

found that she had long laboured under internal piles, from which had taken place repeated discharges of blood. To this last disease then I directed my chief attention, prescribing a cold lavement to be injected every morning; and at the same time a solution of the sulphate of iron, and sulphate of quinine, to be taken three times daily, by the mouth. When this plan had been persevered in for three weeks the piles were much relieved; they no longer protruded externally; there had been no recurrence of hemorrhage; her cheeks were less pale; and she swallowed with comparative facility. At the end of six weeks more the piles occasioned very little inconvenience; she had lost no more blood; her general health was much improved; and there was so little difficulty of deglutition that I had no hesitation in recommending that, after her return to the country, she should swallow a bolus of Ward's paste three times daily, with a view to the cure of the hemorrhoidal disease.

The pathological history of these local nervous affections constitutes in itself a most curious and interesting object of research; but it has another, and still stronger claim on your attention. Your patient wishes to be cured; he has of course no other reason for consulting you. Now you may supply yourselves with a list of what are called nervous remedies; prescribing, for example, the carbonate of iron first, changing this for the extract of belladonna, and that for something else; trusting that accident will at last enable you to hit on the right expedient; but you will do little good by the adoption of such a loose and empirical method of practice. If you would cure your patient, you must study each individual case that comes before you, pathologically; endeavour to trace the symptoms to their true origin; and if you can succeed in doing so, you will, in many instances, learn at the same time in what manner a cure is to be effected; while in others, in which the disease does not admit of a cure, you will learn this also: you will be enabled to avoid tormenting your patient with useless remedies; and at any rate you will be satisfied you can do as much for him as your neighbours.

It is not to be supposed that in these cases any permanent benefit can arise from applications made to the part to which the symptoms are referred, the cause on which they depend being elsewhere; and the first thing that you have to attend to in the treatment is, that you do not fall into the error of regarding the symptoms as constituting the original disease. A patient applies to you complaining of a pain in the testicle; but the testicle appears to have its natural structure, and (except the pain) bears no marks of inflammation. You inquire further, and find that the pain is not constant; that it is especially induced by exercise, and that it subsides when the patient is in the horizontal posture. Examine the groin after he has taken a long walk, and you will perhaps find an incipient hernia; a small portion of bowel just attempting to protrude through the abdominal ring. You apply a truss, which supports the hernia, and cures the pain in the testicle. If you had been careless in your investigation of the case, and had applied leeches and lotions to the testicle, you would, to say the least, have plagued your patient to no purpose.

Another person applies to you concerning a spasmodic wry neck. If you at once conclude that the disease is where it shows itself, and divide the tendon of the sterno-cleido-mastoideus muscle, what is the consequence? The patient undergoes a certain quantity of pain in the operation, and to no purpose; for before the wound is completely cicatrized, the divided tendon has again become fixed by adhesion to the neighbouring textures, and the contraction of the muscle, and the twisting of the neck, are as bad as ever. I shall relate a case in which a patient underwent a severe and painful operation to no purpose, in consequence of such a want of discrimination on the part of the surgeon. A sailor had received a severe wound in the ham, I believe, from a musket ball. The wound healed, but not until after a considerable time, and the patient was left with a contracted leg, and suffering from a most agonizing pain in the foot. This state of things having existed for a considerable time, and no benefit having been derived from any of the remedies employed, the poor fellow wished to lose the foot. The surgeon, under whose care he was, therefore, amputated the leg. But, unfortunately, he amputated it, not above the knee and above the injury of the nerve, but below the knee and below the injury. I scarcely need tell you the result. The pain continued as severe as ever, and it was not relieved until amputation had been performed a second time higher up in the limb.

It is, however, reasonable to conclude, that few among you will be guilty of a mistake so palpable as this. But in many instances, as I have already expressed to you, the diagnosis is really difficult, and it will require a very minute observation, and much exercise of judgment for you to understand the real nature of the case, so as to be enabled to determine where the primary disease is situated, and in what it consists. You must take into the account not only the present circumstances, but the former history; and your observations, instead of being limited to the particular symptoms concerning which you are consulted, must extend to the state of the animal functions generally; and where more light is wanted, you must be satisfied to wait and watch the further progress of the disease, and the effects produced on it by the remedies employed.

If the original disease operates immediately on the nerves of the affected part, producing in it pain, or muscular spasm or paralysis, you will have first to consider how far it is within the reach of topical remedies. If a tumour presses on a nerve, or if some foreign body, as a musket ball, or a piece of dead bone, irritates its surface, or is entangled in its substance, perhaps the tumour or the foreign body may be removed by a surgical operation, or the tumour may be reduced by other means. If this cannot be accomplished, or if the nerve itself be altered in structure, either from disease or injury, it will become a matter for consideration, whether the limb should be amputated, or whether the nerve should be divided. It is only under these circumstances that any advantage can be expected to arise from the division of the nerve. In ordinary cases of neuralgia, where the disease on which it depends is in the brain, or in some other distant part of the body,

or where it is connected with some derangement of the general health, it is evident that such an operation cannot be recommended on any sound principle, and it need be a matter of no surprise that where it is performed it should so generally fail. Where nothing better can be done, and a cure is not within your reach, a palliative treatment may be productive of some advantage, and you may endeavour to mitigate the patient's sufferings by the use of the local vapour bath, or by the application of the opium, or hemlock, or what is still better, the belladonna plaster.

In other cases the success of your practice must mainly depend on these circumstances: whether you are able to discover the primary seat of the disease, and whether, if it be discovered, it is of such a nature as to be under the influence of remedies. If you refer to what I have said in former parts of the present lecture, you will find that I have anticipated much of what belongs to this part of our inquiries. I shall not trouble you by needless repetitions. There are some points, however, on which I feel it my duty to make some additional remarks.

The mucous membrane of the stomach and intestines presents a very extended surface, on which a multitude of nervous filaments are distributed, maintaining an extensive sympathy between these organs and the rest of the system. This membrane is subject to various causes of irritation, to which nervous affections showing themselves even in distant parts of the body may not unfrequently be traced. Hence it is that these diseases are in some instances relieved, or cured, by an adherence to a well-regulated diet, by the exhibition of purgatives, of what are called alterative medicines, and of others which tend to improve the disordered secretions of the stomach and liver.

In a great number of instances nervous pains are manifestly connected with a disposition to gout, and the colchicum, combined with other remedies, will contribute to their cure.

I have already adverted to cases in which various pains assume an intermitting and periodical character, having a manifest relation to cases of intermitting fever. According to my experience there is no part of the body in which such pains may not occur, and when they occur daily, or on the alternate days, they are always relieved by the exhibition of the sulphate of quinine, or of the cinchona, combined with arsenic. But large doses of these medicines are sometimes required. A respectable medical practitioner consulted me, believing that he laboured under a disease of the spine. He complained of pain, which he referred to the inferior dorsal vertebræ, and which was so severe that he could, as he said, scarcely endure it. On inquiry, I learned that the pain attacked him always at a particular period of the night; that it lasted for a certain number of hours, and that he was free from pain, or nearly so, in the intervals. I recommended that he should take the sulphate of quinine procured at Apothecaries' Hall. He took as much as fifteen or sixteen grains daily without any decided amendment: but I was so satisfied of the efficacy of the remedy in such a case, that I advised him to increase

the dose still further. At last he took half a drachm of the sulphate of quinine daily, and this effected his cure.

Nervous affections of the same kind not unfrequently show themselves in other ways. Still they are cured by the same remedies. It would be an endless task for me to describe all the varieties of this disease which you will meet with in practice; and I shall content myself with furnishing the following examples.

In my lecture on the diseases of the urinary organs I have noticed the case of a gentleman, who had long laboured under a stricture of the urethra; but from which, introducing a bougie occasionally for himself, he suffered little. At last he became affected with a periodical retention of the urine, recurring at a certain hour every night. The retention continued for some hours, and then subsided. The introduction of the catheter gave him relief at the time by emptying the bladder, but it did not remove the spasm, and if the urine was secreted rapidly afterwards, a second introduction of it was required. After this state of things had continued for some time, I prescribed for him two grains of the sulphate of quinine to be taken every six hours. On the first night after he began to take it the retention recurred, but he had no attack afterwards.

A lady about sixty years of age complained of a most distressing sensation of thirst, beginning about ten o'clock in the forenoon, continuing for five hours, and recurring daily. A slight degree of chilliness preceded the attack; and while it lasted, although the sense of thirst was such as to produce absolute misery, there was no perceptible dryness of the mouth and fauces, and the secretion of urine was natural. These symptoms had existed for several weeks. The patient appeared to labour under no other disease: she had, however, begun to lose flesh, and her complexion was sallow. The same symptoms had attacked her four years ago. At that time they continued for six months, leaving her thin and debilitated. I prescribed for her three grains of the sulphate of quinine to be taken three times daily. I have not seen her since; but at the end of four days I received a note to the following effect:—"Mrs. ———, the thirsty lady, has the pleasure to say that she is very much better; and she is much obliged to Mr. Brodie for his advice. She returns to the country to-morrow."

A lady suffered from a neuralgic affection of the face. Her medical attendant prescribed a preparation of valerian, and the pain in the face subsided; but immediately afterwards she began to experience a pain in one foot. This pain recurred in the early part of every evening. After a short time it was followed by redness of the skin, and tumefaction of the subjacent parts near the bases of the toes. These marks of inflammation continued to increase for some hours, and then subsided, leaving the foot of its natural appearance and free from pain. This state of things, at the time of my being consulted, had existed with little variation for several months. She was advised to take the sulphate of quinine. On the following evening the attack was less severe than formerly, and in the course of three or four days the symptoms had entirely subsided.

In this case the inflammation of the foot was manifestly the consequence of the intermitting neuralgia. In that which follows, the inflammation of the leg formed the most prominent feature of the disease; yet from its resemblance to the last we can scarcely doubt that it ought to be considered as belonging to the class of nervous affections.

A lady laboured under an inflammation of her leg. The whole leg was swollen from the toes to the knee, the skin being red, painful and tender. These symptoms had existed for several weeks; the usual remedies had been employed, and no amendment had taken place; yet the inflammation did not proceed further, and there were no signs of suppuration. At last I observed that the symptoms varied considerably; that sometimes the redness, pain, and swelling had nearly subsided, that at other times they were as strongly marked as ever; and that these variations always took place on the alternate days. She was now directed to take the sulphate of quinine. The effect was immediate, and a few days completed the cure.

In those cases in which the local nervous affection depends on an organic disease of the brain, or spinal marrow, it is evident that the patient has no chance of actual cure. Other nervous symptoms show themselves in succession, such as a stumbling walk, a drawling speech, epileptic fits, derangement of the intellect, and at last a stroke of apoplexy occurs as the immediate prelude of death. But here months or years may elapse before the disease reaches its fatal termination; and in the meantime you attain an important end, if you can relieve the local symptoms. Now where these appear in the form of muscular spasms or paralysis, according to my experience, remedies are of little avail. The spasms may subside spontaneously, but they are not to be relieved by art. It is different, however, with respect to nervous pains; and for these, local applications of hemlock or belladonna, stimulating liniments combined with laudanum, and even blisters, may be employed with advantage, removing the pain, perhaps for a time, perhaps permanently, although the disease on which the pain depends is slowly but progressively advancing.

Another very extensive class of local nervous affections remains to be investigated. To these I shall call your attention in the next lecture.

LECTURE XXVIII.

VARIOUS FORMS OF LOCAL HYSTERICAL AFFECTIONS.

WHEN I was formerly engaged in the study of the diseases of the joints, having, at the period to which I refer, few opportunities of investigating the subject except in my hospital practice, I occasionally met with cases, in which a particular joint was affected with pain, and a great degree of morbid sensibility, attended occasionally with some degree of tumefaction of the soft parts, although the characteristic symptoms of the ordinary diseases to which these organs are liable were wanting, and the usual consequences of abscess and destruction of the joint did not ensue. For a long time these cases occasioned me great perplexity, and it was not until after I had published the first edition of my Treatise on the Diseases of the Joints that the occurrence of the case, which I am about to describe, first led me to suspect the real origin of the symptoms, which I had not comprehended formerly.

I was consulted concerning a young lady who complained of severe pain and a morbid tenderness of the knee, in the first instance attended with no perceptible enlargement of the joint. The remedies which, with such knowledge as I then possessed, I was led to recommend, gave her no relief; and after some time a slight degree of tumefaction took place, depending, as it seemed, either on a fullness of the small vessels, or on an effusion of lymph or serum into the subcutaneous cellular texture. She had been in this state for a considerable time, when she was seized with a succession of violent paroxysms of hysteria, which terminated in an hysterical affection of the brain; so that she lay in a state approaching to that of coma, with dilatation of the pupils of the eyes. She was now attended by the late Dr. Babington and myself. I do not undertake to say whether the disease yielded to the remedies employed, or reached its natural termination; but from one or other of these causes, the patient recovered of the last-mentioned symptoms, and from that time she never complained of her knee.

Not long afterwards another young lady was brought to me, labouring under what had been supposed to be a scrofulous disease of the wrist. The resemblance of this case to that of the last-mentioned patient led me to doubt the correctness of this opinion, and the results proved my doubts not to be without foundation. She also was seized with a succession of violent paroxysms of hysteria; and when, after the lapse of many days, she had recovered from them, the disease of the wrist had vanished.

It seemed impossible to doubt that in each of these cases there was some connection between the local symptoms and the constitutional disease under which the patient laboured; and a great number