort to remedies from time to time to patch themselves up mentally, as others take physic to patch themselves up bodily.

There are men whose business is thought. They come soon to learn that it is above all things important for them to keep in good working order the several implements which serve to execute the operation of thinking. And these implements are no other than the several faculties of the mind. Follow great thinkers into their studies. In every age there are a few who are inwardly prompted to give a life's labour, that they "may, perhaps, leave something so written to aftertimes as they shall not willingly let it die." All such abide under the burden of a heavy task. But the labour of each is different according as Nature has distributed the strength or the weakness of their mental constitution. The labour of one is to keep his memory in full grasp and possession of all the materials essential to his great design; the labour of a second, to draw upon his imagination for all that is suited for its illustration and adornment; and the labour of a third, while he has memory and imagination ever ready and ancillary to his will, is to reason out his conclusions, and raise it, and build it, and settle it, upon the sure foundation and conviction of truth.

It happens with our body and its life, and health and disease, in like manner. Life is only known as the complex of many functions, and health as the integrity of those functions, each in itself, and their harmony one among another. Every organ has its proper function, which it only can fulfil, and no other organ. Yet can no organ live and move, and be vitally at work upon its own health in perfect singleness and independence. And what knowledge we have of disease (of living disease) runs parallel with our knowledge of life and of health. We see in disease organs or systems of organs acting and suffering against their healthy conditions and uses. But each organ or system of organs then acts and suffers in its own way, and as no other can act and suffer besides itself; yet not one of them can be vitally at work upon its own diseases in perfect singleness and independence.

Now, medicine mediates between health and disease, and must needs comply with the conditions of both. Hence it is chiefly conversant with partial aims, and contrives single purposes, well knowing that these only are fairly within its reach and handling. Thus, it seeks to bring this, that, and the other organ or system of organs in subjection to its remedies. It deals with the vascular system, and reduces its plethora by venesection; and with the nervous system, and quiets its irritation by opium. It deals with the stomach and bowels, the liver and the kidneys, and by acids, and alkalis, and aperients, and astringents, and by whatever remedies have especial power to reach and modify the functions of each, it sets them right when they are wrong. Such are its aims, and it sees them clearly, and is pretty sure of hitting them. But they are partial aims after all.

Within the range, however, of such partial aims, medicine affects and prosecutes a sort of scientific exactness, and claims and reckons some amount of certainty in the results. And if all life were the life of distinct organs and nothing more, and if health and disease were nothing more than what distinct organs could work out for themselves through their own functions singly and independently; and if, moreover, nature had supplied the means by which all organs and their functions could be reached, and man had learnt the skill of using such means with perfect safety and success; then, indeed would medicine be a certain art.

But the domain of medicine is wider than its positive command. What it cannot reach it can reckon upon. True, its aims are partial, and their range is narrow. Yet within that range beginnings are made, and first impulses given, which are felt and resented far beyond; even further, and wider, and more variously, than we can see, or trace, or follow them. But medicine looks to results, and calculates and often foretells them, trusting to experience.

Now, the Treatment of all diseases is helped and explained by the study of Fever. And well it may; if Fever be comprised in the actions and sufferings of the vascular and nervous systems, and they denote the measure and manner in which life is assailed by the present disease.

The study of Fever! Why, *speculatively*, we have gone as far as it is safe to go in search of a principle, and perhaps have found it. But, *practically*, we must go much further, if we would show that there is any truth and comprehensiveness in the same principle; and that, simple as it looks, it is anything better than a pathological puzzle.

For all, then, that more concerns Fever we must go and remain at the bedside and study it there. In so doing I wish we could fix the limit of speculative thought in its bearing upon practical medicine.

It is a delicate and difficult subject, and worth dwelling on for a moment. The limit cannot be defined absolutely. If it could, it would mark the boundaries of the Art itself. Nevertheless, all sagacious and experienced minds do, in fact, arbitrate and settle it for themselves. And in so doing they hold a pretty near agreement with one another. This agreement is not to be put in words; but resting in their general conceptions, it is brought out and tested by practice.

To understand, then, tolerably well what is this limit of *practical* thought in medicine, and to walk

circumspectly within it, is the secret of all the power we have of doing good. And really that power is very great. But not to understand what it is, and wander heedlessly or rashly beyond it, is the secret of all that mistaken energy of ours, which makes the evil we do weigh so heavily in the scales against the good. Within this limit lie all the realities of medicine, both small and great, which are at present available for its use. And outside it there lie other realities, which are (as it were) upon trial, and waiting for proof of their use and bearing on practice, that they may thereupon claim entrance and a place within it. These outside realities, too, are both small and great; many as great as any which are already found within, and comprising some of the highest pathological truths. Physicians, therefore, must not be forbidden all interest and inquiry about things (and such things!) lying at present beyond this limit of practical thought. For then it would never be enlarged. Only they must be admonished, in their daily work of curing and treating diseases, to keep jealously within it for the sake of present safety and success.

As to the realities themselves, some are solid, substantial matters of fact, and some have rather the nature of feelings, qualities, powers. These two have, by philosophers, been taken and studied separately, and used in acknowledged contrast. Not so by physicians. Medicine has not only to do with both; but the practice of medicine is a mixture of both, bringing them together, and making them harmonious and cooperative to fulfil its ends. Thus they both, in their kind, claim equally the name and nature of realities; and, tested by use, both have their place within the just limit of practical thought.

What is disease? and what is it not? These interrogatories have a formidable look. They seem to threaten deep thoughts about the nature of diseases, or doubtful disputes about their names. But I would keep clear of such hazards, and leave the nature and names of diseases where I find them. Still whatever may be the compass of our knowledge, or the limit of our art upon the whole, we must hold with ourselves some sort of questioning and answering in particular cases "what disease is, and what it is not," if we would keep in view such aims as are possible in the practice of medicine; if we would have any fair understanding what it is and what it is not, which day by day we pretend to cure or to treat.

Think of the three, four, or five hundred cases in the several hospitals of London, and of the physicians that have them in charge. Those living embodiments of disease teem with realities which crowd and press upon their minds, and all with some shew of meaning and significance. Of these they try to make sober reckoning. Yet not of them all; but only of such as each physician can fairly bring within his own limit of practical thought. And these and only these he takes and trusts for guidance and direction in the use of remedies.

But what of all the rest?

Now, all strenuous and earnest men, let their habitual work be what it may, if it have but a serious purpose, carry home with them plenty of matter for thought springing out of that work every day of their lives. It is eminently the case with physicians. And the more truly practical they are, the more things they find suggested by their prac-

tice but lying at present beyond it. Let them be sure they have done their best, and that the Art itself has done its best in their hands, yet their success is ever suggestive of a greater possible success beyond it. From things of easy and familiar use they gather intimation of truths which lie too deep for common observation. Thus, besides turning what can be turned to the best practical account according to present duty and necessity, they put by facts and (it may be) thoughts for further inquiry and experiment, and hope thereby to gain new knowledge, or new adaptations of knowledge, and so render that which they have in exercise more sure and trustworthy.

But every much employed physician passes his life in the midst of speculative temptations. It is not, therefore, much to be wondered at that sometimes a plausible faulty theory has stolen into an otherwise sound and simple mind, and got mixed with its practical reckonings, and corrupted them. Without much care this may happen to any of us, and we may become emblems of our profession in this respect. What is too often seen and lamented in individuals is to be more seen and more lamented in the profession at large. A theory of easy comprehension has obtained its ready acceptance, and so has become the common tyrant and impostor of medical practice, dominating over it and throwing it back for half a century.

It would be well for those of our profession who have a touch of intellectual vanity in their composition, to make a modest compromise between it and the satisfaction of doing good. On the question what disease is and what it is not, if they are to answer within the limit of *practical* thought, they must commonly keep below the mark of their knowledge, and be content to speak of it truly indeed, but simply and superficially; while they have much more to tell which is still true, but recondite and beneath the surface. It must be confessed that what is very showy and creditable to possess, and to talk about, and good for many worthy purposes, may not yet be good for the purpose of curing and treating diseases.

Physiology, pathology, and practice, often part company just where an intelligent looker-on would make sure of their becoming sociable and cooperative. The practice of medicine is a perpetual compromise between what we know and what we can do, between our knowledge and our power. There is a portion of the nervous system, a little particle of matter at the top of the spinal cord, which, in a plain, intelligible sense, is the most vital of the whole body. In man, and in any animal like unto man, hurt it substantially and life is gone at once. This part, which is preeminently the cord of life, and which Nature has well protected from mechanical or accidental harm, she would take care (one might think) to put especially within the power of man to influence for good, that remedies would go directly to it, and might be aimed directly at it. Not so. Remedies cannot otherwise reach it than through the whole nervous system and the entire body.

The great discovery has been made within our own times, that the nerves of sensation and motion are different nerves, visibly different in having distinct origins within the spinal marrow, and still visibly different as they emerge from it, until both are included in a common sheath, and distributed toge-

ther throughout the body. But this great discovery has been no help to us in the choice and application of remedies. True! there is a palsy of motion and a palsy of sensation, when they are distinct diseases. And there is a palsy of motion and sensation combined, and the disease is mixed. But whether the palsy be one or the other or a combination of both, it has not, therefore, its own treatment; and remedies cannot reach either order of nerves except through the entire nervous system and the body at large.

Lectures

ON

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT THE SAMARITAN HOSPITAL.

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LECTURE II.

THE CONSEQUENCES OF ENDOMETRITIS.

[Concluded from page 539.]

VI. HYPERTROPHY OF THE UTERUS. This disease may be confined to the cervix, to the body and cervix, or may involve the fundus also. I propose only to refer to the first two varieties to which M. Huguier of Paris has of late called attention; and I shall follow him in these remarks.

Longitudinal hypertrophy of the cervix is of two kinds: 1. The *subvaginal*, or where that portion of the cervix which lies within the vagina is lengthened; 2. The *supravaginal*, or that in which that portion of the cervix which is continuous with the body of the uterus, and lies without the vagina, is elongated.

1. *The Symptoms of Subvaginal Hypertrophy of the Cervix* are general or local. The general may be sometimes entirely absent. In some, even, menstruation goes on normally. But this is the exception. In most cases, the symptoms are well marked. Some women complain of a feeling of weight about the parts; some of a new and peculiar sensation when in the sitting posture, with pressure in the fundament and vulva, or internally within the abdomen. The chief pain, however, is felt during coition. The pain then experienced amounts sometimes to agony; and this it is that often leads patients affected with this disease to seek your assistance. The functions of the bladder are seldom disturbed; that of the rectum often is. Constipation is commonly present. Sometimes defæcation is very difficult; indeed, in one of Huguier's cases, the patient could not defæcate at all unless she threw herself completely backwards.

Local Symptoms. When the finger is passed up within the vagina, the prolonged os can be readily felt projecting from one to three inches. Sometimes it actually projects out of the vagina, resembling the glans penis. The sound penetrates within the uterine cavity from four to five inches. There is always uterine as well as vaginal leucorrhœa, sometimes coloured, occasionally bloody. The prolonged cervix varies in appearance; sometimes one lip, or

part of one lip only, is prolonged. In many of these cases, we have suppression of the menses, or dysmenorrhœa; in others, actual menorrhagia. Sometimes the disease develops itself very rapidly, it is said, after intense metritis, a laborious labour, or a fall. The erect position is often so painful that the patient is compelled to lie down.

Causes. I believe, with Dr. T. Smith, that the irritating character of the uterine leucorrhœa is the common cause. This leucorrhœa itself is due to endometritis. In incipient cases, you will often notice a marked redness of the cervical mucous membrane, and tenderness of the os and lining membrane, when the prolonged cervix has been free itself from pain. Abuse of the sexual function, combined with a short vagina, is also a common cause; hence its prevalence among prostitutes. In these cases, the deep arteries of the cervix are larger, and the veins very full of blood: hence one reason of the tendency to hypertrophy, and, in more severe cases, to actual ulceration. It seems, moreover, to be the tendency of the uterus, as it is of the vulva, to become hypertrophied whenever irritation exists about the parts. We all know how commonly, after syphilis, the labia become a source and seat of irritation—become indurated and hypertrophied. So it is in this affection, though unconnected with syphilis.

Treatment. With old women, and in moderate cases, astringent injections, rest of the organ, decubitus, lunar caustic, and leeches, will often suffice. If these fail, the stronger caustics may be used, such as nitric acid, fluid nitrate of mercury, potassa fusa, or, as commonly practised by Jobert, the actual cautery. One objection, however, equally applies to all these caustics: they give rise to an immense amount of local congestion and inflammation before the slough produced by them can be thrown off. Formerly I used to cut up the os with my lancet, turning it in several directions, and then applying a strong solution of nitrate of silver to check the bleeding. In two remarkable cases in which I did so, the success was complete, and the prolonged cervix completely disappeared. The practice, I am convinced, is good. The more simple plan, however, is that of resection. The danger of it is hæmorrhage. Huguier, however, says this may be always repressed by plugging and perchloride of iron; and he cites ten cases of successful operation by this plan. In this hospital we use the *écraseur*. We have done so lately in three cases most happily. The *écraseur* should be used as much as possible *in situ*, without drawing down the uterus, lest by so doing you injure and cut through the posterior peritoneal *cul-de-sac*. Care should also be taken not to include the bladder, which once occurred to Langenbeck. If the *écraseur* be applied about two lines in front of the insertion of the vagina to the cervix, this accident is avoided. By using the curved chain with the *écraseur*, you run less risk of wounding the posterior peritoneal *cul-de-sac*, which comes lower down than the anterior. In cutting through the uterine tissue with the *écraseur*, the resistance of the part and the force required are very great. No hæmorrhage succeeds. It is well, in a day or two after the operation, and when all risk of hæmorrhage has gone by, to pass a sound within the os, to avoid retraction or constriction of it. As it is, you have always, after the *écraseur*, a puckered state of the vagina around the os, which is narrowed circularly, but otherwise