

But if antecedent gonorrhœa were admitted as a cause, it did not warrant the inference, that the mucous cloud was of urethral origin; for the inflammation in gonorrhœa might extend from the urethra to the bladder (either from treatment or otherwise), and thence along the urethra to the kidneys, and so prove an exciting cause of renal disease. Besides, the epithelium cells of the urethra and bladder presented microscopic characteristics distinctly different from those of the cells described, and care was always taken to discriminate the urethral or vaginal products found in the urine. The phenomena of the case referred to by Dr Gairdner are not at all uncommon in practice in cases of Bright's disease. In an individual so affected, there are sometimes recurrent inflammatory attacks, characterized, at the commencement, by diminished urinary secretion and diminished fibrinous or albuminous elements in urine, with aggravation of dropsical symptoms; then at the close, a very copious production of albumen and tube-casts, with greatly increased secretion. Dr Laycock considered this to be like a clearing out of the capillaries and urinary tubuli, and not widely dissimilar from the desquamation in scarlatina, or the flow of mucus at the close of a bronchitis. Dr L. had already stated that these cells appear in the urine of patients who have no symptoms of structural disease of the kidney. They are the product of a functional disorder, which may be, and probably is, the first stage of structural disease, as Bright's; but it may continue for many years, and thus the order of causation be difficult to prove. It is perhaps due to irritation of the secreting structure of the kidneys, by a *materies morbi* determined to the kidneys, for the purpose of being eliminated. There is no question as to the vicarious function of the skin and the kidneys; hence the disorder may be due to a cutaneous excretion determined to the kidneys; or it may be due to a *materies morbi* produced in excess in the organism, or being produced in the ordinary amount, only not eliminated from the skin and the kidneys, and so accumulating. All these points in pathology require consideration in speculations upon urinary diagnosis. Dr Laycock felt obliged to Drs Gairdner and W. Begbie for the expression of their intention to investigate this point. He would remark, however, that the tendency to deposit the cloud was easily modified by changes in the urine. Even merely carrying the urine of private patients in the pocket might lead to disappointment, by thus rendering it unfit for examination. Then, again, the point which he wished to illustrate was the appearance of the cloud in persons of the constitution or diathesis which he has described as the arthritic, who have inflammation or irritation of a constitutional character of some tissue or organ of a sero-fibrous structure, as the articulations, pericardium, endocardium, pleura, air-cells, capsule of Glisson, etc.

ON BLOOD-LETTING IN INTERNAL INFLAMMATIONS.

To the Editor of the Edinburgh Medical Journal.

THE controversy presently carried on by Professors Alison and Bennett, regarding the propriety of blood-letting in inflammatory diseases, very deeply concerns the public; and I am disposed to think the practical hard-working part of the profession, less learned in pathology, but not less acute in watching symptoms and observing the method of cure most successful in active inflammatory disease, should come forward fearlessly and state their opinion and observations; and although these may not be narrated in the scientific language of the eminent pathologist, or recommended by the minute examinations of post mortem observation, they will be important in deciding the simple fact, Is blood-letting, general and topical, useful and necessary in inflammatory affections of the lungs, pleura, peritoneum, etc.?

Professor Bennett states, in what he calls his Fourth Proposition, "That an inflammation once established cannot be cut short, and that the only end of judicious medical practice is to conduct it to a favourable termination."

This, I apprehend, is the whole gist of the question, and can only be satisfactorily answered by experience and careful observation. It in no way elucidates the important question, Can inflammation, once established, be cut short by active treatment, particularly blood-letting, general and topical? bringing before us the various changes that unsubdued inflammation brings about in internal parts, some more and some less hazardous. Those who believe the inflammation, if early and actively attended to, can efficiently be cut short, look to suppuration, adhesion, granulation, and cicatrization as hazardous, and, if possible, carefully to be avoided, as well as gangrene and ulceration; for, in fact, they neither know nor can tell when the first may terminate in the second, and they do not admit the doctor's assertion, that the first series of changes are not destructive, but formative and reparative; and it would certainly require stronger proof than has yet been brought forward, to satisfy me that exudations, adhesions, and suppurations in the various cavities, are not very serious evils, destructive to future health and comfort, if not tending to the immediate destruction of life. But to the question, Can active inflammatory affections of the lungs, pleura, and peritoneum be cut short, and the patient freed from great distress and hazard to life? I believe they can, and that bleeding, general and topical, are the remedies chiefly, if not entirely, to be relied upon for bringing these diseases to a speedy and favourable termination; and so fully am I impressed with the utility and absolute necessity of the abstraction of blood in these diseases, and the futility of other means, if the disease is in an aggravated form, that I would consider myself most culpable if, from any theoretical views, I neglected the all-important means—blood-letting; and this conclusion I have come to from careful observation during a long and tolerably extensive medical practice, partly in an hospital, but more in an active private practice, extending over forty years. Sending cases confirmatory of my opinions would be tiresome, and no doubt could be met by others leading to a different conclusion; but I may yet be tempted some day to send some three or four cases, tending to show, if not to prove, that neither age, nor debility from previous disease, should prevent the abstraction of blood in inflammation and engorgement of the lungs. Whilst Professor Bennett's general observations and advice are against bleeding in affections of the chest, he finds it necessary so to alter and moderate his general principle as to leave the young practitioner nearly as he found him. Large bleedings, he says, are opposed to correct pathology; but small and moderate bleedings, to relieve pain and oppression of breathing, may, if there is not great weakness, be had recourse to without injury. Now, had the Professor carried this opinion to what I think was the legitimate conclusion, he would have added, if the pain and oppressed breathing are relieved by the small bleedings, you may, with propriety, if these urgent symptoms again recur, push the bleeding further, for pain and oppressed breathing are symptoms of serious disease, and must, if possible, be removed. There are various startling assertions in Professor Bennett's paper; one is, that the violence of symptoms have no necessary relation to the extent and intensity of the disease. I doubt this. If the breathing is much oppressed, and there is a quick pulse, with restless anxiety expressed in the countenance, we may be well assured the disease is great, and the hazard to life not less. Again, the Professor says (no doubt faithfully), Some suppose that disappearance of fever and cessation of pain mark recovery. So they undoubtedly do, in my opinion.

The Professor has called to his aid the statistics of the Homœopathic Hospital of Vienna. Now the homœopathist is able not only to meet the advocates of bleeding in inflammation, but in every other complaint, that the do-nothing plan is, in all cases, the judicious and wise one; and, truly, so great is the *vis medicatrix nature* in many diseases, particularly in the young, that it is not easy to refute the homœopathist. With regard to the question, Has inflammation changed its type within the last twenty years?—I cannot say. In large towns, with a demoralised, ill-fed, ill-housed, ill-clothed and drunken population,

the large abstraction of blood might certainly be hazardous; but in the healthy, rural population, I would not hesitate to bleed largely in pleuritis, peritonitis, and other active inflammatory affections. Let the disease be removed, and it is surprising how rapidly, in youth and middle age, the human body recovers the abstraction of blood. In conclusion, although in active inflammatory disease I have full belief that bleeding, general and topical, are the measures to be relied on for bringing the disease to a happy termination, I admit we rarely see the large abstraction of blood formerly had recourse to now necessary, yet, when the disease is intense, large depletion must be had recourse to. In an aggravated case, small bleedings may partially give relief, but will not effectually remove the disease, but will much aid in weakening the patient. Not expecting a controversy of this nature, I have not registered the many cases of pleuritis, peritonitis, etc., that, during an active practice of more than forty years, have come under my notice; but the impression left on my mind is, that no form of disease, if seen early, was more under our control than active inflammatory complaints of the chest and abdomen. In conclusion, Professor Bennett's opinion of the use of mercurials in inflammatory complaints appear to be far from favourable. My own experience of their use is very limited; but many eminent physicians think favourably of mercurials, both in causing absorption of lymph, and in the treatment of severe inflammation and iritis. In iritis I am satisfied I have seen mercurials of marked benefit; in other inflammatory affections the benefit was not so obvious.

I remain, Mr Editor, very respectfully, your obedient Servant,

JAMES STEPHENS, M.D.

ELGIN, June 5, 1857.

To the Editor of the Edinburgh Medical Journal.

DEAR SIR,—I have felt great interest in the divergence of opinion, as shown in your pages, between the senior and junior medical authorities, respecting the change of late years in the character and treatment of disease. I believe I may, in age at least, range myself in the former class. I am a graduate of 1814, and have a grateful recollection of the lessons of Gregory, and Home, and Rutherford; of Duncan and Hope, and Monro and Hamilton; and of Thomson, and Gordon, and Murray. Nor can I forget what I owe to Fyfe—albeit he imparted his lore in a most homely and uncouth style. Soon after settling in this centre of an energetic and prosperous manufacturing population, I was fortunate enough to be elected Physician to the Public Dispensary, founded in commemoration of the peace with France. The dispensary paved the way for an Infirmary, and I have now held office in these institutions for upwards of forty years. And during the greater part of that period, I have enjoyed a fair extent of private practice—chiefly in severe or obscure or protracted cases of illness—as it is principally in such that a second opinion is wished for. Indeed the physician, in the private exercise of his profession, has too often little to do but to give a hopeless prognosis, and endeavour to smooth the pathway to the tomb. In his public capacity it is otherwise; he can follow the malady through all its phases, from its commencement to its termination. In point of professional experience, then, I think I may truly assert, that I have had ample opportunity of witnessing and treating disease on a large scale, and for a lengthened series of years.

I mention these particulars not egotistically, but as perhaps entitling me to express an opinion on a subject so full of interest to all who have pleasure in the truthful culture of their profession, and who honestly strive to advance its usefulness, and consequently its claims to public confidence.

It is not my intention to enter into an examination of the nature of any particular malady, but merely to indicate my views on the reality of the change