are certain evidences of its having affected the system in infants, scarcely less useful to be known than the more familiar state of *ptyalism* in the adult. The occurrence of spinach-like stools commences early, and is no criterion. A peculiar pallor of the face, a rise in the frequency of the pulse, and a grey mucous secretion on the tongue, are the usual effects of calomel, on children. A slight vesicular eruption about the corners of the mouth, with or without mother-of-pearl-like patches on the mucous lining of the lips and gums, is an unerring proof, so far as the writer's experience has taught him, that the system is mercurialized. But the only guide in practice is the amendment of the diseases for which the remedy is given. This once ascertained beyond doubt, the improvement will proceed, and the further employment of mercury, being unnecessary, is an evil.

When the pneumonic inflammation had already existed *too long*, this mercurial treatment did not prevent more or less hepatization from taking place, though all acute inflammatory action was subdued. In these exceptional cases, the small frequent pulse and dyspnoea continued much longer, emaciation ensued, and relapses were more frequent. When increased heat of skin over the chest, greater dryness of the respiratory sound and of the cough, and quickened breathing, threatened a return of inflammatory action, mercury was not given a second time. It was then found sufficient to apply a leech or two, and exhibit small doses of antimonial and ipecacuanha wines, combined with soda, and after the skin had become cooler, and free secretion commenced from the bronchial membrane, decoction of *senega*.

It is remarkable that, allowing for the greater vigilance of the parents prompting them to seek assistance earlier, still of the cases occurring towards the end of the prevalence of the epidemic, scarcely any presented symptoms of pneumonia, but merely those of mild bronchitis. There was no apparent change of weather sufficient to account for this.

Holmes Chapel, Cheshire, July 25, 1844.

STORY OF A GRAIN OF SAND TO ILLUSTRATE THE STUDY OF PRACTICAL PATHOLOGY.*

By T. W. KING, Esq., F.R.C.S.E., London.

MEDICAL ESSENTIALS—COURSE OF SAND SHUT UP—HOW MUCH DEPENDS ON THE BODILY HEALTH—ADDITIONAL ILLUSTRATIONS—USE OF PREPARATIONS.

The present state and progress of the profession affords occasion and great excuse, if any be necessary, for magnifying a trifle, or offering an exposition of an ordinary process.

I deem the essentials of the profession to be physiological reflection, with bed-side and dead-house knowledge; but do we not find that the tendency of examinations is more and more to sacrifice these things for the sake of a great mixed mass of comparatively inapplicable matter? A lecturer of the usual share of

* The following appeared to me a legitimate mode of extending the views I have advocated on humoralism and irritation. See former papers in this Journal. Also several series on asthma and irritation, in the Medical Gazette, and urinary stricture, in the Lancet.

ability (one of a hundred), aiming to gain credit and practice, does what he may to become a compendium. The author of a huge compendium, or rather the writers of near a dozen compendious compilations, may provide what is required by the London University. The dexterous grinder—a genius in his art—comprises the indispensables of examinations, as it were, in a single speaking *vade-mecum*. And whilst law and deference must say to a young man, attend your lectures and pass your examinations, the consequence is, that the higher he aims the more he crowds his memory, and the more exclusively his time is given to the least needful parts of sound medical knowledge. The ordinary term of medical study is thus, in the main, absolutely wasted.

The most practical examination I know of is that of the college of Surgeons, but against its apparent disposition to set up an abstract, and—for the object intended—an useless comparative anatomy, I venture to express a settled opinion. I hold, indeed, that Hunter himself greatly neglected his profession in seeking a different glory in the bowels of worms and in the habits of insects, or else he might have done still more that was just, and less that was erroneous, in surgery.

Common sense says, shun the physician who seems to dabble in extraneous things; and it is dangerous with the utmost art, to mingle even chemistry or the microscope with strictly professional aims, although one in London may gain much under the sole patron of the stethoscope or bougie.

I would now ask, hoping that brevity may be some apology for dogmatism, whether such a mode of considering things as the subjoined, applied to each organ of the body, be not a more healthful and hopeful course for a young practitioner than learning by heart an encyclopædia of chemistry, botany, or anatomy? The following is a description from the Catalogue of Guy's Museum:—

“A grain of sand from beneath the cutis of the ball of the thumb, where it was partially secluded for near a year, without irritation. After a severe graze, the wounds were left to dry and heal. Some gravel having been first washed away, scanty healthy supuration brought out two or three large grains. The above seems to have been shut up by adhesion, but there remained a puncture, which gradually filled with a column of dead cuticle, the drawing out of which several times did not expose or render accessible the foreign body. Yet it was supposed that nothing but an incomplete closing in of a deep cell would account for the persistence of the little dry sinus.

“It was determined, therefore, to leave the accumulating scales to enlarge (as a tent) the sinus, with the hope of making an outlet for the sequestrum. This in effect took place. A mass near six times as large as the grain was ultimately formed, and the grain picked out with it.

“The first named columns of dead cuticle took three or four weeks to form; the last mass accumulated in about ten weeks. In the middle of this last period there was a little local tenderness for a day or two, and about the grain was found a little crusty matter, rather resembling dried pus.

“Within a week after the removal of the foreign body, the cutis was quite even and clear.”

It would, I think, be easy to connect with the above still more common and interesting processes; but may it not, alone, without disparagement, be contrasted, as to medical usefulness, with the hundreds of lessons such as the chemistry of gold, the botany of sea-weed, or the anatomy of Portuguese men-of-war; and should I not add the *deceitful* narration of cases? For those who may distrust the simple view stated, I may add something in the way of corroboration. When an ear-ring is removed, the cuticular canal accumulates *débris*, and so do the little umbilical recesses.

The uncut incurvated nail penetrates the hand and acquires a canal lined with skin. The deformed tusks of animals do the like, and in how many various ways do foreign bodies thus naturalise. I have seen an inch of the tooth of a comb long imbedded in the face, needlessly cut down upon, but harder to draw out than a tooth. Old false canals are seen in the urethra lined by fair membrane, (hence various bridles and reticulations,) and even the transpierced prostate. A mere bruise may give rise to fatal disease, whilst a large abscess, with carious vertebrae, may dry up and fossilize. Two winters of threatening phthisis may precede the fatal attack or the permanent cure. Ten yearly attacks of gout usher in the last. A rheumatic fever may never return. But these things appertain to the knowledge of the effects of diathesis from day to day and from year to year, which, with the dependance of diathesis on remedies and outward things, comprises the whole science of medicine.

In the museum of St. George's Hospital, I saw, by the favour of an accomplished morbid anatomist, Mr. P. G. Hewett, an example of receded or cured abscess of the scrotum. A cell, the size of a walnut, full of cretaceous matter, with thin indurated and earthy walls, had been hanging loose, subject to motion and violence for many years, and occasionally threatened with active inflammation, yet did the constitution so readily regain a healthy balance after repeated disturbances, as to preclude progressive disorganization, even with what should seem the greatest local provocations. I do not, however, assert that the original was not a dead hydatid in this case.

An hydatid in Guy's Museum has a singular history. A young man was treated for hydrocele, and then for hæmatocele, and finally for active scrotal inflammation, and it was said that the tunica vaginalis reflexa sloughed away. The specimen is preserved as a simple hydatid, of the size of an orange, which had been some time shut up dead and contracted.

I have been a good deal surprised formerly in dissecting the leg of a horse, to find a very considerable number of thorns scattered and long encysted beneath the skin. At present, however, I feel more disposed to express astonishment at the tardiness on the part of most surgeons, to acknowledge the actual state of constitution as the only subject of importance in considering such irritations.

Cheselden, in his plates of the bones, has strongly depicted the circumstance of a foreign body becoming safely impacted, after giving rise to great disorganization. The point of a large knife is seen in the condyle of the femur, which, having induced inflammation, destruction, and ankylosis, yet became shut up and harmless when the disordered diathesis passed away. Do not the multiplicity of such facts point out the

truth that there is a time, little heeded, but all-important to discover, when surgical interference becomes most safe, and when the power of resisting mischiefs is at its acme. The question of the absorption of pus is by no means the same as that of the drying up of an abscess or empyema.

The filtering away of fluids from the cess-pool of the colon into the blood is reasonably to be compared to the drying up of a cell of liquid corruption, and may serve to render the latter less doubtful and wonderful. In a long walk the fluid of a diarrhoea may be disposed of by absorption, unexpectedly.

CASE. — Golding, a lad aged 14, had, June, 1844, a great and deforming fluid tumour in the site of the liver; his health was increasingly delicate.

January, 1835. The sac burst into the peritoneum; the collapse and fever gradually subsided, and he grew quite strong.

July, 1839. Symptoms of decline became urgent, and the side more full; he suddenly coughed up a quantity of pus. There were variable signs of abscess hectic and decline to the end of the year. He also appeared to have vomited matter several times.

He gradually regained all the vigour of youth, and now (1844) continues in good health. The main objects of the treatment throughout his difficulties, under my own directions, were to sustain and comfort, and to avoid the least disturbing causes in the way of temperature, diet, and the like.

Dr. Bright recorded the first part of this case in the Guy's Hospital Reports, No. 5, p. 472. *I have not thought it necessary to give my own notes in detail.*

A strong advocate of the microscope, formerly a justly eminent teacher of anatomy, describes the variety of specimens in established museums as being "in every sense hermetically sealed;" but it would be hardly just to suppose such an one incapable of reading new and daily lessons in our great collections, though the import of his words, however fitted to excite a smile, could not admit a favourable construction. For my own part, even coarse pathological specimens well preserved, seem still among the most profitable subjects of professional study.

After years more or less devoted "*rerum cognoscere causas*" among the processes of health and disease, with no great respect for the brightest empirical practitioners, I count it my highest medical advantage to have learned in part to scan a well ordered series of morbid specimens, to trace the steps of disease, perhaps to compare dry bones that are a thousand miles apart. If an exostosis may waste away; if hydatids are oftenest found cured; if a needle be found harmlessly travelling through a man's liver; is the fact obscured in a bottle of clear spirit?

Is it not by a host of such facts and processes stored in the mind, unmixed with old bookish errors, that we may hope to be proof against the daily new and groundless statements that abound in perhaps nine books out of ten? Can a physician know truth from lies without the former talismanic experience? Water takes up many things; but to dissolve gold, and to form amalgams, some purity of material is essential. This may explain something of our ephemeral literature; and why sound men like Hunter better than compilations; and, again, why many others cannot discern truth by books.