Remarks

ON

DR. BEALE'S CLINICAL LECTURES, COUNTERIRRITATION VERSUS RENEWAL OF LIFE.*

BY

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COUNTERIRRITATION (as I have pointed out in the *Renewal of Life*) has nothing whatever to do with allopathy or any other special system. Indeed, while allopathy professes to cure by substituting an abnormal state opposed to that already existing, counterirritation substitutes one whose nature is similar.

Having already, in the last number, defended Dr. Pereira's explanation of its mode of action, I will now proceed to examine Dr. Beale's own. It is longer, but I do not think more complete. He takes as his first example the action of blisters, which, he says, "act beneficially in two ways—first, by exciting through the afferent nerves in the skin an impression by which the efferent nerves distributed to the mucous membrane are caused to contract, and thus a diminution in the supply of blood results; the direct consequence of this diminished supply of pabulum being a slower multiplication of the pus and imperfectly formed epithelial cells. In consequence of the increased flow of blood to the skin, the young cells of the cuticle grow and multiply at the expense of the pabulum, which would otherwise have gone to feed the structures formed on the surface of the mucous membrane. Secondly, such an increased action being established in the deep layers of the epidermis, crude materials in the blood, which would otherwise have been taken up by the pus on the mucous membrane, are appropriated here."

That is to say, that blisters do good only by causing a diminution in area of distant blood-vessels, and by exhausting the supply of nutriment. Surely, if this were the case, the earlier in the inflammation that a blister could be applied, the better it would act; for, on Dr. Beale's theory, you could not too soon diminish the area of the dilating capillaries, and you could not be too ready to cut off the supply of the pabulum of the future pus. But put on a blister at the beginning of an attack of pleurisy or peritonitis, and I am sure every practical physician will agree that you make it worse.

Again, observe carefully and without prejudgment the period at which epispastics produce their fullest effect. Place a blister on a chest half full of hydrothoracic fluid; let it go through all its stages of complete action, and observe at what period it is that the level of the fluid sinks most rapidly; and you will find that to be not at first, not when it is supposed to be doing its work by contracting the blood-vessels and exhausting the "pabulum" by

pouring it out in the shape of serum; not at this time, but when the blistered surface begins to heal, when new skin is beginning to form, that is the time when the level of dulness on percussion sinks most quickly. The benefit accrues, not when the counterirritation is at its height, but when it is all over. A practical application of this is made in my lecture on Pleurisy (*Renewal of Life*, Lect. viii, in second edition).

I have said I considered Dr. Beale's sketch of counterirritation incomplete. I mean that he has omitted, in his description of the action of blisters, a good deal which is highly important. At the end of his description, he has omitted the healing process above alluded to, and which experience shows to coincide in point of time with improved health. Then, again, he has forgotten all mention of the absorption of cantharidin, which has certainly a potent physical agency. Let Dr. Beale administer cantharides by the mouth, and he will find it benefits chronic bronchitis just in the same way as blisters do. I do not mean so certainly or so powerfully, but by the same change towards health in the mucous membrane. These are serious omissions; and the professor himself shows how serious they are in a later part of his lecture. He says there that the authorities at the hospital to which he belongs, when counterirritation fails to relieve chronic bronchitis, apply stupes of hot turpentine, thus saturating the atmosphere with a volatile oil whose effect on the mucous system closely resembles those of cantharidin. This should have reminded him of one of the actions of blisters.

By the way, in commenting on the physiology of Dr. Beale's lecture, is not our knowledge of the afferent and efferent nerves of the blood-vessels rather limited? and is it wise to be led by that limited knowledge?

Professor Rokitsansky thinks that irritation of the sensitive nerves causes "antagonistic palsy of the nervi vasorum." Dr. Beale thinks it makes them "contract." Dr. Headland thinks that the effect of blisters is to draw off the attention of the nerves from a morbid part. (*Action of Medicines*, p. 56. Third edition.) Dr. Beale thinks it is to attract or draw it on. For my own part, I think that when we talk about "stimuli," "irritation," "attention," and so on, we are using the language of analogy, or even of allegory, and had better give it up.

But I must question more seriously his statement that there is an "increased flow of blood" to an inflamed skin. Its redness is due to the dilatation of the transparent capillaries, and the retention and retardation of their blood-stream. There is more blood in them doubtless; but not more blood flowing to them during the congestion or stasis of inflammation. This makes all the difference to Dr. Beale's argument.

I think Dr. Beale has described very well the exhaustion of "pabulum" caused by blisters; the difference between us is, that he considers it a virtue, and I consider it an unavoidable fault. We need not cut our friends because they have faults; but we may guard against them. And this we shall best do in the case of blisters, not by aiding and abetting their evil power by starving, but by compensating it with ample supplies of the most digestible "pabulum." We shall thus best avoid the debility which is liable to arise from epispastics.

* See BRITISH MEDICAL JOURNAL, February 26th.

What I have said will apply *mutatis mutandis* to diuretics, purgatives, and all the other drugs which I have classed together as Destructives, because they destroy the pabulum of the tissues. My lectures show that I employ them, but so as to try and do the least harm along with the most good.

On the whole, I think Dr. Beale has been unnecessarily startled by what seem to have come upon him as new ideas, even before he opened the book. The title on the back was chosen to express an idea, not new, indeed, but which has been long working in the minds of the most observant of our profession, and which has largely affected modern practice; viz., that the *Renewal* of deficient material and deficient function is the true art of healing. To express this idea was the object of the lectures selected to form the volume; and if a title is to describe the intention of a book, I do not know of one that would have so well answered the purpose. I decline to answer flippant ridicule; but let critics pause—no, critics have no time to pause—let practical physicians pause, before they condemn. Let them reflect on their most successful practice, and say if it does not support my rough outline of a therapeutical system. And if they think it does, is it too much to ask them sometimes to modify modes of treatment opposed to it, and judge of the comparative results of the experiments?

Διδασκεία τοι βροτῶν ἔλεγχος.

LIFE AMID FOES. The take of herrings by fishermen within the jurisdiction of the Scotch Fishery Board amounted in 1861 to nearly 900,000,000. It seems a marvellous drain upon the power of multiplication, of one animal to destroy in a year a multitude exceeding in number, perhaps, the whole human population of the globe. But this vast number sinks into insignificance when compared with the destruction effected by other agencies. It is very common to find a codfish with six or seven herrings still undigested in his stomach. If we allow a codfish only two herrings a day, and estimate that he feeds on herrings for only seven months in the year, he takes 420 as his allowance during that time; and since at least 2,400,000 codfish were caught in 1861, and the cod and ling caught were certainly not a tithe of those left behind, the destruction of herring by those voracious fish alone may be estimated at ten times as great as that effected by all the fishermen put together. But the conger and the dogfish probably do as much mischief as the cod and ling, the gulls and the gannets slay their millions, the porpoises and grampuses destroy untold multitudes, sea trout and innumerable other fish prey upon the herring fry, flat fish of all kinds resort in immense numbers to the spawning grounds of the herring to prey upon the freshly deposited ova. Extensive as our fishery operations are, their effect upon the supply of herrings becomes inappreciable when compared with all these consuming agencies. The Royal Commissioners, who have recently inquired into the operation of the laws relating to herring trawling, and from whose report these statements are taken, notice the practical result of all this:—A plentiful multiplication of herrings in any year nourishes and supports an increased army of enemies, and if these latter multiply too fast the herrings become diminished in number, whereupon the fish that destroy them are starved down, and, in a weakened state, more easily fall a prey to their own enemies; the herring, then, relieved from their oppressors, in a year or two appear again in immense numbers, and so the alternations of prosperity, over production, and panic in the trade which they originate will occur with as much regularity as if the herring were manufacturers.

Original Communications.

DISEASES OF THE LACRYMAL DUCT, ATTENDED BY STRICTURE: TREATMENT.

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

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THE functions of the lacrymal duct, that is, the conveying away of the tears and of the conjunctival secretion from the surface of the eye to the interior of the nose, may be interrupted in consequence of stricture, arising from causes purely mechanical acting nearly always from without, or from constitutional influence.

The first are so rare that I have not seen half a dozen instances, and the variety is small. They comprise injury from wounds; pressure from malignant and other tumours in the neighbouring cavities, the orbit, the antrum, and especially those of the nose. Besides these are exostoses, swelling of the bones immediately around the duct, and periosteal inflammation from syphilis. A polypus, it is said, has been met with in the duct. I do not think it requisite to say more about these peculiar exceptions. They will not be obscure to any one who has sound anatomical knowledge, and bestows pains and time in the investigation of cases, and who has at all studied the conditions of an ordinary obstructed duct.

The second produces disease of the duct itself. It includes the mass of instances that are met with. There is no more palpable fact than that such influence proceeds from those bodily conditions known as feeble and serofulous. The direct evidences of struma, in the well known manifestation of absorbent gland enlargements are very often coexistent. The thing itself is a strong local and external marking of such a diathesis, just as much as a chronic purulent discharge from the ear or the nostril. But it is not a termination of strumous or other inflammation of the conjunctiva, I would almost say never, as I have not seen such connection. The converse, however, I have often witnessed; indeed, conjunctival implication is often the consequence of this strumous inflammation of the duct.

A watery eye is the first intimation that a person receives of a diseased duct. A tear requires to be wiped, and is troublesome in proportion as the eye is exposed to any influence that excites the lacrymal and conjunctival secretions, the most common of which is atmospheric.

Respecting the diagnosis, there is really no obscurity. The wet corner of the eye, the soppy eye-lashes, the redness and the swelling of the integuments, disclose it. When there is doubt because any of these symptoms are less marked, the effect of pressure with the finger on the sac upwards, will be a sure guide; for with sufficient disease to produce discomfort enough to induce the person to seek a remedy, there is always an accumulation of tears and mucus which will regurgitate through the punctum, mostly the lower. There is only one possible source of error, and this may arise out of an obstructed punctum, because occlusion of the lower one causes effects similar to the early stage of a diseased duct, and the pressure test would fail. With the slightest doubt, therefore, the punctum should be well examined.

When the eye is watery, and there is no accumulation in the sac, and the probe passes readily through the