of the excessive secretion from the womb. The irritation of the extreme branches of the nerves of the intestines being conveyed to the trunk of the sympathetic, affected the more important function of the womb, while the atony induced by this continued excitement produced want of tone and constipation. The metallic tonic, combined with the conium, effected a gradual cure, not by any aperient effect, but by lessening undue irritation, and strengthening the muscular fibre. Cases 1 and 4 show the effect of severe shocks to the uterine system upon the intestinal canal—that irregularity of function, as well as malposition, produce by irritation a corresponding irritability on organs apparently remote. Case 2 is an ordinary case of continually-recurring dysmenorrhœa, gradually inducing irritability of intestine, leading to habitual dyspepsia and obstinate constipation.

I have endeavoured to make these remarks as practical as possible, anxious only to induce my professional brethren to make trial of a remedy which has, I think, fallen undeservedly into disrepute. I have curtailed the long relation of cases, presenting only their more salient points. I hope that I may induce observers more able than myself to study the interesting phenomena presented by abdominal and pelvic reflex actions, that they may be induced to believe that the notion, which has almost grown into an axiom, that women are more liable to constipation than men, because their pelves are more capacious, may be converted into the fixed rule, that this arises not from contiguity of position of organs, nor from the size of the pelvis, but rather from irregularity of function of the organs which are therein contained.

Bath, Nov. 17, 1851.

ON THE TREATMENT OF ARTHRITIC HEADACHE.

By WILLIAM HARVEY, Esq.,

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In my last paper I endeavoured to point out the distinction between rheumatic and arthritic headache, showing that in the former the headache succeeded an attack of rheumatic inflammation of the structures of the ear, whereas in the latter the head becomes affected primarily, and the ear subsequently. Having also described other diagnostic symptoms peculiar to each, I now proceed to speak more fully of the treatment of arthritic headache. I have already alluded to the value of colchicum, in small and repeated doses, in those forms of the disease which are marked by tinnitus aurium and intermittent otalgia, as the result of gout in the cerebral mass. This medicine requires, however, judicious regulation; and not less important is the rigid attention to the hygienic rules advanced by recent authors on that subject, more particularly attention to the skin during its administration, combining with the colchicum antimonials and occasional vapour baths,

the latter, I think, the more preferable. Dr. Todd's views on this point are so practical and important, and so accordant, for the most part, with my own experience, that I may be excused introducing them to the reader.

Colchicum should not be given in the asthenic form of gout.

Colchicum should never be given at the onset of a paroxysm, nor until the bowels have been duly acted upon by mild purgatives.

The first doses of the medicine should be very small; they may be gradually increased.

Colchicum should be always administered at first, uncombined with any other medicine, until the practitioner has satisfied himself that it is not likely to disagree with his patient; and indeed there is always a disadvantage in administering this medicine in combination with others, since it may become difficult, if not impossible, at times, to determine what effects should be ascribed to the colchicum, and what to the other ingredients.

It should not be administered so as to excite nausea, vomiting, or purging. These effects should be regarded as indicative of the unfavourable operation of the medicine.

Colchicum may be regarded as acting favourably when, under its use, the urine is increased in quantity, a more abundant bile is discharged, when the fœces, though solid, are surrounded by mucus, and the skin secretes freely.

The effects of colchicum should be carefully watched, as, like digitalis and other medicines, it is apt to accumulate in the system.

The use of this medicine seems chiefly applicable to the sthenic form of gout, which occurs in robust constitutions, and in the prime of life, but it is almost inadmissible in persons advanced in years, who have had several attacks, and in whom the malady would seem too deeply rooted to be influenced by the temporary administration of this remedy.

These aphorisms may not only be taken to be true in the limited extent to which Dr. Todd has applied them, but even in old age, with judicious management, I have found the medicine equally useful and necessary, with this reservation, that the doses should be so regulated as not to depress the system in any sensible degree.

The presence of this acid, or of its base—urea, in the blood of gouty people, may be said to be principally characteristic of this specific form of headache, if I may use the term; and if the uric element be not removed by appropriate treatment, the disease will most probably terminate in serious disordered action, either in the brain itself, causing the arthritic apoplexy, or else by a kind of repercussive metastasis, in the joints or organs usually affected by gout. The value of this medicine appears, indeed, to be better appreciated in proportion as its eliminative action on the kidneys is prominently kept in sight. In the November number of this journal Dr. Hughes Bennet has written some interesting observations on its influence in connection with other diuretics, in that species of coma which occurs as a sequela of scarlet fever. This appears, indeed, to be

more readily explicable of the sedative influence of this extraordinary medicine than the attributing to it a primary action on the nervous system. It likewise assists in explaining its happy influence as an anodyne, which is often observable *after* its diuretic action has commenced, and not before. The oppression of the brain, which produced restlessness, and a sense of weariness, is relieved by the separation of the urea from the blood, which had previously acted as a poison to the brain.

In the earlier part of my remarks on this disease I have alluded to the risk attending the use of deplatory measures in the treatment of this variety of headache, the injurious results which follow from the practice may be taken as one indication of the true nature of the disease under which the patient is labouring, when, as sometimes happens, an error in diagnosis, and consequently in the treatment, has been inadvertently made. The following case is a type of the primary seizure, and the result which follows :—

Case.—John B—, 43 years of age, a butler in a nobleman's family, was admitted a patient at the dispensary last spring. He stated that he had been suffering from severe headache, more particularly at the upper and back part, and a fulness in his ears, causing at times an imperfect hearing, and vertigo. His medical attendant, thinking it to be a threatening of apoplexy, advised bleeding and other evacuates; he was accordingly bled ad deliquium, but relief being only temporary, and the symptoms afterwards becoming more severe, the operation was repeated, with the effect of relieving him for one or two days only, other constitutional symptoms setting in obliged him to keep his bed. After some days he had a severe pain in his foot, his headache and giddiness being considerably relieved. He was shortly afterwards seized with an intense pain in the lobe of his ear, accompanied with swelling and redness; this continued to enlarge, and remained swollen for upwards of a month, and suddenly subsided; his head, in the mean time, was relieved, and he returned to his duties. Two months after another attack, resembling the first, caused him to repeat the treatment, with the like unsatisfactory result.

I saw this man shortly after, complaining of a heaviness in the side of the head on which the ear was affected, a continuous and distressing noise, aggravated towards evening, and an occasional pain, resembling a tic, on the side of the face and behind the ear. On inspection the structures presented nothing very remarkable beyond a dryness of the meatus, and a slight duskiess of the membrane of the tympanum; the hearing distance only two inches on the diseased side.

The treatment pursued was the administration of half a grain of the extract of colchicum, twice a-day, a vapour bath three times a week, his diet regulated accordingly, no stimulants, and less animal food than he had been accustomed to. The case progressed with but little relief for ten days, excepting only that he became more tranquilized as to his feelings of nervousness, and a copious perspiration over the skin. He continued the colchicum for six weeks, with the gradual diminution

of the tinnitus, and a considerable increase of the hearing distance.

It would be useless to continue the narration of this case further, the patient perfectly recovered after a period of six months, not only of the hardness of hearing, but of a troublesome scaly eruption with which he had been tormented for some years. The aggravation of symptoms after the bloodletting is too demonstrative of the injurious effects of depletion, and evidently and forcibly points to the caution necessary in all such cases when any large quantity of blood is drawn from the system.

Case.—Colonel C., a corpulent and elderly gentleman, consulted me for a troublesome and heavy beating in his head and ears, always aggravated after meals, suffers from pains in the knees and ankles, and from some difficulty in swallowing, arising from a thickening of the mucous membrane of the pharynx, and some enlargement of the tonsils. When any freedom is permitted as to his appetite, the throat appears stuffed with a thickened mucus, and generally imperfect hearing, the meati on both sides were choked up with a deposit resembling gypsum, and although cleansed, repeatedly re-formed, accompanied with a discharge, leaving the meatus reddened and the membrane of the tympanum slightly opaque. These appearances I have so fully explained in a former paper "On Arthritic Inflammation of the Ear," both in the acute and chronic conditions, that it will be needless again to recur to them.

This gentleman was advised to pursue a course of treatment resembling the former case, with the exception that he commenced by active cathartics for ten days. The course of treatment was continued for a period of nine months, with marked relief both to the chalky formation in his ears, and the threatened suffocation which he has been for years suffering from. These cases are not unfrequently presented with the thickened mucous membrane of the throat, causing a temporary obstruction to the Eustachian passage. Although freely relieved by catheterism, this tube does not remain long patent, and the case seldom does well without the adoption of the constitutional treatment before alluded to in these cases. Nevertheless, when the patient's sufferings are very great, and urgently demanding relief, I have found the internal exhibition of colchicum to be the most efficacious palliative; care should be taken, however, to direct its operation on the bowels early, either by small and repeated doses of sulphate of magnesia or the acetic extract of colchicum, which I prefer, in combination with colocynth, the circulation at the same time being attracted to the feet by mustard pediluvia. I have stated that it is not uncommon to find as a result, in many cases of arthritic headache, that the patients are seized with an obstinate discharge from the ear of one or both sides, more frequently of one, this discharge I have examined from time to time, and if allowed to dry on paper presents some of the earthy concretions; it is in these cases that colchicum will be found extremely beneficial. As a rule, these discharges should be encouraged, and if any application is used locally, none answers better or gives to the

patient a greater amount of relief than cleaning the meatus occasionally with warm water. "I know, (observes Otto in his Pathological Essay,) a person in whom, during an atonic attack of gout, the whole mouth, throat, and gullet, are largely covered with a whitish mucus, which, when dried on blotting paper, left behind a large quantity of phosphate of lime. These tophi, as they are more commonly called do not consist as was formerly supposed, of the phosphate, but of the urate of lime, that is of uric acid, which we have spoken of as the probable proximate cause of gout, when it exists in the blood, and of lime in combination. This has been ascertained by chemical analysis, and taken with the preceding facts, may aid in explaining the causes and nature of gout in all its varieties. Further evidence in favour of this view is afforded by the fact, that during the decline of every fit of gout, uric acid or a salt consisting of that acid, with a base, generally ammonia, is largely deposited from the urine, and we also find that the use of alkalies and other antacids, which have an indefinite influence in diminishing the formation of urea, and in causing its elimination are at the same time among the best preventives of an attack of gout. All other facts tend greatly to show that the theory that gout is dependent on the presence of uric acid in the blood for its proximate cause, or at least that it is in some way connected therewith, if not absolutely demonstrated, is at all events far advanced on the road to direct proof.

This theory, however, is not altogether novel. The ancients had a glimpse of the truth, but only a glimpse. Their views were necessarily very crude and unsatisfactory, for want of the knowledge with which the vast and extraordinary progress made in animal chemistry of late years has so amply furnished us. They believed in the existence of a morbid fluid in the system, as causative of gout, but were utterly ignorant of its nature and character. This doctrine prevailed in a somewhat modified form, during the existence of the humoral pathology; but when that failed these different views respecting the causes of gout were put forth. Of late years, again, the dogma teaching that the fluids in the system may be partakers in disease, as well as the solids, and may even be connected with the causes of constitutional and hereditary maladies, revived; and with it was revived the theory that referred gout to a morbid condition of the blood, or, in other words, that placed gout in the category of the blood diseases.

M. Bayle some years ago, published an essay on gout in the *Revue Médicale*, in which, when treating on the causes of the disease, he says they are unknown; but after carefully examining the pathognomonic symptoms, he is inclined to refer them to an alteration of some one of the humours, or as the result of a particular morbid fluid, produced under the influence of certain causes, and circulating with the other fluids in the economy. He especially mentions the occurrence of chalk stones as leading him to form this opinion; but probably he was not aware of their chemical composition, and therefore did not advance further than the threshold of discovery. Nevertheless, he believed that

the morbid fluid, whatever it was, circulated in the blood; and, in confirmation of that view, cites the somewhat apocryphal case recorded in the "Nuremberg Commentaries," where it is gravely stated that blood drawn from the arm contained small gravel! Later investigators have referred the proximate causes of gout to the presence of a morbid element in the blood; but it was reserved for Garrod to discover what that morbid element was. He distinctly ascertained that during an attack of gout the blood always contains uric acid, and that that body can be crystallized from it in the shape of urate of soda, the acid being either much less in quantity or altogether absent from the urate. Dr. Bence Jones has since confirmed Dr. Garrod's statement, the results of his own experiments having satisfied him as to their correctness. Murray Forbes had, however, so far anticipated him as to have promulgated the opinion that the morbid material poisoning the blood was lithic acid; but he did not support his views by direct experiment, and, consequently, it is to Dr. Garrod that the profession is indebted for the elucidation of this important and interesting subject.*

WHAT OUR ASSOCIATION MIGHT DO.

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TORQUAY.

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No. III.

HAVING considered the attitude we might take in regard to quackery, let us next inquire how we may improve our present one in regard to medicine. If we can find not a single positive excellency in homœopathy, we must not disguise the weak points in legitimate medicine. And first, of our shortcomings in the daily routine of practice, for which the practitioner and not scientific medicine is responsible. It were difficult to prefer an indictment against ourselves that should neither exaggerate nor underrate; and it is quite unnecessary to make the attempt. Our end will be sufficiently gained by directing attention to a few points wherein we might accommodate ourselves somewhat more than heretofore, perhaps, to the temper of the times, without infringing upon what is due to self-respect or to our patients. It need scarcely be stated that these points lie quite upon the surface. Expressly intended to raise the ordinary style of practice in the estimation of the public, to disabuse the public of some of their prejudices, and to remove some of their commonest objections, as these

* "I have stated," says Dr. Graves, in his Clinical Medicine, "that gouty affections of the brain have long been known; and I am not sure that some of the older authors may not have alluded to gouty affections of the spinal marrow; but as our knowledge of the peculiar state of the brain and spinal cord termed ramollissement is comparatively recent, and not dating with any degree of accuracy earlier than the works of Abercrombie, Boston, and other modern authors, it is obvious that any observations made by the older writers concerning gouty affections of the nervous centres can have no distinct reference to this lesion."