delivery of the woman I was sent for to him. I found him in bed; he had been profusely sick, and had thrown up a serous-looking fluid, resembling the evacuations of rice fluid in cholera; diarrhoea constant, and the evacuations passing away involuntary; the bed was perfectly swamped; cramp in his legs, thighs, and in the region of the heart; great prostration; pulse small and exceedingly depressed, so much so, that I felt a little alarmed at his state. On his arrival at home, and previously to my seeing him, he had taken some warm tea, which increased the vomiting. As the diarrhoea was profuse, I administered the following draught:—R. Tinct. Catechu., dr. ij.; Tinct. Opii, m. xl.; Tinct. Cinnam. Co., dr. j.; Aquæ, oz. iss. Sit haust.

I also gave him strong brandy and water at short intervals. In about an hour the sickness had subsided, and the diarrhoea was not so urgent; it had produced great debility. Flatus was then oppressing his stomach exceedingly, and I gave him the citrate of potash, which relieved him much; he had also a warm bath. Before the close of the day, all his symptoms were relieved. He took some arrowroot, and afterwards procured a little sleep. When calling on him in the morning, I found he had passed a good night, and was sufficiently recovered to resume his professional duties. I put this case on record, as poisoning by crome or its preparations is of rare occurrence. Professor Taylor, in his excellent work on Medical Jurisprudence, speaks of only one case having been related; I have not been able to discover any instance of it myself.

It will appear from the foregoing case, that the bichromate of potash produces symptoms exactly similar to cholera: such as vomiting, purging, cramp, and great prostration of strength; and as soon as the poison is evacuated from the stomach, must be treated in the same way.

WHAT OUR ASSOCIATION MIGHT DO.

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For the "Provincial Medical and Surgical Journal."

No. IV.

THE frequency of difference of opinion amongst medical men is proverbial, and is deemed by every non-professional person to be a sufficient excuse for deciding for himself any point on which "doctors disagree." Our differences of opinion, referring as they do principally to general and superficial questions, are placed more prominently before the public, and are more open to the apprehension and judgment of the non-medical world, than the innumerable truths of medicine on which we all agree.

On what do these differences of opinion depend; and, being evil in their consequences, how far are they unavoidable?

Individual differences of opinion on matters which

require minute investigation depend on the difference in perceptive power, attentiveness and clearness of thought, of different men, and must always exist. In the possession of these qualifications mainly consists the superiority of one medical man over another. This, however, at least in theory, is as plain to the public as to ourselves; and from this the profession does not suffer in general estimation. The differences of opinion from which it does suffer concern subjects which ought to be matters of fact, but which are at present still matters of opinion. We cease to differ upon any point the moment that fact is substituted for opinion. No medical man gives it as his opinion that small-pox is not contagious; because the question has been decided by facts, and is no longer a matter of opinion. But one man considers cholera to be non-contagious, and is supported in such a view by the combined intellect, &c., of Government; whilst another, unable to gainsay his own experience, asserts that cholera is contagious. So soon as a sufficient accumulation of facts has settled the question there will be as little difference of opinion upon this as there is upon the contagiousness of small-pox. All we need in order to render our views unanimous upon any point is simply to learn the exact truth regarding it. In proportion to the extent and exactness of our knowledge of facts will be the unanimity of our sentiments. Upon the same fact two persons can differ in their opinion only when the fact in all its bearings—i. e., the whole of the fact, is not known to both. The same fact being perfectly known to the one, and but partially known to the other, is virtually two different facts. Each person reasons from his own premise correctly; but only one of the two has a true premise, and consequently he alone can obtain the true inference. Or, again, from imperfect knowledge of the fact, any number of false premises may be taken, and any number of correct inferences, but erroneous conclusions, deduced from them. We are brought back to the same point—namely, that the only mode of obviating differences of opinion is to ascertain the facts.

Every question demanding for its solution minute investigation of particular facts must ever remain the work of an individual or of a few acting in unison. But there are many questions of a general character requiring multitude rather than minuteness of observations, which the experience of one or of a few individuals can never be sufficient to decide. It is precisely on these general questions that we differ most, and most conspicuously to the world. Every man prefers a resting-place for his mind, and rather than possess no opinion he makes one from his own limited experience. The grounds being inadequate in each instance, we may find as many opinions as thinkers. Nor is this all. In the ignorance of the actual truth we do not content ourselves with merely drawing inferences from our own experience, but we arrange for Nature what she ought to do, and retain tenaciously just those observations which support our programme.

Has it ever once happened in the history of science that the fact when clearly ascertained proved to be

precisely—neither more nor less—what had been *à priori* conjectured?

In the field proper for individual labour, as instanced in the first of these papers, scientific workmen need no spur. Were all the diligent investigation as well directed as it is energetically pursued, we should advance still more rapidly than we do; but in reality, the advance in our knowledge of the *minutiae* of medical science is extremely great, and is shown as remarkably in the unlearning of fallacies as in the acquisition of new truths. On the other hand, the increase in our knowledge upon such general medical questions as the public can judge of, and by which alone they are able to estimate the scientific character of medicine and of its followers, does not keep pace with the progress in our knowledge of scientific *minutiae*, of which the public are almost entirely ignorant.

The rectification of this deficiency must be the work of an association, or of several associations. If left until individuals shall have accumulated the required facts in number sufficient to remove contrariety of opinion, we may judge of the future by the past. Why should not OUR ASSOCIATION do some of this work? Leaving generalities, what work is meant, and how is it to be done?

Questions of Special Pathology, of Anatomy, Physiology, and Chemistry, are best left to their especial votaries. Our Association, as a body, can do nothing with them. Medical Politics and Ethics we leave to those who like them. We suppose they may be suitable subjects for the Association. Cases, unless narrated with the fulness of detail of those published by Dr. Taylor on pericarditis, or by Dr. Walshe, on various clinical subjects, are perhaps less useful—they are certainly less read—than their reporters expect. Being rarely more than could be paralleled every day in a large practice, or a moderate-sized hospital, they seldom repay perusal. Reports of Pathological Societies, conveying a concise statement of observed facts, are more useful; and reports of Branch meetings are, at least, more entertaining. But the field of medical science which is most proper for the Association to cultivate is that which comprises GENERAL HYGIENE, CLIMATOLOGY, ETIOLOGY, and the MUTUAL RELATIONSHIP OF DISEASES; all cognate subjects;—all subjects upon which, more than any other, we differ in our sentiments;—and all subjects upon which non-professional people can form an opinion for themselves—can seek our opinions, and can judge them.

These subjects agree in another and very relevant particular; and it is this:—They are such as cannot be duly examined either in hospital practice or in town consultation practice. Hearsay evidence from patients often but little capable of observing correctly is all that is to be obtained there. The provincial practitioner, having the same patients and families—the same localities and customs, classes and occupations, under his own observation year after year, is personally acquainted with the facts, must notice them, and has no temptation or motive for involuntarily colouring them. There is the

same difference in the two kinds of evidence that exists in diagnosis between an objective sign and a subjective symptom; almost the same that exists for purposes of induction between a proved fact and a supposed one.

Hygiène includes the consideration of all circumstances, the administration of medicinal agents excepted, which promote, maintain, injure, or destroy health. The subjects of physical climate and of the general causation of disease are branches of hygiène. The regimenal treatment of disease constitutes special hygiène. Concerning so extensive a department of knowledge, we cannot in the present day subscribe to the opinion of Rousseau, that “*l’hygiène est moins une science qu’une vertu*,” unless in the sense that we all of us know more of hygienic truth than we choose to put in practice.

It is no part of my present object to enumerate the questions on which information is most needed, and on which it could be obtained with the greatest authenticity and readiness from the members of our Association. My purpose will be fulfilled if I can succeed in directing attention to the kind of subjects which are most suitable, most important, and most easy of investigation. We muster about fifteen hundred members. There is scarcely a general question upon which each member has not observed for himself, one fact which struck him as noticeable at the time. How few are the unsettled questions which would not be set at rest by 1500 accurately observed facts! How small would be the differences of opinion on points upon which 1500 facts had been brought to bear! We cannot, it is true, emulate the Medical Society of Observation of Paris, or the younger one of London, in the minuteness of their observations. But the subjects assumed as most fitting require no such minuteness. In respect to them, what prevents our becoming a Great Society of Observation?

Take, for example, the important question of the effects of total abstinence. We need no additional information as to the universally injurious effects of the intemperance of excess. We do, perhaps, require additional precision in our knowledge of the exact forms of disease in which such effects are made manifest. We need no additional information as to the occasionally good effects of total abstinence, the universally good effects of temperance, or the frequently good effects of alcoholic stimulants given as hygienic remedies in disease. On these points we are of one opinion. But, apart from actual disease, is not such an injury *sometimes* inflicted by the adoption of total abstinence succeeding to the habitual moderate use of stimulants, as to convince the medical observer that there is intemperance on the side of deficiency, as well as on the side of excess? Noting that one man has habitually too much red blood to excite him, another too little; one too much energy, another too little; that perfect health is almost a visionary abstraction, good health being practically the best which the individual can obtain, so long as it suffices for the duties of life, and not that ideal perfection that the physiologist could portray; there is every likelihood *a priori* that total abstinence will be best for one

man, moderate use of stimulants for another. Excessive use, or abuse, for none. Such *a priori* reasoning, added to the testimony of individual experience, guides us at present. It has little force on enthusiasts. It is not convincing to ourselves. Fifteen hundred examples in point would decide the question for ever.

Amongst the most useful essays called into being by our Association, will permanently rank those on Medical Topography, published in the annual "Transactions." It is to be hoped that these will be continued, and on a definite plan, so as to facilitate reference and comparison. This was earnestly suggested by Dr. Sibson, at the Hull Anniversary Meeting, and has been as earnestly advocated in the *Journal* by Dr. Barham, of Truro. Owing to the lamented death of Dr. Mackness, who was appointed to draw up an Essay on the Medical Topography of the southern part of Sussex, which was expected to exemplify the most suitable plan for future adoption, we are yet without a specimen essay. By collating the several admirable essays which we already possess, and culling from their respective excellencies, it would be exceedingly easy to lay down a pattern arrangement for future writers to follow; we should thus escape too much detail on irrelevant topics, and too little on essential points. A small committee might, with propriety, be appointed to consider and prepare such a plan ready for the next annual meeting.

But the great value of such reports depends entirely upon the number and exactness of the facts which they can bring under consideration. Facts relating to climate, especially to the local variations of the same climate, which are so important in respect to disease, cannot be collected in a day. To render our knowledge of the physical climate of any place tolerably complete, we require to know:—as regards the place,—its geographical position, whether maritime or inland, close to a river, or lake, or canal, or marsh, or low swampy ground. If near a river, whether a tidal one. Its elevation above the level of the sea. Its situation, whether exposed or defended. Its aspect towards the horizon. The proximity of lofty hills or mountains. Its geological character, particularly in reference to the superficial strata; and to the nature of the soil, whether absorbent and retentive of moisture, or absorbent and rapidly drying, or not absorbent but, from amount of fall rapidly drying; whether absorbent or reflective of the light and heat of the sun.—The quality of the spring water, its abundance or scarcity. The vegetation, whether abundant or spare, and its general character. As regards the atmosphere:—The direction and ordinary force of the winds; the quantity of rain and number of wet days in the year; the frequency and duration of fog and of snow. The heat, humidity and electricity of the air. The intensity of solar light.

For so much of medical topography, therefore, as relates merely to physical climate, it would be absurd to expect every member of our Association to collect the details regarding his own locality. But this is not required. Most of the particulars referred to are obtainable from other sources. By far the most important points, however, are contingent upon two con-

ditions, namely, the heat and humidity of the air. The electricity of the air should perhaps be added, but this we possess, unfortunately, at present, no ready and available instruments for ascertaining. Ozone paper promised to be useful, but the trial has not fulfilled the promise. For ascertaining the heat and moisture of the atmosphere, the means are simple, easy, comparatively inexpensive, and require very little attention or trouble. The information gained even for a single year would be most valuable. By collating it with the diseases prevalent in the same year, and comparing the reports of different localities, a body of knowledge on the "Epidemic Constitution of the Year" would gradually accumulate, the importance of which after a series of years would be incalculable.

A single observation daily of Mason's hygrometer would give the heat and moisture; an observation of the differential thermometer would give the greatest amount of cold, and of warmth in the previous twenty-four hours. All necessary instructions are contained in Glaisher's Hygrometrical Tables. If only one instrument be used, the wet and dry-bulb thermometer (Mason's hygrometer) is to be preferred; since the mere temperature of most localities is already obtainable, whilst the degree of humidity is not. Either or both of these instruments suspended at a distance of eighteen inches from a north window of a room in which no fire is kept, and observed at one given hour (say nine A.M.) every day, might be used by at least one member of the Association in every locality, where some institution at which these observations are made already, does not exist. One such observation noted daily would not give the *mean* temperature and moisture, but taken for a sufficient period it would give the *actual* temperature and humidity at the given hour of the day; and this would be quite enough for useful comparison,

If the good to be gained by such observations does not appear adequate to the trouble they require, (although the trouble is really very trifling,) we reply, that before we have obtained the facts we cannot foresee all the advantages to be derived from them.

Literary men have their "Notes and Queries;" and in law periodicals there is a department headed "MOOR POINTS," under which any legal queries of which the solution is not clear and established, are stated, to be answered by any one who has an answer to furnish, in a future number of the journal. In our journal we have the machinery at hand without any additional expense. "MOOR POINTS" in medicine, there are in plenty. To make "Notes" on disputed points is not difficult: and nothing is easier than to propound "Queries." To some extent the Association has already thus been made useful. Dr. Streeten published "Queries on Influenza;" Mr. Hunt, "On the Effects of Arsenic," and on "Cholera;" Mr. Crompton, "On Burns and Scalds;" Dr. Ranking, "On the Effects of Cod-liver Oil;" and Mr. Bower Harrison, "On Necrosis caused by Phosphorus." The information elicited (if any), was valuable, and as a whole, on some points considerable. But in comparison with the information really existing

amongst the fifteen hundred members, it was most inconsiderable; and in no degree did it constitute a fair representation of the intelligence of the Association.

There are many reasons for the disinclination of professional men to give up information just when and as it is asked for. In the first place, there is the impression of submitting to something dictatorial in being questioned at all—a feeling not lessened by the reminiscence of academical questioning. Then there is the doubt of any good result, worthy of the effort, being gained if the replies are furnished. The man whose experience would afford him much to communicate is fearful of lowering his position by doing anything that the majority of others could do. He would rather be silent than common-place. One has facts of value on the required subject, but he sees no reason why he should place them at the disposal of another; he intends to use them himself at that convenient season which so seldom comes. A second has certainly a few facts which are pertinent, but he suspects that A and B may have more, and he does not choose to appear to have had less experience than they. A third considers that the plan is not bad, and that replies are desirable, and he hopes that *others* will attend to them. A fourth inclines to give replies, but postpones. A fifth prefers "something more practical;" which, being interpreted, generally signifies, something that requires neither trouble nor thought.

To lessen these objections we should propose such queries only as are of manifest importance, cannot be duly answered by the private exertions of any one or two individuals, make no considerable demand upon the reflection or time of the profession to answer, and to which the answers are comparatively of no value, unless when obtained in large numbers.

In furnishing the results of observation the only essential condition to be borne in mind is, that the writer shall state no opinion which is not founded upon his own observation, and shall state nothing as fact which he has not observed for himself. The mode of reply, whether anonymous to the public, or publicly authenticated by name, is purely a matter of taste and convenience. The greatest man would not be demeaned by giving a few facts anonymously; the smallest need not feel ashamed of stating actual observations publicly.

What are eligible "Moot Points" for the consideration of the profession, as a body, is a question best left to those conversant with the given subjects. A "moot point," to one who has not especially investigated the particular branch of medical inquiry, is often a point quite ascertained to him who has. But there is one class of queries particularly suitable, since they can scarcely be otherwise solved, namely,—those which relate to the influence exercised by one disease, or one set of diseases, over another, either in causing a predisposition, in lessening liability, in conferring an absolute immunity, or even in effecting a cure. This Relative Pathology, if we may so term it, promises richly to reward investigation, by indicating to us what are the means adopted by nature for promoting, opposing, preventing, or removing special disease.

How largely might OUR ASSOCIATION add to the established truths of medicine were each of its fifteen hundred members to furnish one observed fact on every important question submitted to his consideration.

In these papers, now brought to a conclusion, it has been far from the intention of the writer to dictate to his peers and his superiors in the profession, what they ought to think or what they ought to do. His desire has been to give expression to his own sentiments on matters medical in their very anomalous position at the present time, in the hope that if he could strike a responsive chord in the minds of others, he might haply in some small degree promote that unanimity of sentiment which is the necessary precursor of unity of action. He is convinced that the united endeavours of fifteen hundred educated gentlemen, scattered through the length and breadth of the land, would go very far in that most difficult of all missions—making TRUTH the FASHION.

Provincial Medical & Surgical Journal.

WEDNESDAY, DECEMBER 24, 1851.

THE provisions of the recently promulgated Draft of a Charter for the Royal College of Surgeons are so nearly in accordance with the views which we have invariably advocated, in common with the majority of our Associates, that we do not hesitate to receive it as a liberal concession to the just demands of the profession. The chief points upon which there is likely to be a difference of opinion among provincial surgeons are:—1st. The election of Members to the Fellowship without examination. 2ndly. The fee to be paid upon such admission. 3rdly. The non-admission of proxies in the election of Fellows to the Council.

The clauses which we think will be unhesitatingly received and approved of are, the following, viz.,—1st, the admission, *ad eundem*, without examination, of Fellows, Members, or Licentiates of the Colleges of Surgeons in Edinburgh and Dublin, and of the Faculty of Glasgow; 2nd, the retirement of members of the Board of Examiners at the expiration of the third year of office; 3rd, the constitution of a Board of Examiners in Midwifery; and, 4th, the distinction now first made in the qualification for the Council between dispensing drugs for the convenience of the medical man, and keeping an open shop for their sale as a matter of profit. In all these latter points we most cordially agree with the framers of the proposed new Charter; but we must strongly contend for the power to vote by proxy in the election of