Some Uses of Abuses in Practice

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Probably S D if obtained by another Method is more surgical and obstetrical than the key Baqua title unites. There are two hazards of key Baqua and unites and proportions.

A.D. -

An unsatisfactory trade not a true thing.

Expr.
In the paper we propose shortly to take up two or three instances of cases, by no means uncommon in practice, to see if we can rationally & consistently interpret the 'modus operandi' of treatment. At the same time we shall also touch upon some of the abuses in practice generally.

The reason why we have pitched upon some of these agents in particular, is because our knowledge concerning them is at least somewhat applicable. And here perhaps it may not be presumptuous to say, that although a great deal of time & attention have been given to the grand & glorious domain of dead-tissue pathology, comparatively little has been done, & is being done, in the way of a scientific & rational study of living pathology & pharmacology.

It is humiliating to think that there are few, if any, of the articles of the Pharmacopia, concerning which we have a complete & thorough knowledge. The representatives of the Simbark school have contributed largely to therapeutics during the last few years, nevertheless the fever does not seem to have taken hold of the profession.
generally, we cannot see why this subject should not have the greatest possible amount of attention paid to it, though the reason is not far seek. it is a comparatively easy matter to examine microscopically a tissue, amount to, the thing is so evident materialistic. it is not so easy to trace it follow out the subtleties of vital force. if men were like machines, it could be gauged with the same accuracy with precision, then certain results would always be expected to follow certain means. this however is not the case. we cannot even tell why on exposure to cold, one man should have pneumonia, another simple cold; another - diarrhoea; again another - nephritis. we close our ignorance by such absurd terms as - 'diabetes' 'idiocy' 'constipation' which sound very well, but mean anything in sequent - nothing, in fact resembling in some what of a lady's topic. it is an argument ad personam - take this explanation or remain ignorant.

we may speculate as to the alteration in the stem, cells, or what not, this with something like proof, may perhaps land us somewhere.
Their visit here needs a trip.
One of these days, whether these so-called diatheses should be considered irregular varieties of development closely associated with the particular individuality or constitution of my master. In Timon used to say a variety of man with a peculiar type of chemical development; or whether any diatheses which should be simply considered as a modification of degree, higher or lower in his chemical development; or whether such developmental excess or deficiency should be referred to the influence of external circumstances as an iatopathic phenomenon, or to an immediate primary dependence on the vital power of the individual as an autopathic phenomenon? We certainly do know that not only are hereditary diseases transferred, but also deficiencies, aptitude for certain pursuits, feature in Sir Galton among many others, has shown in his Hereditary Tens, how this law of descent holds indeed it is manifested throughout nature. So that we may say the child is born with certain propensities, gifts, or failings as the case may be. It is fairly easy to imagine that the disposition or a disease should be hereditary, provided that the
diseases considered in the result of a type of faulty development of that no disease could be hereditary except in so far as it might be developmental. Accidental mutations are not hereditary generally speaking if a man with one leg should beget according to the general experience children with two normal legs it is not necessary a deformed member is probably the few present as much foreboding to the Rhine in these modern days, as in those of Jacob of old. If we could interfere with the embryonic development then we doubt we should obtain a desired result, it was more if we could repeat the modifying for two or three generations. There is a paper in the Philosophical Transactions for 1813 Mr. Barts strongly on this point, giving cases in illustration, the great Reanuer in his "Art de faire éditer les boulets" gives a very good detailed account of a similar instance. Exceedingly interesting medically are the experiments of Brown-Squard who shows that hydrophobia artificially produced in the guinea-pig (which he says can be brought about) is transmitted to their offspring. If this be the case it is very, very curious that Animals having
in health it without any known tendency, should transmit this to their offspring.

We know pharmacologically that vin, though do not go well together, that quinine will generally cure an aper., that opium relieves pain. That spirit is often good above the diaphragm, taracatum below it.

If we look through the general sign of prescriptions we shall often find a number of drugs, each half of which are to have a shot at the disease; such a drug for such a symptom. This being so, it is impossible to deny it in many, many instances, how can we ever reach anything definite? In fact, we get to have at least not merely a useless, but even a desperate combination. We do not think it would be considered the thing for a sportsman to fire indiscriminately at a whole covey with a number of dogs or shots, burning blazes at every spot indiscriminately. We doubt he might think it hard were he to hit nothing. How very different! See the skilful sportsman act! Too much alas! Even the indifferent shot, doe-the medical philosopher often act, if prescription after prescription is written without real aim or object, the drug
entering the poor patient, until he either dies (rather is killed) or nature assert her supremacy. How very differently is such an experiment conducted in either the chemical or physical world. If an arrangement or experiment do not at first succeed, we quickly find out the cause, instead of making rash and hazardous experimentations. — Let us then try these remedies with a clear perception of their action, into a definite object, understanding not merely the malady, but also the physic or remedial action agent employed, aiming in short at the disease per se, not shooting at its shadow.

No doubt when the results of the Vienna commission are given forth to the world, we shall know something more of the intimate workings of nature, but not in any time reflecting it we must be content to wait and watch. And those diseases will doubtless be far more easily and more particularly displayed in those particular diseases of the man so-called diseases of a chemical nature e.g. scirrhus, rheumatism etc. The materia morbii or humours thus bottled up as it were in the blood ready for an
Expulsion, if this be rid of, the patient escapes; otherwise it must be got rid of by a series of neutralizing or evacuations, or else by vicarious action of some one or other of the organs. And this latter condition is often what we know can be the case, though only to a certain extent, only for such materials as are common to blood. At first sight it might seem from observation, that this compensating action would be larger than above stated. But if we go more closely into the matter it is not so. Thus diarrhoea, vomiting are common occurrences in some forms of Bright's Disease.

If the kidneys be affected there is a first stage marked by an increase of the gastric value of the intestinal secretion; the former secretion going on continuously, like the secretion, or rather the secretions of urine, having no definite periodicity like the secretion of normal gastric juice. In the second stage there is a cessation of this gastric secretion, aera is found largely accumulating in the blood, soon the animal dies. But let us look further, we find that the gastric intestinal mucous membrane had not diminished area, although...
the matter contained a large quantity of Ammoniacal salts, so much so that we may argue that the area had undergone in the blood, the transformation into Carbonate of Ammonia, which is soluble in water. This action only not long go on, it as a natural consequence the animal dies.

Again as in the experiments of Hoppe-Seyler, if the intestines of fowl or chickens be tied, the visceras soon become covered with white crystals, at the joints interstices, showing an attempt of nature to rid herself of the 'materia morbi'.

Nor can the compensatory action of the lung and liver be thoroughly proved. Although we may often have a fatty liver coexisting with the phosphin, still it is often found alone without any lung complication. It even the two do not bear an insensible proportion. To doubt the elimination of hydrocarbons will increase if the blood be imperfectly aerated, but the above analogy will not prove much.

There may doubtless be a kind of derivation from one organ to another, but not a complete substitution. And when the organ is an important one it behoves us to be very careful in operating it producing
this Vicarious effect, which must often verge very closely upon an inflammatory condition.
If what we have above stated be true, where then are we to look for assistance in the question of substitution of similar? Perhaps in some cases to exercise in one form or another which brings about increased oxidation, to careful dieting, even to the use of pure water to clean out flush as it were the drains of the body, carrying off in this way effete matter, or perhaps in others to the ad-
ministration of Antiseptics, which would prevent too much waste. Different uses of application of such means for various objects. It is quite evident that if any particular organ be so far diseased as to be unable to perform its specific function; be considerably handicapped. Of course if the affection be a more temporary or inflammatory one, it may be possible to relieve it, as in the case of a blockage of the "tabuli uriniferi", removed after administering constimulating diuretics e.g. water, digitalis, etc. lead to glycerin means e.g. digital, counter-irritation in the case of other organs. As a general rule, however, when we have an
organ in an irritable or inflammatory condition, the best remedy is physiological rest."

There also remedies act in such various ways—some probably by catalysis, e.g., mercury & bismuth; others by adding a fluid quantity, e.g., iron in anaemia. Others curiously enough it has been stated by affecting the secretions without necessarily entering the circulation. But this we hardly believe, although stated on good authority backed up by physical experiment, unless we refer to remedies local irritants, e.g., cocaine. Some remedies again may traverse the intestinal canal, without undergoing change e.g., opium of line.

We shall now proceed to some of the cases of abuses of aspirin looked at more particularly from an ophthalmic point of view.

Among the order Balanaceae there are few drugs more used than belladonna in one form or another. As this paper is not supposed to deal with various uses this drug may be it indeed has been applied both homoeopathically & allopathically, we shall say nothing further on this subject. We may perhaps add that the active principle - choline, has a late pia
especially in Ophthalmic Practice been pretty

resolved.

That there is a considerable difference experienced in
the local effects of the Buy. Acrophie the Buy. Acrophie
Sulphate (B.P.) is easily noticed. Almost invariably
the former causes considerable momentary smarting
which is the case with the other.

There are other staining agents besides Belladona.
both Therapeutical and Physiological. Pathological,
which also produce myriasis. Thus among the former
may be placed - larenhe, Stramonium etc. In the
latter category two sets of causes viz. - intra- or
extra-ocular. And of those belonging to the first section
we have diseases of the Choroid or Retina; injuries
affecting the Ciliary nerves or pressure tumors;
Haemorrhages tension of the globe etc. Among these
extra-ocular may be placed - Cataract disease of
the optic nerve; presence of cerebral tumor; complete
or partial paralysis of the 3rd nerve.

With a condition of myriasis, there may
may not be also diminution or complete loss
of accommodation. This is a condition of matter
which the surgeon should in diagnosis be careful.
to make out. It may make all the difference in the world with reference to prognosis, but is a matter soon settled. There is no necessary similitude whatever between the degree of pupillary dilatation the paralysis of the dilator muscle. Thus the pupil may be widely dilated, the dilator muscle scarcely if at all affected; the converse however is not of such frequent occurrence.

With respect to the duration quickness of the Mydriatic effect of Atropine, we think we may safely say, the thinner the cornea, the shorter the solution, the quicker is the dilatation produced. And how is this brought about? It must be by the impression made upon the sensitive fibers of the ophthalmic branches of the 3rd nerve, distributed upon the Conjunctiva, as well as by direct transmission through the corneal fibers covering it surrounding the iris. Otherwise if we content simply for the latter as we have heard done, how then can we account for the effect produced by smearing belladonna upon the cornea forehead? The ultimate effect is brought about by paralyzing the sphincter pupillae supplied by the 3rd nerve.
...sales by exciting the radiating fibers of the iris, which are not supplied by the 3rd, but by the sympathetic. (In some conditions e.g., spinal injuries, atropine has but a very slight effect upon the pupil.) In Horner’s disease simple paralysis of the 3rd nerve, the pupil is not dilated to the full extent, but becomes more tense on the application of atropine.

The diminution in the power of accommodation is hardly as soon evidenced as the dilatation of pupil, but it seems pari-passu with the mobility of it. If e.g., a solution of 1% atropia sulphure (R.P.) be used, the pupil begins to dilate in about 15 minutes, arriving at its greatest degree in double that time, typically complete mobility ensuing. After from 4 to 6 hours, the pupil begins very slightly to diminish, accompanied by some accommoda

which increases pretty rapidly, but is not perfect until the 10th or 12th day. On more than one occasion we have seen students utilise for ophthalmic purposes, who were really perplexed when they came to read, the same evening, their work to be particularly awkward in the case of an impending examination.

By old master - Lieberkühn almost invariably used the Ophthalmoscope without dilating the eye.
have heard him repeatedly depurate its use for the
more purpose of examining. But of course it is a far
more difficult matter. Often Lyno means an oarsome
for a novice, if the pupil be extracted. There are
certain facts which ought to be cleared up, even if
necessary to dilate subsequently e.g. the examination
of the aspect of the eye; of the field vision; of
the refraction, accommodation; of the mobility fulfilled;
these it is quite impossible to make out, if the
eye be under the complete effect of the drug.
Even to a more skilled observer, if you have a
considerable myopia, adhesions of the iris, or opacities
in the media, then it is more or less absolutely
necessary to effect dilatation.

A great deal depends upon using instruments
well centred for the purpose, this combined
with skill will generally carry a man a long way.
Thus the perforation of the Ophthalmoscopical
ruby be too large, nor too small. The former was
originally a very common failing, more lately
we have seen though far more rarely the latter
hole. For it is very evident in examining the direct
image, if the central hole be too close that you
cannot have a perfect light, because the shadow passing from the mirror perforation fills up the pupil as it were, so the light reflected from the mirror cannot enter it. If the whole of the instrument be nearly as large as the pupil, you cannot throw sufficient light into the eye. — Again on the other hand, if the hole be too small, it may act as a stenopic apparatus, by suppressing the circles of dispersion, interferes with our judgment of the patient's refraction, it Secondly it diminishes to a greater or lesser extent, the intensity of the light conveyed to the eye.

If of no special inconvenience to the patient e.g. interfering considerably with his handiwork. If the have considerable Emboscia of both eyes, a weak solution of Atropine may be advantageously used.

Although as we have stated previously it should be used with care. At any discriminating there are cases in which it is absolutely necessary to bring the patient fully under the Atropine before we can give a conclusive diagnosis e.g. in determining the refraction in Asthenopia, etc.
...segmental strabismus, and even in these cases it is always as well to warn the patient of the effect produced for some days, or he may make other complain, e.g. in the case of a patient fanning his head by watching, writing, or other fine work. If he cannot absent himself from work a few days, then of course other measures must be used e.g. the use of lenses or prisms.

...Where the real state of refraction is concealed by a spasmodic action of accommodation, then Atropine is very valuable. Thus in these cases the optical state of the eye, or refraction during its adaptation to the farthest point appears stronger than it is: a short-sighted eye more short-sighted than it really is; an emmetropic eye - short-sighted a hypermetropic eye - less hypermetropic, or even in very occasional cases - myopic: to the farthest point apparently is not really the farthest point, but simply the most distant to which the too strong action of accommodation may be reduced. And in these cases we must apply the Atropine thoroughly.

...Owing to the physiological connection between the degree of convergence of the optical axes
The accommodation of each eye, if the internal recti muscles are weak, requiring a higher degree of innervation, we have produced at the same time a certain degree of spasm of accommodation. Hypermetropia causes in the same way means of an attempt at accommodation made to correct this weakness of refraction, a too strong contraction of the internal recti muscles, which although at first only apparent, becomes by structural changes permanent. But here there is a considerable difference between the degree of permanent deviation, the degree existing during accommodation. And these conditions of strabismus must be differentiated between, for while one is remediable by convex glasses, the other requires operation.

Here too the effort of accommodation requires careful notice. Atropine is exceedingly useful in facing to overcome the difficulty; for it is plainly evident that after relaxing the accommodation, it removes also the degree of convergence. Hence simply the deviation due to a mechanical condition in this, also though more slowly, we can if gradually increasing convex lenses come to a
Conclusion.

In determining the acuteness of vision where opacities exist in the media. Where there are opacities covering the pupil, we wish to know if the obscurity be limited solely to this, or dependent upon other causes; in cases of slowly forming cataract as to the advisability of iridectomy; or even when a hard cataract rises slowly, the vision is improved by the frequent use of that drug understanding the use of the agent in some of these cases of cataract, the improvement must necessarily gradually diminish. The pathological product not being sufficiently ripe, we may seriously contemplate — iridectomy. In a couple of cases at the present time we notice how very rapidly the mydriatic is losing its claim: hence we shall proceed shortly to — iridectomy.

We shall now proceed to mention some of the diseases in which this remedy is of such value, where its use is more especially indicated.

And 1st in Ulcus. Here the inflammatory condition quickly subsides (constitutional to other remedies being valuable adjuncts) but we must
be on our guard not to allow the patient to go on using the remedy indiscriminately. For otherwise there may be remains considerable adhesion of the iris, in these cases the prognosis is much favor for evident reasons. Thus the adhesion may give rise to deeper seated affection, or mechanically may tend to bring about a return.

For ordinary purposes the usual standard solution may be used, a drop or two. It matters little if more be used; this may be advisable where there is much lacrimal irritation, the important point is that if this quantity be used at an interval of a few minutes, the effect produced will be repeated. Cases differ greatly, in some the dilatation is soon produced, but speaking generally the sooner this is brought about the better. It may perhaps be remarked that on account of the inflamed or swollen condition of the iris, the effusion lymphatic considerable resistance is offered to the action of the drug. Here it is a good plan as before remarked to apply the Atropine every few minutes for say half an hour, seven or twenty drops in posterior first they will often five way.
In some cases where the irritation is great, the
absorption has little or no effect, yet it is marvelous
how quickly its influence may be brought about by the use of blood-letting, diuretics, the
 evacuation of the aqueous humour, etc. The intraocular
 tension being partly relieved, the absorption through
 the cornea is much easier. After a time the
 remedy must be cautiously watched, otherwise
 we may have Conjunctivitis, irritation of the
 eye generally. In these cases weak antiseptics
 e.g. opium, nitrate of silver, saltpetre of thymol
 maybe used, or even the Calabar beam is spoken
 highly of. Even some cases of Syphilitic posterior
 have given way to the latter agent.

It is rare that Cataract is not readily amenable
 to Atropine, if a wrong diagnosis have not previously
 been made out. Generally the practitioners hasten
 the case for Conjunctivitis, then by using hot
 applications and antiseptics, the mischief is done.
 And this condition of matters we have seen on
 more than one occasion.

In some of the cases of Cataract gradation into
 the anterior chamber coexisting into uric, the
latter may not seem great. Here where the aqueous humour is more or less turbid of the pupil halps, as we said before, the Atropine acts slowly, even at all, before the performance of a paracentesis. And this latter we need not fear doing several times if necessary. Soon the result is evidenced by the rapid dilatation of the pupil, not only as that the more or less permanent condition of dilatation.

In cases where firm adhesions have formed on account of the disease being quited some time, we may still try to give the Atropine again trials, particularly as we are wishful to prevent further adhesions. The separation of that portion still remaining free from the capsule. Some oculists recommend that if the synchysis be numerous and firm, the intraocular tension increased the pupil included, a large iridectomy should be made at once, but we well remember that Schleidt was not over scrupulous in this respect. He preferred rather to omit the paracentesis to use derivatives warm to the usual constitutional remedies——to defer the iridectomy to somewhat later period, we cannot but think that these are cases of this kind.
which would be immediately improved by the operation, the conditions mentioned must undoubtedly subsequently necessitate the operation.

This point viz. that of knowing when to act and at the same time operating when necessary, a masterly action is of primary importance to the practical surgeon. We all know how truly this is evidenced in the case of secondary amputation, the result is often owing almost entirely to the judgment or faculty of the surgeon as to the most advantageous time for action.

In the case of the eye a mistake of another kind is not generally followed by death from pyemia, syphilis, etc., though the organ being so delicately formed is soon spoilt thus. And this loss of sight is a terrible bereavement. Milton experienced this thoroughly when he wrote:

'Tis light to necessary is to life, and almost like itself, if the true light is in the soul,
the all in every part of which was this sight, so much a tender ball as the eye confined so obvious too easy the fractured 2d and not as feeling through all parts diffused.
The atropine should in these cases of sorts be continued for some weeks after the inflammation has subsided. It is exceedingly rare that the pupil continues in a state of permanent dilatation, if any tendency thereto existed, the Calabar bean might be used.

In some rare cases, symptoms of atrophia pardoning come on, probably by the passage of the remedy down the punctum to the throat, which depends upon the permeability of the lachrymal ducts. If we are aware of this irritation, it may easily be remedied by either closing the punctum by a little apparatus, or by applying collodion, or by immediately washing out the eye. When under the influence of the poison, we may give a subcutaneous injection of morphia.

Occasionally though seldom even a weak solution sets up intense irritation of the eye, even stratified of the lid space. After long use we sometimes notice pale devoted granulations upon the mucus membrane. And in all these cases the discontinuance of the atropine, the use of astrigents of chromate of silver soon bringing about a cure!
In some of these cases of conjunctivitis in hospital practice, we cannot but think that occasionally this irritating may be indeed produced by a contagious disease of the mucous membrane spread from patient to patient by the application of a brush. Although of course there are preparations of atropine of different qualities, in some cases doubly these is a peculiar idiosyncasy. We have repeatedly seen how much more painful the application of the big atropine is than the big atropine sulphate. The atropine should be perfect, pure free from the excess of acid or alcohol, which are sometimes added. Only the other day we noticed in a patient how very rapidly the pupil dilated to the fullest extent, the throat within a few hours felt dry, various sensations were experienced. In heratitis, we may in each case one of the diseases in which atropine is of such immense value, bear in mind the admirable principles so ably laid down by that profound anatomist Surgeon - Sir Stellin. For there can be no doubt that its action is founded upon this, allowing the tissues time to repair themselves.
Formerly in all cases of conjunctivitis, astrignents of a powerful character were used largely. It seems curious but again to again in modern day have we seen nitrate of silver, sulphate of zinc or cause pain or greatly increase mischief; more curious still, this condition of matters is supposed to be brought about by the agents not having been applied with sufficient energy or diligence.

As gum has been called 'God's gift to man,' so may Atropine the drug belladonna in its various forms be considered a very great boon in ophthalmic cases.

We may say as a rule of wide application in practice, that whenever the secretion from the eye is considerable in quantity and in quality with deep-seated pain — belladonna is indicated. Astrignent gys means whatever. In some cases e.g. phthisis, phlegmona etc., when the acute symptoms are passing away, where a single application of the atropine produces an effect for a whole day (but never in rheumaticus keratitis). Some practitioners combine the two, or even depend chiefly upon the latter. These latter however constitute a small minority. This plan is far from general. The procedure may...
praecipa facie be considered very empirical, but really it is founded upon reason, because the facility, rapidity and duration of the drug best accurately the amount of deep irritation, pluck there is the greater the irritate could not be tolerated.

We shall almost invariably find that the atropine in cases of keratitis gives immediate relief, because it not only acts as an anaesthetic, but by relieving intra-ocular tension at the same time, lessens the pressure on the cornea, allows of the nutrition, and regeneration of the tissue. This is more particularly seen in deep ulcers of the cornea, of a timely use of the remedy may prevent recourse to tapping.

In ordinary cases of keratitis, the amount of atropine required is much less than in iritis. The must however except those in which the cornea is less permeable than usual, where a diffuse discharge from the lachrymal gland washes away the drug, where the deeper vessels are injected with a tendency to acute inflammation. But in these cases as soon as the pupil is dilated, you may be less energetic in your treatment.

In opacities of the cornea, belladonna may...
together with other agents be very advantageous; for by diminishing the intra-ocular tension, it allows the process of absorption to go on, it facilitates the interchange of the material. In cases of ulcer of the cornea we often resort to it in injuries of the eye. Alkylure is very useful especially where there are abrasions or wounds of the cornea, or in perforated wounds with prolapse of iris, for here it subserves a double purpose (except in cases mentioned below). It not only tends to reduce the prolapse by retraction, but it prevents orcurse any intus set up. In some cases of extreme peripheral prolapse of iris the Calabar bean may be prepared, for here the mechanical reasons must be considered, contraction may win the day over dilatation. This however seldom happens.

Where there is abrasion of the cornea, one may occasionally give greater ease by applying belladonna ointment to the forehead, to light compress on the loop of the cataract itself. But in every case we must examine carefully that no foreign body be left behind.

In cases of wound of the lens, capsule by the drug is very useful, but we must look...
carefully to the condition of the eye, otherwise we may have glaucomatous symptoms supervening or even sympathetic mischief.

In operations. In judging of the ripeness of a cataract, we (as in a case examined whilst writing these lines) deem it as well to dilate to the full extent, then to examine the state of the lens. In this way we are much better able to make out exactly the density of the lens, the kind of opacity, the oblique or direct illumination.

In extraction of cataract, it is generally advisable to produce dilatation. If the eye be myopic with a shallow anterior chamber, there is danger of wounding the iris either before the counter puncture is made, or whilst making the flap; but by dilatation the iris is removed out of the way. As part of the puncture + counterpuncture, but also from the line of incision. And although after the fluid from the anterior chamber escapes there is pupilary contraction, still this would have been greater had the chorioideal fluid been used. The amount of quickness of the hydriatic effect gives us in addition, a fair hint as to the probability of cataract
When the operation is completed, the effect of the drug is partly prophylactic partly therapeutic. With respect to the prophylaxis there is some difference of opinion. Practically, some preferring to apply a drop or two on the 2nd day, not repeating it if the pupil remain dilated. If on the contrary some remains of the cornea be left behind, or if unexpected irritation should arise, no time should be lost in using the remedy energetically.

In iridectomy there is hardly ever any reason to produce dilatation; in fact, the opposite condition must rather to protect the lens from any damage. It is however quite impossible to draw an absolute straight line, where the operation is performed under such variable conditions. In an artificial pupil made for optical reasons, there is no necessity for glaucoma—it is worse than useless for either prophylactic or therapeutic purposes.

An important question may here be considered viz., whether or not the drug should be used in cases of iridectomy with incomplete fixed adhesions of the pupillary margin to the capsule, or to the corneal cicatriz? This is objected to by many practitioners, though there can be little doubt that an energetic use of the

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in cases immediately after the operation might be beneficial where the adhesions are more limited. These are cases in which the Atropine is of more use after the iridectomy, than is possible before e.g. in Syphilitic Keratitis with consecutive iritis. And under these circumstances the least amount of adrenalin there may be in the anterior chamber, the opening a portion of the adhesions greatly assist the effect.

Iridectomy, since its introduction by von Graef, has been of immense benefit to mankind when practiced for a definite object, e.g. in Glaucoma. But it has been pretty well to see, and clearly useless, too in some cases at least has brought this grand operation into ridicule. Never at one time in kind we have seen almost times without number, eyes presented for examination each of which had been operated on, most strangely for deep seated affection, e.g. Disease of Optic Nerve, Detenue, d. There had been no hemorrhage conditio, the doctor has said again and again to us aside, without having asked the patient one question as to who had previously treated him.

This is a case from Mr. S. O. Ho. Invariably this was as he had stated, of the cuta German Fokkens
like a detective backing down his victim
Perhaps we have gone sufficiently deeply into
the question of Atropine, now shall proceed to that of
Skin Grafting.

This agent is sometimes exceedingly useful in promoting
the healing of violent or chronic ulcers. Often have we
employed it, rarely except in the cases of burns
infectiously. Why there should be more difficulty here
it is not easy to state, when the grafts are applied to
apparently healthy granulation. We do not know
whither this is the result of exposure generally,
but we have almost invariably found it necessary
to re-graft. Quite recently in the case of a man
we grafted human skin. This animal had been
pricked in the foot by a farrier: the hoof was not
nared down as it ought to have been. The front of
the nail followed. Consequently there was sloughing of
suppurative above the hoof, an ulcer quite as
large as a crown piece resulted. Seven weeks
afterward cicatrization was only slowly progressing,
although approved remedies and rest had been tried.
The latter or pure physiological principle, and
not be carried on, because the world will allow.
a splint to be accurately moulded to the limb, which would doubtly have differing matters. The sore was so situated as to interfere with any movement of the leg itself. We then proceeded to graft the sore with skin taken from those healthy human arms, these individuals being of different complexion. This done the sore was covered with simple oiled lint, the dressing left for a couple of days. Some of the grafts were carried away by the water which was used somewhat indiscreetly in washing the part and cleaning away the discharge. However, five or six remained behind, but in the next five days, the sore which had previously been quite circular with indented edges, became contracted (heart-shaped) at the lower side, in the immediate neighborhood of one of the largest grafts. The final appearance of the sore was quite different. On the 10th day there was complete coalescence at the heart-shaped extremity, the ulcers were reduced more than one half. Eight days afterwards (from the 10th) four more grafts were applied. The sore to-day nine days after grafting is healing in every direction; the pale blue line of cicatrisation being well marked both centrally, laterally; the dimensions of the
ulcer barely one third the original size.

It seems curious that such should be the case when we consider that epithelium alone suffices (indeed is the best possible agent) even epithelium which has been removed from the body some hours. Here we seem to have a proof of the independence of cellular life in man, also of the readily excited formative power of the epithelium.

Mucous membrane from parts covered with both flat & cylindrical epithelium may be successfully used. The question might be asked whether other tissues of muscle, fat &c. would be equally beneficial. Such is not the case for even the capillary layer of the skin does not grow.

How then is this action brought about? Here for a moment we may in some respects at least compare this condition with that of a lake freezing. As a rule, just as in the healing of a wound, the freezing process commences at the edge, gradually centralizing itself & encroaching on the water. If however there be little masses of material eg. of stick or, we often have little nuclei of ice. These nuclei soon from it coalesce, bringing about the
required result in a much shorter time than usual, otherwise have been the case. This and the greater is sometimes seen in burns where the tissue is not really destroyed, where there are so typical cases of growth.

We qualified the ice-companion by saying in some respects at least, for in the case of grafting the "modus operandi" is not simply mechanical but vital. Without doubt cells penetrate around the new material, although the epidermis may have been removed from it. This brings us to the question of the nature of vitality. These cells may be poison. This is very much akin to the question of spontaneous generation, about which we have lately read so much that of bacteria.

Do we ever yet know at what exact moment particular organisms are vitally killed? Scientists differ here. We can arrive at some conclusion in this respect. One man may continue to boil a carefully to the solution of the "modus operandi". Another solution of the tissue in the case may be more or less. By starting from the uniform
platform. I carefully avoiding investigation, we are
more likely to arrive at certainty, than by one man
working here in such a discouraging atmosphere.

Surrounding to difference in agents employed there;

It another under somewhat similar, but really different
circumstances.

So the question might be raised with respect to the
duration of cell-life after circulation has ceased. We
do not know of any investigator particularly bearing
on this point except some by Beale Sanders and
these were more especially devoted to the cell in vacatio

It seems true that as long as there is the
necessary suitable substratum whatever this may be,
so long will these cells proliferate and multiply.

We know this anyhow—that many of the
epithelial tissues continue to grow after death
as is seen in the nails, beard, hair of the cadaver.

If this argument of vitality be not tenable,
can we maintain it on mere mechanical grounds?
We fear its means satisfactorily, for there has
never so far at least as we have been produce
the same effect with prepared animal membrane,

Gutta percha tissue, to. And then although the
The greater part of Mr. Thistle's
which is being anachronous in title,
does not bear relation to the state of his
thirteen Moderate
After a workman's mon of 10
days — more accurate than
learned it deserves.
The use of Ode Adonna in
Oedipus Rex.
The use of Sest in our labour
the Asclepius.
It ought to help under the heads
of Delectus — Lester and
Screpton.
My own people is S B

Douglas McElracy
May 8th
Healing of many ulcers can be accelerated by the application of caustics. Sheet-lead, this may be explained by pressure physiological cell, or the doctrine of stimulation might be added, which is hard difficulty to explain the growth of cells around the transplanted portion.

The process might be shortly expressed thus: — After a few days if matters be successful, the graft are adherent, begin to throw off their epithelium, become bleached, from a delicate layer of epidermis extend in all sides. And this soon becomes converted into cicatrical tissue. But we may ask, can this process of nodular growth go on indefinitely? The somatome grafts vary somewhat in this respect (perhaps depending to some extent upon the model of the parent cell), consequently our graft should not be placed too far under. In some cases the extent of incipient growth is very considerable; in other much less so.

We must at the same time take into consideration the manner in which granulations become converted into cicatrical tissue, but seems the a natural cause, not a line of contact with.
with pre-formed epithelial cells is necessary. We have seen (except in the case of burns where some of the "false mucous membrane" is left behind) instead of cicatrization commencing centrally among the granulations, but always from the edges.

But in skin grafting we transfer the marginal elements to the centre of the wound, whence the result arrived at. Thus there is set up as it were so many centres of healing. Counter irritation by spur geispasthesia

In the majority of inflammatory conditions e.g. pleurisy, pericarditis, &c., the different agents of counter-irritation (though all acting in much the same way i.e. thrilling the particular organ) are largely resorted to. In books generally we are told that the internal use of carthamides never applying the Enplast. Whilst over a large surface the sooner bring on stronger symptoms. Of course time back when immense blisters were applied slept on for a peat number of hours, this was sometimes hardly to be wondered at.

Quite recently we had a patient suffering from Acute Bronchitis, where we applied the tip. Geispastein to the front of the chest, that too not over a very large area. In six hours severe pain, tenesmus,
Strangury, hematuria, set in. As there had been the previous day some severe hypogastric lumbar pain, together with difficulty in passing urine, we were somewhat uncertain as to the exact diagnosis, although bearing the application of the repair in mind. A week later there having been no previous hypogastric or lumbar pain, the bronchitic symptoms being worse, we again applied the remedy. In 24 hours the above described symptoms recurred, although as previously the chest symptoms were greatly relieved. Notwithstanding the condition of chest, we were compelled to use in addition to that: baths, fomentations, suppositories of morphine, a hypodermic injection of morphine. The next day the temp. was up to 100°. The strangury was less, but the urine was filled with blood corpuscles of a good number of epithelial casts. The symptoms gradually cleared up. The urine became more normal. We have since used for the purpose of counter-irritation in this case: Glacial Acetic Acid.

On asking some of my medical friends as to their experience with the dyspepsia, vesicant, or dys.

Vesicantia, which is much the same thing: one individual who had been in active practice
for nearly 30 years, had used the agent tolerably often, assured me he had only met with the same effect once, that only a few weeks ago. Some others had met with the same symptoms often, though they informed it was rare to do so.

The preliminary hypogastric or pains rather complicated the case at first, though we had our suspicions of the remedy all along. On the second occasion there could be no question whatever as to the particular causation.

It would be as well to caution young practitioners, for at first the case might have been very puzzling, especially falling into consideration the preliminary existing pains, which tended to indicate that the subsequent symptoms depended upon something other-wise than the causation instant.

Egnot has had a large reputation of an ebolite, taken as being useful in cases of

Artificial Disease.

Although efficacious in some forms of uterine disease e.g. certain forms of metrorrhagia and menorrhagia, we are convinced that it cannot be used indiscriminately, but that the causation must if possible be first found.
In recent labours some practitioners use it largely, too often recklessly. We are satisfied that many a child's life has been lost through it, when the soft parts have not been sufficiently dilated ready; such being the case where is the good of treating the uterus as infra-speculum: something must suffer too often it is the uterus. Moreover this habit of giving draughts fixes itself on the patient's mind, causing restlessness & irritability; if the labour be not pitifully at an end, we have more than once seen this drug administered in the very earliest stage of labour, the attendant not being able to make out the amount of dilatation of its uteri; but fancied that the head perceived through the uterine parietes had already entered the vagina, although the cervix was not dilated. Not a week ago we attended a primipara, the patient's nurse nurses who had often seen it give craving for the draught in an instance of matter, even when the pains were as severe as they well could be. The facts of the case were—that the pains being small, the head could not enter; it was absolutely necessary to use the forceps, if ever there to allow a delivery.
In time for morbidly. Here Egypt was far worse than useless. There is very little doubt in our mind what the upset of the case would have been had the remedy been resorted to.

And even in the case of abortion although useful there is no hemostatic that acts like the salviet. Possible evacuation of the uterus. This very afternoon we saw such a case of proceed to at once to empty the uterus. This done the haemorrhage stopped at once, although the patient's clothes were saturated until the haemorrhage had been going on for many hours.

Such cases bring one to the question of the propriety of injecting Jesuit's pills or mercurials of iron in some cases of haemorrhage. Here is not the slightest doubt that that agent is of immense value, whereas all the other agents generally resorted to have failed miserably. If we have seen it match back life from the verge of death we say this advice was etc or the principle of "nec hoc nec propter hoc"; not purely that the patient has bled so much that she cannot lose more, but therefore that the agent employed might have come left alone. We
have seen at one time another some exceedingly authentical cases of midwifery, including alarming haemorrhages where every possible remedy has been tried of that too and carelessly but faithfully, where there has been more than one unbiased practitioners to attest to what we have said. We should not shrink at the present moment from using the remedy in a suitable case, more than that we should proceed with confidence fearlessness. Of course in all these cases, the we are supposing that the placenta has been first removed; in short that nothing is left in the uterus; but even if part of the placenta should happen to have been left behind or sometimes though exceedingly rarely must be the case when it is impossible to feel away the placenta entirely from the uterine wall, the rim may be used perhaps act in more ways than as a mere styptic.

Some of the representatives of the Edinburgh school we are sorry they have opposed the introduction of this remedy both to nail them do not deny that they have seen death from haemorrhage, but still are content to think
themselves justified in withholding the doubtful remedy. A cause, a medium, means from nullum
it is here well to bear in mind. — we do not speak
or argue from mere statements of books, or from a
spirit of partisanship, but there is little doubt that
the spirit of science of humanity, that time, are
on its side. The grandeur of fact supports it, we
have yet to learn that in a court of law or justice,
much less in one of science, that negative evidence
has more weight than positive. There is not
abundant evidence that too often from all parties
testifying to its efficacy, showing how valuable
they have been saved by it. we know that there are
maybe, dangers incidental to it, but how very
rarely do we hear of any misfortune, if a
desperate remedy, admittedly it is used for
desperate cases. we know that it is used
expected to largely new, yet few seldom a
fatality resulting from it. The subject is all
dealt with by Barnes, the arguments fail to
given honesty in a manly spirit. this thing
has not been done in a corner but he has
repeatedly asked that all fatal cases shall
be communicated therein.
Considering the relics there have been on the subject we are completely surprised that the opponents of the system have made such a poor miserable fight. It was laughable to hear some of these theoretical gentlemen babble, but when they who had had to grapple with difficult cases men who in the East of London in the crowded district had used the remedy first nearly the scale weighed in its favour. This discussion at the Obstetrical Society was very hot, but the great line between these theoretic obstetricians and the great practical obstetricians was as palpable as anything could well be. The latter were almost to a man in its favour.

If we have never tried a remedy do not let us condemn it enticed; it is just as reasonable to convict a prisoner without inquiring into his case, in addition where it denote a mind hostile to the true scientific spirit. Condemning states we know nothing of is neither just nor generous.

Anticipate

At the commencement of this paper we intended to have said more upon the subject of anticipates.
than upon any other: with more particular since during the last dozen years we have had considerable opportunities of witnessing surgery practiced by different methods. Brought up in the old school of trusting largely to ointments, lotions, plasters, medicaments; next taught upon a more rational system of not trusting so much upon applications, two years pretty well not expecting Sunday devoted to watching antiseptic surgery, that mainly carried on by the originator of the method; afterward leaning for a time the French plan of clipping, cobalt, wood & disease; all these in addition to the great plan of mechanical physiological rest carried out on the broadest principle.

We hope it will neither be considered presumptuous or audacious, if we hazard the statement, that on antiseptics are at present carried out, the system can never be largely used in ordinary practice. How can the ordinary General Practitioner too often single-handed, carry about with him the necessary paraphernalia if even if he could he might ask cui bono? When it is so essentially necessary for the high priest himself to be surrounded by an army of adepts, Satellites, &c. &c.
invoke the power of steam in the shape of an engine. And if this were all — well; but with all these resources not fulfilled we have seen more than once — failure. Of course under these circumstances the blame falls upon somebody or something, the treatment has not been carried out in its entirety, integrity perhaps the poor doctor has the blame laid upon his shoulders, many of the cases for the future how look to the case, we are not complacent of this, what we are contending for is simply this — that if with all these favourable surroundings — failure may result — a portion is it not likely to be so with the unaided practitioners.

We have not time to deal with the question of biogenesis, abiogenesis or including of course bacteria, viruses et toute ca. Raciphe facetum subject from the day of Redi Aallanza.

However we may traverse a few of the more practical bearings of the theory the results are evidenced in the Darbyshire wards.

We have very great respect for the genius or patience of Prof. Peter. Believe him the thoroughest Conception in the carrying out of his plan.
but if his success after operations happened to depend upon something else than, or rather in addition to, antiseptics, he would not be the first Birmingham professor who had misinterpreted the facts laid before him. That consummate genius constellation of the northern heavens, the late Sir J. F. Simpson carried out a method of treatment, founded a theory upon it which would not hold water for a moment. For a time this opinion was not challenged, but directly it was, everyone could see the fallacy of the whole thing. He did the very best thing in the treatment of Placenta Previa which could have been done: to partially separate the placenta from the cervical zone of the uterus, but his idea was, that he had totally severed the placenta from the uterine wall, so had imitated nature. He never thought it necessary to explain why probably had not been taken into consideration how in these cases with the placental circulation cut off for some time, it was possible hours afterwards to bring forth a living child.

We cannot but fairly that in the case of Paget's disease various other agents, over the abore antiseptics, must be largely taken into account. As one can
enter his ward without being struck with the pitch of excellence by which mechanical physical rest are carried: it then too seldom does he delegate the dressing of an operation to a clerk or even a house-surgeon.

How very different is this the case with the majority of hospital surgeons. Here the dresser do not naturally as a rule take as much care as the individual who has the responsibility upon his shoulders.

But we shall proceed to challenge Prof. Lister's results as compared with the of Mr. Callender of St. Bartholomew's. How bacteria are not the bête noire of this latter gentleman. He simply carries out the fundamentals of common-sense points of surgery: how can we consider it of absolute importance to use antiseptics. He has a jealous eye toward strict cleanliness, indeed opposes Catholic acid to keep down if necessary unpleasant odour; above all he like Prof. Lister personally supervises for the most part the dressings, as he has to his more than once, looks carefully & mechanical.
physiological rest. It seems to matter little what agents you use—providing you have the two cardinal ones, viz.—cleanliness and rest.

He witnessed more than five years ago a series of joint injuries treated most carefully after the latter plan. This was not by the way in the Remagen
informant. The antiseptic plan was carried out most rigidly, with equal success, no failure in any case. We saw some similar operations done by the same surgeon a considerable time afterward, expressing surprise at the non-appearance of the foreign
granula. The surgeon quietly turned round, thence as a case which had been treated some ten days
before, it had nearly healed by first intention. This was treated simply by cold water, the operation
was that if acted equally well as the former. From
this the increased troubles of offence. None of
these cases were picked; they came in the simple
disposition; the result was as we have stated.
Now curiously enough this individual also in
variably looked well to his own cases to the one
but himself as a rule removed the dressings
for the first few times; antiseptics answered.
remarkably well with him yet he considered that "le jeu ne va pas la Chandelle"; went back to simple dressings. We have not seen this surgeon for some months, but the last operation after we saw, as they made its appearance, neither was there the customary odor of carbolic acid.

It used to amuse us, lecturing at the Clinical lectures, in short at least we got to know what was coming if there happened the anything in the way of joint-mischief necessitating subsequent amputation. The great Professor invariably made the remark that before the day of Antiseptics, Surgeons would hardly dare to open joints, the half would just be removed with Biddle's or Frech. But these remarks notwithstanding we have seen very different; we are quite aware how fearlessly, indifferently opened it does, open large joints (we are also aware now fearlessly, truth about the fame success do other surgeons the same), that too without necessarily other Antiseptics. Generally, on the favorite one – Carbolic acid. The audience swallowed this "in toto." For our own part we took such observation "Cave, ea snis soli..."
The dogmatic spirit is not a desirable quality in either medicine or surgery, although allowable to a teacher, especially to one who deals with young students. But "dogmatism is the Bourbon of the world of thought," testable to cramp men's minds. The plan of teaching students to think for themselves is we think justifiably desired, rather than authoritative dictations on the subject. It is said of Sir Walter Scott that he himself is represented as saying it that "he loved to think," but in these days we are supposed to swallow all knowledge of the dogmatism of all writers. It has been said that "ecclesiasticism in science is only unfaithfulness to truth.

It is still a question even yet as to what these offending molecules are—shall we call them organisms? For some writers incline to consider them as chemical.

And if antiseptic are to revolutionize surgery, which we hope sincerely they may, how can we account for bacteria being found in the blood, when there has been no particular local lesion.

We fancy like many others, it is probably
an idle hypothesis (but if we remember Night Beale) expresses some such idea) there is in some of these cases, for want of a better term we shall say a bacterial dispersion. What becomes of the material from the atmosphere which we are constantly breathing? is it carried outwards? or is it swept out by the breath? does it require like the secreted poison, or that of phthisis, a raw surface to be spread upon, or can it in some particular condition of the system manifest itself as a kind of typhoid or uterine condition, superposing upon other ailments? we know not.

we are not going into the question of Listeria, or Aeternus; as to whether carbolic acid kills or destroys the germ, or merely kills to cover the smell of suppuration. The system of dressing as formerly carried out, might warrant such an idea — thus we begin with — we imply an agent possessing an overpowering smell, which is sufficiently perceptible to any olfactory nerves; the gauge is permeated with this, under the stress of about eight thicknesses, the spray, and forth an atmosphere of carbolic acids around the wound, the dressing are o
removed under this atmosphere. Consequently the wound has nothing about it but carbolic acid. Now a wound must have a desperately strong odour to overpower such an agent, yet occasionally in this the case. Here come a split in the camp of antiseptic theory. Some surgeons even one of not more of their lie as also colleague former. What they do now we know not continue still under such circumstances to use the agent. So that perhaps carbolic acid one day asserted its supremacy, the real putrefaction or it is called, or carbolic again is. This sort of thing we have witnessed.

In the case of boracic acid salicylic to some objections to the flowering smell are not tenable yet the explanation of these in the case of potassium chlorate, charcoal, may be applicable on a chemical grounds.

Men after a time become used to a system it is only poor human nature to do so. to see things through a jaundiced eye. Theory after theory, after method after method succeed or
I seem to succeed largely in the hands of the originators, but in the hands of others are soon sent to the limbo.

Only the other day, rather some months ago, we were with a practitioner, that some cases of lymphadenoma he had charge of, were rapidly getting well under the use of a preparation of lime. We suppose the remedy acted locally, similar to the Dublin idea of curing fibroids of the uterus, it required that these cases should come forth to the world. However we have not yet seen the light, because we were led to feel ourselves bound to believe probably almost for ourselves we might doubt.

We should sail with delight some possible means of battling with cancer, more than these, more the sources of danger which probably kill more human beings than the sword. If it should happen that these miserable organisms or what not are the cause, would that some new weapon like Michael could arise to deal with the enemy.

Until we eradicate to begin with - dirt, want of cleanliness or in a broad sense; attend to dieting, physiological rules, or, we fear another acid, nor any other antiseptic will and
much.

Prof. Lister has done good service to surgery if it were merely in drawing attention to these matters. But we know all well with what zeal, energy, intense care, attention does he treat his cases, putting for the moment aside, anticipating if these latter are ever to have a promoter who will favour their introduction, surely it must be in hands such as his.