

vent and cure disease. He seems evidently to accuse medical men of having sometimes lost sight of this, and having indulged in researches which either did not bear sufficiently directly on this great end, or having forgot what ought to be the ultimate aim of all their labours. Certainly pathology has sometimes been cultivated as if it were not a means to an end. This is from a kind of transference of association, such as makes the miser who has begun to accumulate, perhaps for some great or good end, forget all in his gold. M. Renouard seems to have struck on what is rather an evil in the present day. I do not agree with him in regarding therapeutics as so very little dependent on physiology and pathology; but certainly it has been too much regarded, especially in France, as a subordinate science. At present it is especially important for medical science to acquire real power, and every attempt to sink the therapeutic in the pathological branch should be discouraged. The quacks better understand the public feeling on this point. They do not talk much of their discoveries of the nature of disease. It is the means of cure chiefly which they boast of.

M. Renouard maintains that there is one universal criterion of truth in medicine—"the supreme judge of the value of the ideas and discoveries connected with this science is," in his eyes, "nothing else but the therapeutical proof:"—the cure of disease.

He maintains that medicine, as regards its more important branch—therapeutics—owes little to rationalism, much to gradual observation and experience, and the slow generalization of the results observed.

"At a first view," he says, "the medical practice of primitive times might appear gross and little founded on reason; but when we consider it more carefully, and look with unprejudiced eyes on the motives which directed it, we find that far from being deprived of reason, it was founded on a principle of incontestable evidence, which we can formularize thus:—Every treatment which has cured a disease, ought equally to cure the diseases analogous to the first."

Of the extreme value of pure observation in therapeutics there can be no doubt; but rationalism also has an extreme value. Observations are often deceitful. When no relation can be traced between the giving of a remedy and the disappearance of certain symptoms, such a fact is of very little value as a guide to practice. The establishment of such a relation is, according to the precepts of Bacon, of the greatest importance. It appears as if M. Renouard had overlooked, in his extreme laudation of simple observation, the necessity of weighing facts as well as counting them. The *post hoc propter hoc* argument has frequently been the bane of medicine.* For the weakness of facts unconnected by reason, nothing but great numbers—the force of statistics as already stated—can make up. But numbers of homogeneous facts are not always easily got together. The lists of cures by all remedies which have been published from time to time, serve to show the danger of placing such trust in the empirical method as M. Renouard is inclined to. And as I have already advanced views a good deal opposed to those of M. Renouard, I shall not go over the ground again.

As a pure example of dogmatism in modern times, I would cite the theory of Brown, ascribing disease generally to a diminution of vitality, which should be counteracted by stimulants; and the comments of the Italian school, Rasori and others, on this doctrine. Such speculations might be very well when put forward merely as hypotheses, but when they are made the basis of plans of treatment, they cannot be too severely censured.

On the whole, then, the true eclectic school seems most worthy of being held up for example and imitation—the school which has preserved the traditions of careful observation, but has not failed to avail itself, like Hippocrates, from time to time, of the resources which Philosophy and Science have placed at its disposal, which does not disdain hypotheses, and is not deceived by them. Not that false eclecticism, which is afraid, from mere weakness of mind, to discriminate and pronounce between truth and error; and is ready, for the sake of being all things to all men, to say, like Sir Roger de Coverley, "that much may be said on both sides." Between this false eclecticism and quackery, there is but one step. Afraid to give a bold and manly opinion, it will speak with a coy and tender regard of homœopathy, hydropathy, and every form of quackery.

This affectation of moderation is often employed to get a character for wisdom, by minds too feeble to come to a proper conclusion by separating and weighing evidence. But it is our

duty not to trifle with the serious duties entrusted to us. There are medical men who express too great doubt in the power of their science, from a conscientious regret, that, much as it can do for the relief of human suffering, it still leaves so much unaccomplished, and who forget the great results which have been attained in the ardent desire of more actual power. And there are others apt to talk of the inefficacy of medicine from a wish to please the public, ever ready to sneer at their greatest benefactors. But the too great scepticism of the one, and the treachery of the other class, will soon be sunk in the brilliant results which legitimate medicine is about to yield. More, probably, has been gained in the present century than in the whole previous history of medicine. The difficulties have, to a great extent, been overcome; the obstacles to be encountered are known, and can be avoided; the physical sciences can afford powerful aid; the study of disease itself has been carried to a wonderful pitch of exactitude. Therapeutics are fast assuming a similar character. And soon the whole world will cry,

"Io, Io, Pæan; as of old
When Python fell,"*
at the triumphs of the healing art.

CLINICAL ILLUSTRATIONS

OF

CUTANEOUS SYPHILIS,

HAVING ESPECIAL REFERENCE TO ITS PATHOLOGY AND TREATMENT.

By ERASMUS WILSON, Esq., F.R.S.

(Continued from p. 205.)

THE broad, soft, irregularly-shaped papule, situated in the centre of a circular disk, is characteristic of the leproid form of eruption, discussed in my last paper; but the central papule is sometimes wanting, either as a result of the mode of development of these disks, or as a consequence of maturity, the central papule having subsided to the level of the adjacent healthy skin. Hence, in an advanced stage of the eruption, or where the peripheral may be more active than the central growth, the central papule may be absent, and the ring have spread to a considerable size, assuming all the characters of a retreating lepra, with the exception of its scales. The following cases exhibit both of these characters:—

LICHEN SYPHILITICUS LEPROIDES.

Venerical sores occurring one week after connexion; followed in three weeks by lichen leproides. Three months after primary sores, another attack of lichen leproides, with sore-throat.

CASE 15.—A young man, aged twenty, a carpenter, had impure connexion in the beginning of November, 1847. A week afterwards he discovered several small superficial sores around the edge of the prepuce. The sores remained in a chronic state, producing contraction and thickening of the aperture of the prepuce, and were unhealed at the date of his first appearance before me—namely, on the 21st of March, nearly five months. The contraction of the aperture of the prepuce was such as to prevent its retraction. He has had no enlargement of the inguinal glands.

Three weeks after the occurrence of the sores he first perceived an eruption of spots upon the skin. They appeared first on the right hip, two in number; then three similar spots showed themselves on the inner side of the right thigh, at its upper part; subsequently one came out upon the left thigh. These spots looked quite fresh on the occasion of his visit to me; and as he informed me, had undergone no change, saving that of increase of size. Six weeks before he came to me several new spots appeared, three being situated on the penis; and within a week of his visit, two or three more had broken out.

With the first attack of eruption he had had no sore-throat, but soon after the increased outbreak, namely, about the beginning of March, he suffered from soreness of the fauces; and when he consulted me, there was considerable redness, with superficial ulceration.

The whole number of patches on the skin did not exceed twelve or fifteen, and they were situated as above mentioned. Of those on the right hip, one was irregularly circular, the other oval; the former measured one inch and a quarter, and the latter one inch and a half, in longest diameter. They consisted of a central broad and fleshy papule, surrounded by

* Tenterden steeple and Goodwin Sands!

* AKENSIDE.—Hymn to the Naiads.

a raised ring; both the central papule and the ring were of a deep dull red colour, and the redness extended over the whole of the area included within the ring. The papule was wrinkled and smooth on the surface; the ring was marked by numerous transverse furrows, and was in a state of desquamation, the portions of desquamating epiderma corresponding in shape with that of the intervals between the wrinkles. On the right thigh, where there were four patches, one was a simple papule, measuring one line and a half in diameter. It represented the first stage of growth of the patch. Another was a raised, flat, oval-shaped spot, half an inch in diameter, and appearing, from the elevation of its border, to be slightly depressed in the centre. There was, consequently, an absence of the central papule. The remaining two measured an inch and an inch and a half in diameter, were oblong and oval in shape, and had each a broad and irregular central papule. Of the three patches on the penis, the largest, measuring an inch in longest diameter, had a central papule; the other two were smaller, and mere rings, enclosing an area of brownish and slightly corrugated skin, over which the ring had crept in its onward growth.

Now, the resemblance of these patches to those of lepra vulgaris was very striking, and I have no doubt that they would have been called lepra syphilitica by any one who had seen them; and yet their origin and mode of development was identical with that of the papular eruptions previously described. They differed from lepra, however, in the absence of scales, an important point; and also in the presence of the central papule; the patches of lepra are depressed in the centre, these were more elevated in the centre than at the circumference.

I could not make much out of the treatment that this young man had pursued previously to his application to me; but I inferred from his statement that he had not taken mercury, or, if he had, not to the extent of producing any effect upon the mouth. From the appearance of the eruption, and from the state of superficial ulceration of his throat, I inferred that it was one that would yield kindly to the iodide of potassium. I prescribed for him five-grain doses of that salt, in a drachm of compound tincture of bark, three times a day, and at the end of five weeks I was enabled to suspend all treatment. The sores on the prepuce were healed; the prepuce could be retracted; the throat was well; and nothing remained of the eruption but the dark-brown spots, which indicated where the patches had been. I told the patient to come back if he had any return of disease, but I have not seen him since.

Venereal sore, attended with bubo; leproid eruption nine months afterwards.

CASE 16.—This gentleman consulted me for an eruption, which he considered to be common lepra, and its appearance was certainly such that it might have deceived men of more experience than himself. I assured him that it was a syphilitic eruption, and obtained from him the following statement of his medical history. He contracted a venereal sore in the month of April, and instead of remaining quiet, engaged in the occupation of fishing. He was, consequently, much exposed to the weather, frequently got wet and chilled, and, on one occasion, fell into the water. These irregularities probably excited the formation of a bubo, which went on to suppuration, and then became sinuous. The sore healed in about a month, but the bubo and its sinuses remained troublesome for four months longer. He treated himself upon simple antiphlogistic principles, and took no mercury. He was not aware of the occurrence of any eruption subsequently to this period, and had no sore throat.

In the month of February of the following year, he was engaged in London, pursuing his studies, and he dissected assiduously, for several hours a day, in a very cold room. He then perceived an eruption, which appeared in spots upon the front of the trunk and legs; and had symptoms of a severe cold, with some degree of sore-throat. Thinking the sore-throat might be a symptom of secondary syphilis, he took the iodide of potassium, in five-grain doses, three times a day, and a Plummer's pill at bed-time, for three weeks. He then put himself on a course of nitric acid and sarsaparilla for another three weeks or a month; and finding no improvement in his symptoms, commenced taking one-sixteenth of a grain of bichloride of mercury, with decoction of sarsaparilla, three times a day. The mercury produced a diarrhoea, which lasted for three weeks, during which time he abstained from medicine, and then recommenced with nitric acid and sarsaparilla. He had continued the latter medicine until a short period previously to my seeing him, (July;) but with all his efforts there was no change for the better in the eruption, and he had come to the conclusion that it must be common lepra.

On examining the eruption, I found it situated principally on the lower limbs, where there were fifteen or twenty large rings, of a medium size of two inches in diameter. The area of the ring was perfectly smooth, and of a yellowish-brown colour; the ring itself was raised, of a dull-red colour, and irregularly circular or oval in its form. On the side corresponding with the area, the elevated margin rose abruptly from the surface; on the peripheral side it declined gradually to the level of the surrounding skin. The breadth of the rings was between three and four lines. The surface of the rings presented certain differences of appearance—in some, it was uniform and smooth; in others, the rings were marked by numerous transverse wrinkles; and others again were either papulated on the surface, or looked as if formed by the aggregation and fusion of numerous large papulæ. There was a light condensation of the cuticle covering some of the rings, and here and there was an indication of epidermal exfoliation.

On considering the history of the disease, as reported to me by this patient, and taking into consideration the chronic character of the eruption, and the soundness of his constitution, I determined to put him on a mercurial course, and prescribed for him the following pill, to be taken three times a day:—Blue pill, three grains; extract of conium, two grains. He commenced taking the pills on the 5th of July, and as he wished to leave town, I urged him to do so. In a letter which I received from him afterwards, he writes—"I continued to take the pills until the 4th of August, when my mouth became tender; I then left them off, as the spots on the thigh had disappeared, with the exception of a dirty mark. On the lower part of my inferior extremities they are more elevated and scaly, but diminish gradually." He has remained, I believe, perfectly well.

In another case of the leproid eruption which came recently under my observation, the peculiar features were, the distance of time which had elapsed between the primary and secondary disease, and the remarkably chronic character of the latter.

Sloughing venereal sore; no secondary symptoms; periostitis, four years afterwards. Ten years later, gonorrhœa, followed after five years by leproid eruption.

CASE 17.—A gentleman, aged forty-one, a member of the medical profession, became the subject of a sloughing venereal sore in the year 1826, being then about eighteen years of age. The sore commenced near the meatus, and extended to the frænum, which it partially destroyed. It was treated locally with the compound tincture of benjamin, and internally with nitric acid in decoction of sarsaparilla; and he was sent to the seaside, where he became quite well in the course of a few weeks. He had no bubo or other sign of absorption of the syphilitic virus, and no secondary symptoms.

In 1830, this gentleman became affected with inflammation of the periosteum of the nose, which was unattended with pain, but which ran on to suppuration and ulceration, and occasioned a perforation of the septum. He suffered, at the same time, with an acute attack of periostitis of the upper ends of the bones of the forearm for about three inches in length, but had no sore throat. For these affections he took mercury about six weeks, and was salivated repeatedly, but each time the mercury was given up, the pains in the elbows returned. He then changed his residence, and went through a course of mercury, which was prolonged for thirteen weeks. At the end of this time the periostitis was cured, and he has since had no return.

In 1840, he contracted gonorrhœa, having had a similar affection on a previous occasion. The discharge was arrested in four days by the use of copaiba.

In 1845, he first observed an eruption on the skin; it was unaccompanied by sore throat, and has continued with very little change, and without the least irritation, until the present time. The eruption began by papular elevations of a dull-red colour, which increased by their circumference, and formed rings of various size and irregular form; the largest of the rings exceeding three inches in diameter. The area included by the rings presented a deep, yellow-brown, or fawn colour. The eruption was distributed chiefly over the limbs, some few of the patches occupying the arms, but the greater number (about twenty) the thighs and legs.

For the cutaneous disorder, he has obtained the advice of many eminent men, both at home and in America; he has again undergone a mercurial course to the extent of salivation, has used the proto-ioduret of mercury with guaiacum; the iodide of potassium, thirty grains to the dose, with decoction of sarsaparilla, and Donovan's solution. The only one of these remedies which seemed to touch the disease was

the proto-ioduret of mercury with guaiacum, under the use of which the eruption increased in extent.

In summing up the leading points of this case, we find a phagedænic sore, as a primary affection, no secondary disease, and no complication from mercurial treatment. Four years after, the patient being attacked with periostitis, it was concluded that the inflammation of the bones must be the consequence of syphilis; that is, a tertiary syphilis developed four years after the primary disorder, no secondary disease having shown itself, nor any symptom indicating absorption of the syphilitic virus. He was now subjected, for the first time, to the action of mercury, and with the vigour and heroism of a by-gone age; for six weeks at a time, and until checked by salivation, and this repeated frequently; on one occasion, the mercurialization being prolonged for thirteen weeks. He informed me that as a part of his treatment, he took at this time 100 Plummer's pills, and that subsequently he underwent a six months course of iodide of potassium and sarsaparilla. However, he got quite well of the periostitis, and has remained so ever since.

Ten years after the cure of the periostitis he had gonorrhœa, which gave way to copaiba.

Finally, five years after the gonorrhœa, he became the subject of a syphilitic eruption of the skin, the eruption bearing the before-mentioned characters of lichen leproides; and for four years this eruption has maintained possession of the skin, in spite of a vigorous and long-continued treatment; the patient having determined at any sacrifice to obtain a cure. The eruption gave rise to no inconvenience, and was of trifling extent; but it served to raise a doubt in the patient's mind as to whether it might not be the consequence of a venereal taint still existing in his constitution, the sequela of the gonorrhœa of 1840 or of the phagedænic ulcer of 1826.

The opinion of several eminent men whom he consulted in America evidently points to syphilis as the cause of the eruption. On the occasion of a recent visit to that country, he was again salivated, and treated with iodine and the triple solution of Donovan, but with no better result than before. In the fourth year of the existence of the eruption he is rather worse than better.

The question then comes to be—Is this a syphilitic or a mercurial disease? I am inclined to think it mercurial; and I see nothing unreasonable in supposing that mercury, used for a long time, may so alter the human constitution as to give rise, in the skin, to eruptions which resemble those produced by syphilis—in other words, to syphilitic eruptions.

Henrietta-street, Cavendish-square.

(To be continued.)

ON A DEATH FROM HEART-DISEASE OCCURRING IN A SWIMMING-BATH.

By WM. JAMES JONES, Esq., M.R.C.S., London.

HAVING for many years taken great interest in the art of swimming, and having also, as chairman of a long-established swimming club, had great opportunities of observing the effects produced upon the system by the healthful habit of tepid bathing, I am induced to forward you the results of an autopsy of the body of a gentleman, who, without apparent previous illness, died suddenly whilst bathing in the Holborn baths. I consider that by so doing I shall remove, in some measure, the prejudice connected with this most useful and necessary art, and at the same time offer an explanation of the very many sudden deaths occurring to able swimmers in the water, wherein the loss of life has been erroneously attributed to cramp, exhaustion, &c., when, in reality, sudden death would have occurred, and does occur, under other circumstances, where any great muscular exertion is used by patients labouring under organic disease of the heart, lungs, or brain, more particularly of the heart.

On the 28th of last August I was hastily summoned to the Holborn baths, the messenger informing me that a gentleman was drowned there. On reaching the patient, I found a young man, about twenty years of age, in a warm bath, and whilst endeavouring to glean some particulars of the accident, I made use of the usual method adopted for the resuscitation of the drowned. These means were put in force for half an hour, during which period I felt convinced, from the testimony of the by-standers, that the sufferer could not have been submerged more than half a minute. That such an accident should occur to an able swimmer I thought improbable, and conceiving that death was produced from asphyxia, from cerebral congestion, through partial intoxication, or a full stomach,

I opened the jugular vein, from which flowed a small quantity of black blood. All subsequent attempts to restore by artificial respiration, friction, &c., proving fruitless, the deceased was, on the following day, examined by me, under an order from Mr. H. M. Wakley, the deputy-coroner for Middlesex.

I may observe that the deceased plunged into the water from a height of four feet, that he dived about twelve yards, that he subsequently swam twenty, and then was seen to sink like a stone to the bottom of the bath.

Autopsy.—The body externally presented nothing peculiar; was tolerably fat, well-formed, with the neck somewhat shorter than usual. There was a band of tape round the left leg, which was said to have been applied by deceased in consequence of a varicose vein having bled some time previously. There was cataract of the right eye, which I subsequently learned was congenital. The pupil of the left eye not much dilated, and the face of a purplish colour. On opening the chest and abdomen, I was struck by the unusually distended state of the stomach with flatus, which pressed with great force against the diaphragm, and must materially have prevented its descent in inspiration. It at the same time contained a large quantity of half-digested food, and *no water*; it was healthy. The lungs were healthy, and not at all congested; that of the left side was attached to the costal pleura by very many strong adhesions; they contained no water, and the trachea, bronchi, and air-cells held but very little frothy mucus. The pericardium was so firmly attached to the heart by a succession of adhesions as to present what the older pathologists considered a congenital absence of this bag, the pericardial cavity being completely obliterated, and the membrane itself so adherent as to be removed with difficulty without a scalpel. The heart was tightly bound down by this covering, both its cavities being full of black unoxxygenated blood in a liquid state; the right auricle was greatly dilated, so as to represent a perfect aneurism of that organ. The brain was healthy, and did not present any congested condition, except in the meningeal veins; there was some fluid in the lateral ventricles, but not much.

With these appearances there could be no question as to the cause of death, (in the absence of the usual signs of suffocation;) and the case is remarkable, inasmuch as it shows the possibility of the existence of very extensive lesions, both of the heart and its coverings, without the suspicion of any disease at all existing in the minds either of patient or friends during life. Such an attachment of the pericardium to the heart could be but the result of frequent attacks of pericarditis, and it would appear, from the testimony of deceased's father, that his son had on one occasion only complained of slight pain in the chest, which did not prevent him from following his usual avocation, and that, in fact, he never had a day's illness in his life. I may observe that his father had been educated for the medical profession, and was a very intelligent, well-informed man.

A gentleman who saw him before he bathed, and who was both a barrister and surgeon, noticed the peculiar colour of his face, which he compared to that of blotting-paper.

The beautiful attempt of Nature to make up for the restricted condition of the heart, by a dilatation of the right auricle, may, perhaps, explain the slight inconvenience felt from so extraordinary a state of its bag; and in a medico-legal point of view, various interesting questions might be suggested under such peculiar circumstances.

Portugal-street, Lincoln's-inn, Nov. 1850.

CLINICAL INSTRUCTION ON THE USE OF MINERAL WATERS.—Our readers are doubtless aware that the present Minister of Agriculture and Commerce in France is Professor DUMAS, who fills the chair of chemistry at the faculty with so much distinction. Dr. Dumas had submitted to the National Assembly a Bill worthy of a better fate (for it was rejected), by which a certain number of medical pupils of Paris, who had distinguished themselves, and had been chosen by *concours*, would have been sent to the most renowned watering-places of France, where they would have been especially instructed in the diseases which are in general benefited by thermal and mineral springs. This was an excellent idea; but the spirit of exaggerated economy, which at present reigns in the Assembly, caused the loss of the measure. We would ask whether something could not be done in this country for initiating the young members of our profession to a very important branch of medicine—viz., the application of thermal or mineral waters to the cure or modification of diseases? It may be surmised that the generality of practitioners are not thoroughly acquainted with this subject, and yet how useful it would be to extend among us the manner of treating some diseases by the agency of mineral waters!