A THERAPEUTICAL PARADOX: ACTION OF EXPECTORANTS.

To the Editors of THE LANCET.

SIRS,—In Dr. Murrell's very interesting and practical little book on "Chronic Bronchitis and its Treatment," 1889, I find at page 35 the following curious and, as I think, antiquated or rather superannuated doctrinal paradox: "Expectorants may be divided into two classes: those which depress the heart, lessen blood pressure, and increase secretion; and those which stimulate the heart, increase blood pressure, and diminish secretion." Curious, is it not, on the face of it, that remedies of exactly and diametrically opposed physiological actions should each produce a like if not identical therapeutic result? still more curious that, when put into one mixture, these opposites should, as by general consent they do, aid and not annul or interfere with each other in respect of this therapeutic action. Dr. Murrell, however, is in no way responsible for this paradox, which comes down to us as a heritage from the time at least of Cullen, if not directly from him at the first. But I hope Dr. Murrell will excuse my saying that we do not need to accept it, even at his hands, as matter of settled doctrine, though I for one am both ready and willing to accept from him whatever he can tell us of his valuable clinical experience, so well described in this little book. Having neither the leisure nor the disposition at present to prolong discussion on merely theoretical questions, which, after all, do not admit of being finally adjusted, I will only add now that I traversed the whole of the ground of this argument more than a quarter of a century ago, in an article in the *Glasgow Medical Journal* (2nd series, vol. xi., pp. 129-44) on the Action of Expectorant Remedies, in which I took occasion to show that a more consistent theory, altogether devoid of paradox, and more in accord with the facts of common experience than the above, was at least possible, if not probable. From all that has since come to light as regards new and old remedies of this class, and especially from the now well-established efficacy of apomorphine as an expectorant, I am inclined to believe that the theory set forth in that article was not far from the truth; and I avail myself accordingly of the opportunity of commending it to your readers. It is curious that the newer treatises on Therapeutics seem more and more disposed to fight shy of any theory of expectorant remedies, and some of the most noted of these systematic works drop the class altogether out of recognition.—I am, Sirs, yours obediently,

Glasgow University, Feb. 26th, 1890.

W. T. GAIRDNER.

ABUSE OF UTERINE TREATMENT.

To the Editors of THE LANCET.

SIRS,—Your leader on the above subject in last week's issue, founded on some observations of Dr. Goodell, might have been useful many years ago, or even now to a few practitioners who are too prone to ride particular hobbies almost to death, but is scarcely needed by the modern gynaecologist who is large-minded enough to give a proper consideration to each case that presents itself to him. Dr. Goodell couples the "abuse" with "mistaken diagnosis," but your article rather gives a slap to all gynaecologists, as if they habitually pursued lines of treatment in order to maintain some particular theory, irrespective of the indications of each several case. Dr. Goodell's own remarks are open to a similar accusation in referring most ailments of women to neurosis, which is a convenient term that covers the difficulty of many a mistaken diagnosis. "Certain conditions of the uterus" may be "insignificant" to some minds, while to others they represent a serious malady. The question is, do they hurt, are they curable, and, if so, how? I contend that all the lesions you refer to do exist, and it behoves every gynaecologist to see that, if possible, pain is traced to its source, and that it be not ticketed "neurotic" as an easy way out of a process of elimination that might lead to a correct diagnosis. That some cases do require caustics, or pessaries, or incision of the cervix, or Emmet's operation, or massage, no modern gynaecologist will deny; what we need is to carefully try to discover the real cause for any particular pain, and use such means as we have at our command to relieve *cito, tuto, if not jucunde*.

Take, for instance, one remark of Dr. Goodell's: "Ante-flexion *per se* is not a pathological condition." This is true

of "ante-curve," but a is merely an extenuation of the foetal condition; but a true ante-flexion is a pathological condition. Though it may not give rise to dysmenorrhœa, it may produce other results—as, e.g., sterility. A golden rule should be, though it may be a paradox, that any pathological condition that produces neither pain nor inconvenience, nor threatens the life of the patient, should be severely let alone until some change compels attention to it. Gynaecology has made such strides and done so much good during the past fifty years that it is ungracious to sneer at its little mistakes and relegate its practitioners to a class not far removed from charlatanism.

I am, Sirs, yours faithfully,

Harley-st., Feb. 24th, 1890.

HEYWOOD SMITH.

* * We agree with our correspondent that every case of disease should be treated on its merits. It may be maintained that such has been the rule at all times, and with the results described by Dr. Goodell as the abuse of uterine treatment. Were any justification of our article called for, it would be found in the second paragraph of the above letter in the remarks about true ante-flexion. The fullest observations—both clinical and anatomical—made on this condition clearly show that it is not a pathological condition, and that it gives rise to no symptoms.—ED. L.

A LONDON HOSPITAL FOR INSANE PAUPERS.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of February 1st you have reproduced a report made by the committee appointed by the London County Council to consider the above question. There is much in that report which is not only misleading, but which is also a most serious charge against assistant medical officers in lunatic asylums. As a member of that body, I shall feel indebted to you if you will grant me a little of your valuable space, in order that I may set the matter before your readers and the profession in a somewhat different light. There can be no doubt that the committee have arrived at their conclusions either without due consideration or from premises which are entirely false. They say that "the defects of the present asylum system are chiefly due to the fact that assistant medical officers fall into the groove of asylum habits and ways of thought and the purely medical treatment underlying insanity is seriously neglected for that of mere administration." I can safely say that in no London asylum does an assistant medical officer have his hand burdened by administration, this being done entirely by the superintendents and the resident stewards. We do not, therefore, have the opportunities of becoming skilled administrators, neither do we find ourselves at the head of large households, as is stated to be the fact in the committee's report. We may perhaps have much work to do which could be equally well done by a mere copying clerk; but this is over and above, and is not allowed to interfere with "the purely medical treatment underlying insanity." Every patient in this asylum who makes the least complaint is without delay thoroughly overhauled; and not only so, but everyone who is seen to look ill is at once carefully examined, and his (or her) case inquired into. As each patient is seen at least once daily by one of the assistant medical officers, the risk of neglect is thus reduced to a minimum.

It is hardly necessary for me to answer the assertion made by the committee that we assistant medical officers are "without opportunities or inducements to render ourselves skilled 'medical' practitioners." Few of us, I believe, are altogether without ambition, and, as we have made it our life's work to become "skilled medical practitioners," it is ridiculous and absurd to suppose that we are all like that unprofitable servant who buried his talent in a napkin. The committee tell us that "we are too young to have any independent experience of disease." In this asylum there are four assistant medical officers, and our united ages amount to a sum of 151 years, giving an average age of 37.75 years for each individual. When may we hope to be old enough to have some independent experience of disease? We have most of us (according to my experience) had a tolerably good education and training in our profession before entering upon the arduous and harassing work of our specialty, and I