leads me to a second proposition for the treatment of these distressing cases. It is that of inducing, by means of rubbing, what I will designate *counter-muscular effort*.

If, when the patient is sitting perfectly erect and unsupported, we press on any given point along the spine, with the finger, every muscle situated *below* the point of pressure is necessarily called into a state of action, which (action and reaction being equal, but in contrary directions) is, in degree, commensurate with that pressure, unless, indeed, the patient *yields* to the pressure. In this manner, any one of the numerous muscles situated on either side the spinal column may be called into action *at will*, and this by means of the very friction which was formerly used in a form that may be termed *inert*, and in a degree proportionate to the *pressure* with which it is applied.

The patient being placed unsupported in the erect position, the hand or hands are to be passed along the muscles of the spine, pressing, at first, very moderately, then more and more firmly, whilst they are carried upwards and downwards alternately, in the ordinary manner of rubbers. At every successive instant a fresh set of muscles is called into action more particularly, whilst the whole system of the spinal muscles is made to contract together, or in their turn.

But the very muscles which are most atrophied and enfeebled are brought into action by the simple manœuvre of applying the pressure and rubbing immediately *above* them respectively. In this manner their nourishment is brought, in a certain degree, under our control, and the spinal column is held straight and erect by augmenting the power of its natural and living supporters.

By the stays already described the morbid extension is removed from the enfeebled, atrophied, and stretched muscles. By the friction and the counter-effort of these muscles they are nourished and strengthened. By both these means they are rendered efficient in their office of supporters and movers of the spinal column and the head.

These stays must, as I have already stated, be so prepared as to be compatible with the exercises of the general form, which call into action the muscles seated along the spine. They may also be so contrived as to expose an open space at the particular part along which the proposed rubbing, with counter-muscular effort, may be applied.

With both these objects in view I beg particularly to recommend the study of the beautiful work of the late Dr. Barclay on Muscular Motion. It is replete with observations which assume the character of most useful suggestions to those who are engaged in the treatment of lateral curvature of the spinal column.

As to the kinds of exercise, none of the

ropes and pulleys devised to be employed *within-doors* can be of any value. The hoop, the skipping-rope, &c., used daily and properly in the *free open air*, or whilst inhaling the *sea-breezes*, are the only exercises worthy of consideration. The hoop should be bowled with the left hand, and the left handle of the skipping-rope should be weighted. But these are particulars upon which I need not enter on the present occasion. I may, however, suggest the propriety of a seminary or establishment, on some healthy sea-coast, for young ladies of delicate health and impaired form, as worthy of the consideration of persons properly qualified for such an undertaking.

CASE OF HÆMATURIA.

To the Editor of THE LANCET.

SIR,—Should you deem the following case of hæmaturia worthy of insertion in your Journal, I shall feel obliged by your publishing it. From the prodigious amount of blood voided, and the only remedy employed being persevered in until the termination of the case, it interested me much, and I send it for the benefit of your readers. I am, Sir, your obedient servant,

D. ROCH, M.R.C.S.E.

January, 1844.

William Hollis, aged 83, was seized with hæmaturia on Wednesday, the 3rd inst. On the following day he made application to me, and was admitted into the infirmary of the Hendon Union. He complains only of a dull pain in the region of the kidneys, and an occasional difficulty in passing the contents of his bladder (which, he says, consist entirely of blood), owing to the urethra being plugged up with coagula. Upon their expulsion, which takes place after much straining, he is able to micturate as easily as usual, until the same hindrance recurs; pulse 80; tongue clean; appetite good. Ordered farinaceous diet, perfect quietude, and the following medicines:—

R *Castor oil*, an ounce.

Tincture of muriate of iron, ten minims;

Water, half an ounce. The draught to be taken every hour.

Friday, 5. No better; the quantity of blood voided during the last twenty-four hours must, at the lowest calculation, have been two pints; bowels acted upon twice; pulse 80; tongue clean; appetite very good. To continue the steel.

Saturday, 6. Quantity of blood passed still very great, though somewhat less than before; has lost the pain in the back, but complains of a sinking at the scrobiculus cordis, but with that exception "feels as well as ever;" pulse intermitting every five or six beats. To continue.

Sunday, 7. Much better, though the quantity of blood passed is still considerable; complains of slight giddiness; no intermissions; bowels confined. To omit the steel, and take only castor oil, six drachms.

Monday, 8. Urine voided this morning perfectly limpid, and free from the slightest tinge of blood; feels very giddy; bowels open.

Sunday, 14. Has had no return of the hæmorrhage, and is now quite well in every respect.

That either one or both of the kidneys was the source of the hæmorrhage in this case is evident from the pain in the region of those organs, and also from the fact of the blood being equally diffused throughout the urine. That it was the consequence of some organic lesion, and not of inflammatory action, is clear from the quantity of blood voided being much greater than ever takes place in such cases, as well as from the absence of all symptomatic fever.

* * We do not see, in the details of Mr. Roch's case, any reasonable grounds for supposing that his patient was labouring under an organic affection of the urinary organs. The case appears to us to be one of idiopathic hæmaturia. The rarity of that disease alone would suffice to make the above case an interesting one. P. Frank, at Pavia, only met with six instances of hæmaturia in four thousand patients.

THE MODERN PRACTICE OF MEDICINE.

THE author of Lacon has well and quaintly remarked, "None despise physic so much as physicians, because none so thoroughly understand how little it can perform; they have been tinkering the human constitution four thousand years in order to cure about as many diseases; the result is, that mercury and brimstone are the only two specifics they have discovered; all the fatal maladies continue to be what they were in the days of Hippocrates, Galen, and Paracelsus."

Allow me to offer a few general observations on the "scientific" practice of the *ars medendi*, as at present carried on, which have sometime since presented themselves to my mind, and, since my attention has been more particularly directed to the subject, appear on each succeeding day more fully borne out by experience and observation of the facts that the powers of nature are adequate, with but little assistance, to accomplish the cure of diseases (when curable), and that our application of the means by which we flatter ourselves we aid her in the struggle, as well as the means themselves, are much more inefficient than is generally supposed.

That all medical practice is essentially empirical, is self-evident to any one who consi-

ders the lamentable deficiency of our knowledge relative to the nature of the primary or physiological action of medicines, and the total nullity, the "Cimmerian darkness," into which we plunge when we call to mind the unsatisfactory (using the mildest term) results of attempted investigation with regard to the therapeutic (secondary) effects of the multifarious compounds which form the *farrago medendi*. In reality, we pour medicines, concerning the true nature of whose action in disease we know nothing, literally and simply nothing, into a body of which we know very little, thus affording an indisputable, unmistakeable illustration of what philosophers have termed the *ignotum perignotius*.

What is disease? May it not be defined as the struggle of the natural powers of the constitution to rid itself of morbid and effete matter (to the accumulation of which the human frame is from numberless causes, hygienic and otherwise, necessarily exposed)? This position obtains a striking corroboration from those derangements of the system which become cumulative up to a certain point, terminating by a regularly defined attack of disease, as seen in the antecedent symptoms which usher in, and end by, a fit of gout. Fever may also be taken as an example elucidative of this opinion: we see the morbid principle giving rise to the aggregation of symptoms termed fever accumulates in different constitutions in a direct ratio with the susceptibility of the individual exposed to the exciting cause, and then, when the system has become (in a manner) "charged," the fever, the effect from which alone we can trace back the cause, is the effort of the *autocrateia*, the *vis medicatrix nature* (definition is impossible), to free itself from its unwonted burthen, and recover that equilibrium, that balance of the vital functions, which constitutes health.

Speaking in general terms we may assume acute disease to terminate in one of three ways, either in a return to health, in death, or by degenerating into a chronic affection. Confessedly, then, the action of all medical treatment must be acknowledged to be directed towards the one sole end, the re-establishment of health, that perfect balance of the vital actions from which results the absence of disease. Now, whatever be the number of modifications of the primary cause which gives rise to one or other of the three effects mentioned above, still it is in strict consonance with sound reason and common sense to conclude, there being but one indication to be pursued, one ultimate goal to be reached in our treatment (generally speaking), that the principles on which our attempt to fulfil that indication should be founded are, in all probability, reducible to a few, a very few, concise rules, based on the knowledge of the first cause,