

very marked, often instantaneous, but generally complete after three or four doses. In some few cases of ulceration, in which I have tried it on account of the hæmorrhage, it seemed to be equally beneficial."

These effects seem to me to be allied to the action of hemp on uterine contraction during labour, to the consideration of which subject I shall next proceed.

(To be continued.)

---

## Part Second.

---



### REVIEWS.

*Souvenirs d'Un Voyage dans la Tartarie, le Thibet et la Chine pendant les Années, 1844-45-46.* Par M. HUC, Prêtre-Missionnaire de la Congrégation de St Lazare. Paris. 1850.

WE are hardly entitled to notice this book in our pages. It is not a medical work, and the reviewing of a narrative of travels, when not professedly scientific, belongs rather to the literary than the medical journals. It is, in fact, not our object to review it. We may shortly say, that, having been much interested by the work before us, we commend it to all those who can enjoy a pleasant book, written in rather humorous and very expressive French, and who have sufficient catholicity to enable them to admire the zeal and self-devotion of a missionary, though his faith may be that to which they cannot accord their approbation.

Without any formal criticism, then, we venture to lay before our readers a translation of one passage, which gives a graphic, and withal curious, account of how to cure an intermittent. Here is M. Huc's illustration of the practice of medicine in Tartary:—

"The profession of medicine is exercised in Tartary exclusively by the lamas (Buddhist priests). As soon as disease shows itself in a family, they run to the nearest *lamasérie* to call a physician. He repairs to the patient, and commences by feeling his pulse; he takes, at the same time, a fist of the patient in each of his hands, and moves his finger upon the arteries somewhat in the way that the fingers of a musician are moved upon the cords of a violin. The Chinese manner of feeling the pulse differs from the above, the Chinese doctors feeling the pulse successively in the two arms, and not in both at once. When the lama has sufficiently studied the nature of the disease, he pronounces his opinion. As, according to the religious belief of the Tartars, it is always a *tchutgour*, or demon, who torments the affected part by his presence, it is necessary, as a preliminary, to prepare, by medical treatment, for the expulsion of this devil. The lama doctor is also, at the same time, apothecary; mineral

chemicals play no part in the preparation of the specifics employed by the lamas. Their remedies are always composed of powdered vegetables, which they infuse, or make up in the solid state, and roll into the form of pills. When the little store of the vegetable pills is exhausted, the lama doctor is no way disconcerted on that account; he inscribes on some little scraps of paper, in Tibetan characters, the name of the remedies, then he rolls the paper between his fingers, after moistening it with saliva; the patient takes these little boluses with as much confidence as if they were true pills. To swallow the name of the remedy, or the remedy itself, say the Tartars, comes essentially to the same thing in the end.

“After the medical treatment employed to facilitate the expulsion of the devil, the lama orders prayers conformable to the quality of the devil who has to be dislodged. If the patient is poor, the *tchutgour* is evidently small; and, in that case, the prayers are short, and of little solemnity; sometimes they limit themselves to a simple formula of exorcism; often, indeed, the lama contents himself with saying, that there is no need either of pills or prayers; that they must wait with resignation till the patient either recovers or dies, according to the decree pronounced by *Hormoustha*. But if the patient is rich, if he is the possessor of numerous flocks, things take a very different course. In the first place, they must make up their minds that the demon whose presence has given rise to the disease is a powerful and terrible devil—without doubt, he is one of the chief of the evil spirits; and, as it is not decent for a great *tchutgour* to travel like a mere imp, they must prepare for him fine clothes, a fine hat, a fine pair of boots, and, above all, a young and vigorous horse;—if all this is not forthcoming, it is certain the devil will not go away; it would be vain to administer remedies and repeat prayers. It may even happen that one horse is not sufficient; for sometimes the devil is so exalted in point of dignity, that he brings in his suite a great number of servants and courtiers; in that case, the number of horses which the lama exacts is unlimited,—that depends always on the greater or less wealth of the patient.

“Everything being arranged conformable with the programme drawn out by the doctor, the ceremony commences. They invite several lamas from the neighbouring lamasérie, and the prayers are continued for a week or a fortnight, until the lamas perceive that the devil is no longer there,—that is, as long as they choose to live at the expense of the family whose tea and sheep they consume. If, when all is done, the patient happens to die, there is then the most certain proof that the prayers have been well recited, and that the devil has been put to flight. It is true that the patient is dead; but he may be no loser for that. The lamas assure them that he will transmigrate into a state of greater fortune than that which he has just quitted.

“The prayers which the lamas repeat for the cure of diseases are sometimes accompanied by lugubrious and frightful ceremonies. M. Huc, being in charge of the little christian community of the *Valley of the Black Waters*, had the opportunity of making the acquaintance of a Mongolian family, which he visited from time to time, that he might learn the customs and language of the Mongoles. One day the old aunt of the noble *Tokoura*, the head of this family, was seized with intermittent fever. ‘I would at once call the lama doctor,’ said *Tokoura*; ‘but, if he declares that there is a *tchutgour* in the case, what will become of me? The expense will ruin me.’ After delaying some days to call the doctor, his anticipations were not unfulfilled. The lama announced that the devil was there, and that he must be got rid of as quickly as possible. The preparations were then made with the greatest activity. That evening eight lamas arrived, and set about fashioning with dried grass a large manikin, which they named the devil of intermittent fevers; and, by means of a stake which they had stuck in between his legs, they made it stand upright in the tent where the patient was.

The ceremony commenced at eleven o'clock at night. The lamas arranged themselves in a circle at the further end of the tent, armed with cymbals,

conch-shells, bells, tambourines, and divers instruments of their obstreperous music. The circle was completed towards the front of the tent by the Tartars of the family to the number of nine; they were all squatted on the ground, and pressed closely upon one another. The old woman, on her knees, or rather sitting on her heels, was placed fronting the manikin who represented the devil of the fevers. The lama doctor had before him a large copper basin, filled with small millet and some little figures, made of flour paste. Some lighted argols<sup>1</sup> threw a fantastic and flickering glimmer over this strange scene.

“At a given signal, they executed a musical overture capable of terrifying the most intrepid of devils. The *black men*<sup>2</sup> beat their hands in cadence, as an accompaniment to the clattering sound of the instruments and the howling of the prayers. When this infernal music was terminated, the grand lama opened the book of exorcisms, which he placed upon his knees. As he chanted, he drew from the copper basin some grains of the millet, and threw them here and there about him, according as it was marked in his rubric. The grand lama generally prayed alone, sometimes in a lugubrious and stifled tone, sometimes with long and loud outbursts of voice. Sometimes he abandoned the cadenced and rhythmic style of praying; he appeared then to break all at once into a violent fit of rage, uttering brisk and animated summonses, which he addressed with gesticulation to the straw manikin. After these terrible exorcisms, he gave a signal by stretching out his two arms right and left. All the lamas shouted out immediately a rattling chorus in a precipitate and rapid tone; all the instruments of music were in full play; the people of the family rushed out suddenly, one after the other in a line, running round about the tent, which they struck violently with cudgels, whilst they uttered yells which made our hair stand on end. After having three times performed this diabolical rondo, the string of people re-entered the tent precipitately, and each one resumed his place. After this, whilst the assistants covered their faces with their hands, the grand lama rose to set fire to the manikin. As soon as the flame began to arise, he uttered a loud cry, which was repeated by all the other voices. The ‘black men’ took hold of the burning devil, and, rushing out with it, carried it to the fields, to a distance from the tent. Whilst the *tchutgour* of intermittent fevers was burning away, amidst cries and imprecations, the lamas remained squatted in the interior of the tent, and chanted their prayers in an agreeable, grave, and solemn tone.

“When the people of the family returned from their courageous expedition, the chants ceased, and gave way to joyous exclamations, interlarded with loud bursts of laughter. Presently the whole party issued tumultuously from the tent, and each one taking a lighted torch in hand, they marched off: the ‘black men’ went first; then came the old woman with the fever, supported under the arms by two members of the family; behind her marched the eight lamas, who made the air resound with their hideous music. They then conducted the old woman into a neighbouring tent; for the doctor lama had decided that for one whole month she must not return to her old abode.

“After this comical treatment, the patient was entirely cured, for the attacks of fever did not recur. As the period for the recurrence of the paroxysm was exactly the hour when this infernal performance commenced, it is probable that the fever had been cut short by the violent excitement occasioned by this, the most fearful and fantastic scene which can be imagined.”—Tom. i., p. 107.

The pathology and therapeutics of intermittent disease still form one of the mysteries of physic. That there must exist in the body, when under the influence of intermittent morbid action, a chain of cir-

<sup>1</sup> The Tartars give the name of argols to the dung of animals, when it is dry and fit for fuel.

<sup>2</sup> The Tartars give the name of hava houmou (black men) to laymen, probably on account of their hair, which they allow to grow. This is in contradistinction to the white heads of the lamas, who are obliged to shave the scalp.

cumstances which determines the periodicity, is obvious; and that this chain can be broken in various ways, perhaps at various points, is equally evident from the very different nature of the agents which have the property of acting as anti-periodics; but what the links of this chain are, and how they are snapped by remedies of such regularly diverse nature, is what nobody has yet been able to explain to us, and what we do not profess to be able to explain to anybody. That anti-periodics operate through the nervous system, is a favourite doctrine, and, so far as it goes, is probably a correct theory, and is supported by instances, such as that recorded by M. Huc, where powerful mental emotion has appeared to check the course of periodic disease. We wish that he had told us how long the above old lady remained unmolested by her *tchutgour*. We do not believe that her disease was eradicated by the orgies of the lamas; but, at all events, it was arrested, and that this could be in no other way than by a mental impression, as M. Huc supposes, will, we think, be readily admitted. A case in point, illustrating the arrestment of intermittent fever by mental excitement, was narrated to us by the medical officer who attended the patient. A brigade-major in the Portuguese army under the Duke of Wellington, had, during a series of active operations which preceded the battle of Vittoria, been severely affected with tertian. The night before the fight, he was delirious in the hot fit, and on the morning of the action, he was so weak as to require to be supported when on his horse. Mental excitement, however, got the better of bodily weakness. The doctor left the major with instructions to go to the rear, and thought he had gone, but not long after, to his astonishment, he saw his patient gallantly leading his men into action. He bore his full share of the fatigues and dangers of the day, escaped unhurt, and had no return whatever of his intermittent, till his division went into quarters, which was not till after a lapse of several weeks.

Having given M. Huc's illustration of the practice of physic in Tartary, we shall quote one short passage regarding the state of medicine in Thibet:—

“The Thibetian doctors are as empirical as those of other countries, perhaps even a little more so. They assign to the human body 440 diseases, neither more nor less. The books which the lamas of the faculty of medicine are obliged to study, treat of these 440 diseases; they describe their characters, their diagnosis, and their means of cure. The books consist of a collection of aphorisms, more or less obscure, with a host of special recipes. The lamas have not so great a horror at blood-letting as the Chinese doctors; they sometimes use blood-letting, and frequently employ cupping. For this last operation they first subject the skin to some slight scratches; then they apply over it cow's horns pierced at the top. They suck out the air with the mouth, and when they have got a good vacuum, they close the hole by applying over it with their tongue a piece of chewed paper, which they keep in reserve in their mouth; when they wish to remove the cupping horn, they have only to remove this luting.

The lama doctors attach much importance to the examination of the urine of the patient. They require several samples of it, collected at different periods of the day. They examine it with the most minute attention, and take accurate notice of all the changes in colour which it undergoes. They beat it several

times with a wooden spatula, and then apply the vessel to the ear, to listen to the sound which it makes, for they suppose that, according to the condition of the patient, the urine is sometimes *dumb*, sometimes *speaking*. A lama doctor, to be accounted clever, and well versed in his business, must be capable of curing a patient without having seen him. The inspection of the urine solely, ought to suffice for directing the prescription."—Tom. ii., p. 179.

In reading these extracts from M. Huc's book, we are of course at once led to compare the miserable state of these countries as regards medicine, with the enlightened and advanced condition of physic in our own land; and, with the pharisee's self-complacency, we are thankful that we are not like these Tartars and Thibetians. But before we sneer at them, let us look at home, and see whether there are not among us absurdities fully comparable with those which exist in Tartary and Thibet. "Oh," we hear some indignant patriot exclaim, "we don't believe in the Grand Lama and Tchutgours." True, not exactly; but sometimes we believe in Reichenbach and odyle, and what great odds are there between the two spirits, except that the tchutgour is perhaps the less irrational one? "But we don't swallow a bit of paper with the name of a drug upon it, and believe that it answers as well as taking the physic itself." True, not exactly; but what are the homœopathic globules which we sometimes confide in, but swallowing "the name of the thing" instead of the thing itself? It is admitted that the deglutition of a globule of sugar of milk is less disgusting than that of dirty paper insalivated by a lousy lama (for lousy these gentry are, if M. Huc's account of them is true); but, in point of absurdity, is the Tartarian practice a bit worse than the Hahnemannian? "But we don't make a manikin of dried grass, set fire to it, and think that we are curing disease in that way." True, not exactly; but what is the spermatorrhœa with which so many dissipated men are made to believe themselves affected, but, in nine cases out of ten, or more, a man of straw set up by the doctor in the mind of the patient? And, as if to make the parallel complete, have we not the burning also; not, to be sure, with actual fire, at the risk of consuming the habitation, but with active caustic, at the risk of destroying the urethra? Verily, John Bull, you ought to look at home; don't sneer at Tartars and Thibetians—

" ———Quid rides? mutato nomine de te  
Fabula narratur."

See how you are befooled with quackeries of all sorts, and have a care lest, when you are congratulating yourself on being out of the clutches of the lama, you do not catch a tartar after all.

But there is one reflection suggested to us by M. Huc's book, which we must approach in a more serious style. We have been forcibly struck with the great advantage which might have accrued to him and his brother missionaries, had a medical man formed one of the party. We regret, in the first place, the excellent opportunities which have here been lost of gaining for science some valu-

able information. They travelled through lands, the natural products of which are very little known to us, and yet they do nothing more for us than to tantalise us by occasional glimpses at interesting matters, which they do not care, or are not able, to investigate. They were in a valley, the inhabitants of which were entirely devoted to the chase of the musk—yet they give us no information as to the habits or mode of capture of this interesting animal, which they might easily have learned. They must have been at or near localities from which some of the rhubarb of commerce comes, and yet they never name this important drug, of whose history we know nothing. They tell us of a root, sweet, feculent, abundant, and needing little culture, and yet of this, which appears to be a valuable esculent, and might be an important addition to our means of sustenance, they tell us nothing but that it exists. On all these points, a medical man could hardly have failed to bring us some useful knowledge. But beyond all this, we regret the opportunities which they lost of strengthening the very cause in which they were embarked; and we rise from the perusal of their narrative with a doubly strengthened conviction, that medical missionaries are yet destined to be among the most efficient workmen in this great field of enterprise. We cannot peruse the passage which we have quoted, with its graphic account of the diabolical orgies, without feeling how little effect would the mere preaching of the ablest priest, Protestant or Catholic, however zealous, have upon so deeply-rooted a system of superstition; and we hesitate not to affirm, that in the instance of the old woman with the ague, so far as human means could go, a few drams of quinine, skilfully applied, would have proved by far the most trenchant weapon for cutting down Buddhism, and uprooting those “doctrines of devils” to which those priest-ridden nations are “giving heed.”

---

*Traité Pratique des Maladies Cancéreuses, et des Affections Curables Confondues avec le Cancer.* Par H. LEBERT, M.D., &c. &c. 8vo. Pp. 892. Paris, 1851.

*Practical Treatise on Cancerous Diseases, and on the Curable Disorders Confounded with Cancer.* By H. LEBERT, &c. 8vo. Pp. 892. Paris, 1851.

WE were the first in this country to recognise the merit and general exactitude of M. Lebert's researches, and this at a time when an unacquaintance with the histology of morbid growths led an influential contemporary to regard them as false or imaginary (*Monthly Journal, and British and Foreign Review*, July 1846). But as we predicted, the “*Physiologie pathologique*” of M. Lebert justly led him to be considered as one of the first pathologists of the day; and to him the medical school of Paris is mainly indebted for its rational

progress in recent times. During the last five years M. Lebert has extended his observations, and rendered them more precise and systematic. In addition to various isolated memoirs, he has published a surgical work in German, comprising more extended observations on tumours (*Abhandlungen aus dem Gebiete der Praktischen Chirurgie*, 1848.) That portion of his original treatise which referred to scrofula and tubercle, has also received many additions, and been republished separately (*Traité Pratique des Maladies Scrofuleuses et Tuberculeuses*, Paris, 8vo, pp. 811, 1849). This most excellent monograph obtained the Portal prize of the National Academy of Medicine. Lastly, there has just appeared the work the title of which is placed at the head of this article, being an extension, with many additions, of his previous treatise on the same subject, and which, as far as the special consideration of cancer is concerned, must be regarded as the most complete that has yet been published.

The treatise is divided into two parts. The first contains the general history of cancer, comprised in four chapters. 1. The definition, physical, microscopic, and chemical characters of cancer. 2. The unity, development, propagation, and frequency of cancer and cancroïd. 3. General pathology. 4. Hygienic, medical, and surgical treatment. The second part contains the special history of cancer and the diseases confounded with it, and consists of ten chapters. 1. Cancer of the generative organs. 2. Of the digestive organs. 3. Of cancer and cancroïd of the skin. This portion of the work has been published as a separate memoir in the "*Mémoires de la Société de Chirurgie*," and deserves very careful study. 4. Cancer of the subcutaneous cellular tissue. 5. Of the superficial glands. 6. Of the osseous system. 7. Cancer and disorders confounded with cancer in the nervous centres. 8. Cancer of the eye. 9. Of the urinary passages. 10. Of the organs of circulation and of respiration.

It is not our intention to follow M. Lebert through the extensive field he has travelled over. Such a course in a limited article is obviously impossible. We propose dwelling only on one or two points which have excited considerable discussion. In the present state of science, the question perhaps that practitioners are most ready to ask is, What has the microscope really accomplished? Has the minute study of the structure of morbid growths enabled us to detect cancerous and incurable from non-cancerous and curable tumours more readily than before? In reply to this latter question, all modern pathologists are agreed, and answer in the affirmative. But when they are asked to point out by what element or elements they are capable of doing this, then a slight discrepancy is observable in their writings,—a discrepancy, however, which we believe to be more apparent than real, and which we shall endeavour to get rid of.

In his "*Physiological Pathology*," vol. ii., p. 254, M. Lebert thus expresses himself:—"The cancerous globule has decided characters which distinguish it from every other kind of morbid production. This proposition is repeated in the same volume (p. 426), in the

following words:—"The cancerous globule is the part which distinguishes cancerous tumours from all other morbid productions." Now if the cancer-cell really had characters so distinctive, nothing of course could be easier than to determine the nature of cancer. But it is denied by other pathologists that such is really the case; and it is especially pointed out by Dr Bennett (*On Cancerous and Cancroid Growths*, p. 149, *et seq.*), that isolated epithelial, cartilage, and fibro-plastic cells may, under certain circumstances, so closely resemble cancerous ones as not to be distinguished from them. Now if this latter proposition be true, the value of M. Lebert's statement at once vanishes when it is most required. On the other hand, it has been contended that groups of cancer-cells can, in the majority of cases, enable us to form a correct conclusion, especially when attention is paid (as should invariably be done) to their relation to the accompanying elements of the growth. These and similar observations seem to have made an impression upon M. Lebert; for without acknowledging a change of opinion, he now expresses himself as follows, in the work before us, p. 16:—"An isolated cell being given, can we always recognise, by microscopic examination, if it belong to a cancer or no? We do not hesitate to answer *in the negative*. But the question we have always endeavoured to resolve is this,—a morbid tissue being given, can we recognise, by means of a microscopic inspection, if it be cancerous or not? On this point we do not hesitate to answer in the affirmative."

It follows, therefore, that M. Lebert has greatly modified his views on this essential point. He no longer attaches the same importance to the cancer-cell as a means of diagnosis; but considers this element, in conjunction with those others which make up the morbid tissue, to constitute the only foundation for a sound anatomical ground of diagnosis. Whilst, then, M. Lebert is now brought to agree in the accuracy of Dr Bennett's opinion, he accuses the latter pathologist of holding a view which he never dreamt of, and enters into a laboured argument to show (pp. 32, 33) that he, as well as Vogel and Virchow, deny the specificity of the cancer-cell. In other words, he has confounded together two very different questions,—viz, the diagnostic character of a cancer-cell; and the theoretical opinion as to whether one cell can be transformed into another. But even here he has mistaken Dr Bennett's language, who distinctly says, after arguing this question, "It may therefore be doubted whether the true cancer-cell *be ever* formed by transformation of a previously existing one." (*Op. Cit.* p. 149.)

It results, however, from this criticism, that notwithstanding the confusion pathologists are led into from differences in modes of expression, and from incorrectly appreciating the idioms of a language with which they are not very familiar, that the discrepancies existing in various works published in England, France, and Germany, are, as we have previously seen, more apparent than real: more verbal than essential. Indeed, there can be no doubt that the

results of microscopic observation are now tolerably uniform amongst accurate histologists in all countries; and that the microscope is daily becoming more necessary, not merely as an instrument of scientific research, but as a means of diagnosis.

Another point of importance in the present state of our knowledge is, what we should understand by the term "cancroid." This term has been extended to all growths which are capable of being mistaken for cancer. In such a sense it is evidently provisional, inasmuch as no sooner do our means of distinguishing these become more certain, than they cease to resemble cancer. This applies to fibrous, sarcomatous, tubercular, and other growths, which are still too frequently confounded with cancer by surgeons. On the other hand, we conceive it to have been distinctly proved that there is a class of growths essentially differing from cancer in structure, and yet which has a tendency to return, to attack the lymphatic glands secondarily, to soften, ulcerate and kill; in short, to present all the characters usually grouped together under the term "malignant." To this class belong certain epithelial, cartilaginous and fibro-nucleated growths, and probably other forms which have not yet been described.

It is in the accurate description and study of this form of growths that we consider much is yet to be done in order to complete our knowledge of cancer, and of the disorders which may be confounded with it. To M. Lebert, science is greatly indebted for his labours; but much more is yet to be accomplished. If the young histologist, but especially the house-surgeons of our large hospitals, would first learn how to examine accurately, and then record in a methodical manner the results of their observations, we should soon possess sufficient data to resolve many important questions connected with the nature and treatment of morbid growths. We are happy to see that this plan is followed out by some of the clerks in the Edinburgh Infirmary, who are in this way not only advancing the cause of science, but laying up for themselves a solid foundation for future eminence in their profession. On some other occasion we propose to communicate the result of their investigations.

---

### Part Third.

---



## CLINICAL REPORTS, LECTURES, ETC

---

### CLINICAL SURGERY—PROFESSOR SYME.

GENTLEMEN,—I regret my absence for the last ten days, but hope that the information acquired since I saw you, will conduce to the object we all have in view. I have long suspected, and am now fully satisfied, that neither Paris nor