General Remarks

ON THE

PRACTICE OF MEDICINE.

BY

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XII.—TREATMENT.

Experience. Much Insight into its Nature to be gained from a single Disease and its Treatment, on a Retrospect of Years. Let the Disease be Erysipelas.

UPON the whole, men agree better about what is subjected to the senses than about anything else; and they agree best of all about what they see with their eyes. Certainly physicians do so. Show us a redness of the skin, with some degree of swelling, and a margin irregularly circumscribed and gradually enlarging itself; and at once, without doubt or disagreement, we call it Erysipelas. But there are plenty of things in the world which, while they are seen by all in the same light, and because they are so seen, are rightly enough called by the same name, have moreover a great deal belonging to them beside their visible or any other sensible properties, and consequently a great deal not admitting of the best agreement among men. Such are preeminently the subjects with which physicians have to do. Physicians know Erysipelas at the first glance, and agree forthwith that such it is and so it shall be called. But Erysipelas includes much that lies within reach neither of the sight nor any other sense; and upon all this physicians are found in no constant accord.

Wrapt up in that visible thing which we call Erysipelas, there is a living thing which does not tell itself to the eye; and yet a real thing nevertheless, preeminently real. For, more than all that meets the eye, it denotes the character, course, tendency, and probable end of every case of Erysipelas that occurs, and suggests and regulates its treatment withal. This living and invisible thing is a compound of action and suffering; and this action and suffering have qualities and degrees which vary in different cases, and vary in the same case from time to time.

Now, to know Erysipelas as a living disease—i. e., as a compound of action and suffering—and to test their qualities and degrees, and to catch their variations as they occur in several cases or in any single case, not all the observation, thought, and experiment which can be brought to bear upon the mere part will help us in the least. To know the living disease, we must search the whole living body. We must look for signs in the Vascular system, and take note of cold, and heat, and perspiration; for signs in the Nervous system, and have regard to excitement and depression, to conscious strength and conscious weakness, and to pains; for signs in the Pulse, and count its number, and reckon from day to day its varying qualities.

These are the vital ingredients of the disease, its vital histology, so to speak—the living web upon which it is spun, woven, and held together.

Taking these elements, and reckoning the sum of

them, you will find that in one case they amount to strength, and in another to weakness; and that strength or weakness is the characteristic of the disease from first to last. In one case you will find the disease implicating the Vascular system principally, and in another principally the Nervous, and in another equally implicating both. And (what is remarkable of Erysipelas beyond all other diseases that can be named) you will often find in one and the same case the strength of yesterday become the weakness of today—nay, the strength of midday become weakness at midnight; and also, more than in any other disease, rapidly and in a few hours the stress of the symptoms transferred from the Vascular system to the Nervous, and then as rapidly transferred back again from the Nervous to the Vascular. The more predominantly the disease is of the Vascular system, the more of strength does it contain; and the more it is of the Nervous, the more of weakness; and the more equally it is shared between the two, the more manifestly is it a disease of moderate force, needing moderate treatment, and involving small hazard.

As to Treatment, the bare announcement of the remedies severally recommended by the experience of the best physicians must astonish any thoughtful mind not yet let into the secret of all that is involved in practical indications. The surprise will be that remedies of such power and such opposite effects should ever be brought to bear successfully upon a disease of one and the same name. But, in the treatment of Erysipelas, it is the *living* disease with which we have to do; not with the mere mechanism of the thing in the part from which it takes its name, but with the actions and sufferings of the entire Vascular system and Nervous system, and all their possible contrarieties in different cases, and all their possible shiftings and inconstancies in the same case.

Now bleeding has a right to be put down as a remedy for Erysipelas, even bleeding in all the ways in which it is practised—venesection, cupping, leeches. And so has wine, and so has ammonia, and so has any diffusible stimulant nearest at hand which you choose to name. And so has tartar emetic, acting according to one or other of its several modes of operation, whether upon the skin as a diaphoretic, or upon the stomach as an emetic, or, independent of any notable effect upon the skin especially or the stomach especially, controlling the force and modifying the character of the pulse by its gradually augmented doses. Opium, too, claims justly to have a place among the remedies of Erysipelas, both in large doses and in small, and by the several ways it has of exercising its impression for good through the Nervous system; by abating pain, or by procuring sleep, or by (what can hardly be described in words, and is intelligible only to practical experience) doing the double office of a sedative and a tonic, and at the same time quieting irritation and sustaining strength.

Oftentimes nothing more surely tests the nature of the disease than the remedy that restores the man to health. But then your remedy must be one of plain and unmistakable effect, and of such power that it can never be nugatory, but is always either for good or for evil. Of such a stamp are the remedies just mentioned—remedies which, in reviewing the records of past experience, I find myself to have

employed for the most part in the treatment of Erysipelas, adapting them (as I thought) to the calls and emergencies of particular cases, and nothing doubting, then or now, of their instrumentality in the restoration to health.

Well, then, my experience for the most part would go to placing Erysipelas among diseases to be *treated*, not among diseases to be *cured*; to be managed by remedies having regard to things which may chance to be in the man, not by remedies proper to the disease. I say "for the most part", not altogether; for I have met with cases of Erysipelas in which I have been as sure as common sense could make me that, had there been no Peruvian bark in the world, the patients must have died. They have been cured by quinine—cured outright and in the strictest sense, without the fulfilment of any intermediate purpose seen, known, or aimed at, whatever. The specific has even seemed to work its cure unswayed by present conditions, and indifferently, whether the sum of concomitant symptoms has denoted strength or weakness, and whether their stress has fallen upon the vascular or upon the nervous system especially, or equally upon both.

What shall we say, then? That when our knowledge, as it were, breaks down under us, it is well to have something to supply its place? or rather, that our experience of things in their detail has sometimes to give way to our experience of their gross results as more trustworthy, and that laws which we understand the more intimately must sometimes bend to laws which we understand the less? All this may be justly said. But it does not therefore follow that our ignorance is better than our knowledge, or our lesser knowledge better than our greater. The truth rather is, that our common sense—*i. e.*, our prudence—sitting in judgment upon our knowledge, discerns its imperfections, and decides how far it can be trusted, and how far it cannot, and so finally allows free play to some secret law of life which is greater and stronger than any law within the reach of our understanding.

It would not be incorrect to state that, when I entered the profession, bark was regarded by all physicians of mature age and experience as a specific for Erysipelas. The majority would not have hesitated so to call it; and the rest, without professing a faith thus absolute, would have been sorry to hold themselves responsible for what might happen if in any case they omitted its use. Surely my own experience has not run parallel with theirs; and what I have said of it may be taken fairly to represent the experience of physicians practising in London during my time.

But how are we to be just to the experience of others? Even by making a fair reckoning of our own. Remember there is a secret inscrutable region wherein the things belonging to health and to disease are largely transacted, and wherein causes are vitally at work into which we have no insight. Our experience, therefore, must be left very free; for it cannot be fettered by any known rule. It must needs be our guide and master, but not in such sort that the greater experience should always tyrannise over the less. The less contains its own truth, as well as the greater. The greater need not convict the less of falsehood. My own far greater experience represents Erysipelas as a disease to be *treated*; my far less experience, as a disease to be *cured*. The

first is conversant with very many realities of things, and familiarises me with their use. The last brings fewer realities within my view; but, fewer as they are, they are certain. Therefore it is not thrown away; at least, it is largely suggestive of what is possible. And no man can have grown old in the practice of medicine, and not allow that things which he once looked upon as barely possible have become with him frequent realities at some after time. His rarer and his more common experience have changed places altogether.

Wherefore then serveth experience, and of what use is it? Its first and best use is for the guidance of him that has it. Its next, and hardly less important use, is that it enables him to judge rightly the experience of others. And this is the fair reckoning by which to judge it. If, at the same place, our own experience has differed from itself from time to time, surely it is abundantly credible that another's may differ from ours often or always, at other times, or at other places.

I am not of the number of those who rest in a self-satisfied belief that diseases never were, never will, and never can be, other than I have seen them; and that they never were, will, or can be, successfully treated or cured, otherwise than I have treated or cured them. The physicians of one time have been too prone to make a mock of what was deemed the sound practice of another. This is neither generous nor wise.

But I wish to make a still larger use of this instance of Erysipelas in showing what the practice of medicine really is; its differences and contraries in the same diseases; its trust in remedies of opposite effects; now in treatment, now in cure, now in non-specifics, now in specifics; and in showing, nevertheless, that the practice of medicine is a rational practice.

The vital pathology of Erysipelas, regarded as a disease of individual men, is full enough of conditions to account for the success of many and various ways of dealing with it. Erysipelas, however, has a vital pathology, I will not say of another kind, but reflected from another aspect; *viz.*, from its natural history. For every disease has its own place, kindred, and relationships, near and remote, among the whole family of diseases belonging to mankind. And so has Erysipelas. This may be called their natural history. And the same is the natural history of Erysipelas; and wrapt up with it is a portion of its vital pathology, as important and as suggestive, from time to time, of its right treatment, as present conditions of individual men.

Now, the great physician found in Erysipelas the marks characteristic of what he called an intercurrent disease. Its cause might be purely accidental and from without, from exposure to cold, or exposure to heat, or from mechanical injury. Yet once formed, in its measure of fever, its strength or its weakness, its excitement or depression, it ran parallel with the stationary or dominant epidemic, and its successful management was in nothing different from the management which the epidemic demanded. Thus, in what it was pathologically, and in what it needed, and what it could bear remedially, Erysipelas was of close vital kindred with it.

Again, Sydenham put down Erysipelas as a disease which was intercurrent, coming on in this way. As yet, there would be no Erysipelas, but there

would be fever, which was in nothing different from the dominant epidemic. And when it had continued for a few days, and been regarded as the epidemic itself, and nothing more, Erysipelas would be added to it, and be, as it were, among its accidents; and no other treatment would be required of the whole disease than if Erysipelas had formed no part of it, and no treatment of the Erysipelas, but what was included in the treatment of the whole disease.

Perhaps Erysipelas may serve for the most signal example of all that is most mutable in diseases, from whatever point of view you regard them. If you want the best representative of all that the different constitutions of men can do in diversifying the aspect of diseases, you will find it in Erysipelas. If of what times and places can do, you have it in Erysipelas. If of how opposite remedies can save life and restore to health from the same diseases, according to times, places, and men, you have it in Erysipelas.

Original Communications.

OPERATION FOR THE "SOLUTION" OF CATARACT, COMMONLY CALLED THE NEEDLE-OPERATION:

BEING REMARKS IN THE COURSE OF CLINICAL INSTRUCTION AT THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

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As soft cataracts are far more common than hard, the operation for "solution" is more in requisition than that for "extraction".

It would certainly be unwise to say of any surgical operation, that it is beyond improvement; yet so far has this solution treatment reached towards perfection, that positively it accomplishes all that is required, and in such a manner as scarcely to leave more to be desired. It inflicts less damage on parts not concerned in the disease than any other in surgery; and it possesses the many advantages justly claimed for subcutaneous operations. For the most part, it is unaccompanied with any untoward or even unpleasant consequences; and there is seldom any trace of its performance. Simplicity is its great recommendation. But all this applies only to judicious execution; for it is very capable of abuse, and may readily be made to yield disastrous results.

There is much advantage to be gained from the delicacy of the needle. The smaller this is, the less is the wound it inflicts on the cornea; and with diminutiveness the aqueous humour is nearly always retained till the operation is over; and, even then, but a small portion spurts out, which is better than if the greater part escaped, because the more retained, the less the liability of the cataract to be displaced. The needle which I use is about a third of the size of those usually sold but a few years ago.

I invariably operate through the cornea. I prefer this—the "anterior operation", so called in contradistinction to that through the sclerotics—the "posterior", because it is more definite and simple, less painful; only one coat of the eye is punctured, and the needle is never out of view.

The thing above all others to be attended to—what I call the great principle in "solution"—is to procure absorption of the cataract in its natural position—in *situ*. So immediately does this concern success, that, should I

impress the rule on you, much will be gained by these remarks, if nothing else be remembered. The less the lenticular matter is displaced, the less subject is the eye to irritation, and therefore to permanent injury. The less, too, that the lens-capsule is torn in the early stage of the treatment, the less likely is it to contract adhesions to the iris, and therefore the more easy to be disposed of afterwards, should it obscure the pupil. The highest perfection, the best success, is to be got only with a central pupil free from any adhesions, and in an eye that has not been inflamed. I am never quite satisfied except the pupil be unaffected.

At a first operation, therefore, I merely break the centre of the capsule, and penetrate the cataract sufficiently to admit the aqueous humour. Do not use the needle as a lever, making the cornea the fulcrum; for most assuredly, as the cataract is then the point of resistance, it will be twisted, and, with the slightest movement in the capsule, dislocation is almost sure to occur. You should pick at the spot you select, as if the cataract were outside the eye; and not carry the needle too deeply, nor move it about too freely. Sometimes, when the vitreous humour is diseased, the cataract and the capsule move on it, and it may not be possible to puncture even the capsule without producing this effect. It is only very lately that I made out the cause of the movement, which puzzled me for a long time. Another reason why the needle should not be used freely at first is, that as the lens-tissue swells very much on being considerably broken, the capsule may be pushed against the iris, when adhesion is inevitable. These parts always adhere when they touch in the course of an operation. Dilatation of the pupil may often prevent the contact; indeed, the artificial dilatation should be kept up till the cataract is absorbed, for this reason, and further, because that any portion of the cataract becoming separated may the more readily fall into the anterior chamber, where it is not so likely to produce irritation as in the posterior. A drop or two of a solution of atropine, of the strength of two grains to the ounce of water, applied on the conjunctiva on alternate days, or even every third day, will suffice. The frequent use is unattended with any disadvantage, except very exceptionally indeed, perhaps once in a hundred times, when it may irritate the surface of the eye. In such cases, the solution must be weakened, and used very much less often.

The repetition of the operation under some weeks is positively unnecessary, and often hurtful. So long as lenticular matter is exposed—a fact that can be verified by viewing the eye in profile—nothing more is desirable. The falling back of the iris, by which it becomes concave, is a sure indication that there has been absorption. The same is indicated by the surface of the cataract receding.

But absorption goes on even if there be no part of the cataract exposed, when the capsule-wound has closed. It is in ignorance of this, I suspect, that so many unnecessary operations are executed. It is a well recognised fact that, while an undisturbed cataract will exist for twenty, thirty, or more years, even although the lens-tissue has degenerated to fluidity, one that is punctured is sure to be absorbed in time; also that, without exception, whenever the lens is wounded by accident, the cataract which is produced, called traumatic, is always absorbed, time only being required to effect it.

After an operation, therefore, absorption never ceases. But it can be very materially facilitated by keeping the cataract exposed; as also by breaking up its substance. The great nicety of the operation is to secure the greatest absorbing influence with the fewest number of operations, and the least disturbance to the eye. Watch, therefore, your cases; and so long as the removal of the cataract is rapid, delay to act further. While some cases may demand three or four operations, with a large