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I.

ON SUPPOSED DISEASES OF THE SPINE, AND THE ILL EFFECTS OF A CONTINUED RECUMBENT POSITION.

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WHEN pain in the course of the spine has been complained of, and particularly if there has been any tenderness on pressure, it has been determined that inflammation existed in the ligaments, or some other parts equally affecting the integrity of the spinal column. The opinion founded on this symptom alone, has sometimes been verified by subsequent changes, but has too frequently proved erroneous, even when pain, tingling, and other nervous affections, have been present in the extremities.

If there be no disease in the seat of pain, nor in the tender part, from what does the altered sensibility proceed? When it is merely in the skin, the different parts of this, by being supplied with the spinal nerves, may have the morbid excitement conveyed to it through the sympathetic nerve. Thus, in diseases of the liver, pain is felt in the shoulder, from the communications between the hepatic plexus and the phrenic nerve. So each part, of the sympathetic being also in connexion with each spinal nerve, may, according to the viscus affected, excite a morbid sensibility in

that spinal nerve communicating with it, and appear in the termination of this in the skin. The same tenderness, from similar causes, may be present in the integuments of the chest and abdomen. But in some people the pain may be in the muscles, or the nerves supplying these, and arise from the same connexions with the sympathetic, but with a modified cause; for the same nerves can convey one impression to the muscular parts and another to the sentient, as may be instanced in the former by the use of the *nux vomica*, and in the latter by opium. The origins of the morbid excitement may be seated in the stomach itself; it may be also in the liver, intestines, kidneys, the bladder and uterus, and sometimes in the viscera of the chest. It is hardly necessary to mention that pains may be excited from the connexions of similar nerves, as between those of the uterus and limbs, and be felt in the extremities of the different branches of the nerves, in the same way as pain is experienced in the penis in diseases of the bladder.

When pain in the spine is complained of, and there is tenderness on pressure, should a constant recumbent position be had recourse to? If there be actual disease in any part of the spine, such as a projection of the spinous processes and thickening of the surrounding

parts, no one can doubt the necessity or utility of keeping it in this manner perfectly quiet: but mischief may be going on in the anterior part of the spine, and no decisive diagnostic symptoms be present. Is, therefore, so formidable a disease as that affecting the vertebral column and the parts connected with it, to be risked, because no external appearances of disease are present? If there be an equal possibility that the cause of the pain, &c., is not seated in the spine itself, should the recumbent position and a state of continued rest be enjoined, or merely because a sense of weariness or pain is to be obviated? If the confinement were to be of only a short duration, it could not be altogether objected to, but, in a modified degree, might co-operate with the other medical treatment in removing the irritating cause. When the disease is not in the spine itself, the pain and tenderness vary, both as to their seat and intensity, with the state of the digestive organs. But if there be considerable doubt about the cause of the symptoms, the recumbent position may be so used that the patient shall keep the spine sufficiently quiet, and yet not remain continually in this state. If a patient be kept in an entire state of rest in the recumbent position, and a beneficial result be not obtained within a moderate space of time—say after the lapse of some weeks—the consequences peculiar to this treatment must ensue. It will be asked, what is to be decided from so apparently harmless a remedy, or how can any mischief be produced? The circulation in the head must be increased by a position which favors the ascent and retards the descent of the blood; and by this, after a time, every

part within the skull is encroached upon, the furrows on its inner table are deepened and extended in every possible manner, and we cannot suppose that the bone shall be thus acted upon by the increased circulation, and the cerebral mass remain uninjured? Undue pressure from diseases may produce great changes and a diminution of the brain, and I have seen this affected by long-continued determination of blood to it, and believe this may also be induced by disease, too much indulgence in the recumbent position, or too stimulating a diet. It is known that the muscles of the spine, and even the bones themselves, have their strength diminished by inaction, and consequently, after a long use of the recumbent position, are unable to hold the trunk erect without the greatest exertion. But the change in the circulation in the head, arising from a long-continued recumbent position, leaves the brain unsupported by a sufficient quantity of blood, and produces most uncomfortable symptoms: doubtless the change in the position of the other viscera creates some uneasy sensations, but in a very inferior degree. After an attack of paraplegia, from an affection of the brain, should there be an indentation larger than natural between two spinous processes, or deformity of one of these, and therefore it be supposed that the symptoms proceed from a diseased state, and a recumbent position strictly adopted, if the patient could walk before this treatment was begun, it will be found, partly from the oppression the brain has been subjected to, he has entirely lost the command over the muscles, and that he cannot return to his former state until a long time has elapsed.

If the cerebral mass shall have suffered a diminution, can it be restored, or must it be supplied with the same inordinate quantity of blood continually, in order to put it in a sufficient state of tension? The brain and the circulation of its blood may be brought to their original condition by sufficient care and attention, but not without the greatest resolution; for besides the uncomfortable sensations produced in the brain itself, the difficulty of keeping the body erect is not a little increased by the pain excited in various parts from a change of position.

If the brain suffer, as I believe it does, ought a recumbent position to be used without the greatest caution? It is not in supposed diseases of the spine that the brain becomes oppressed, but frequently from slight indolence and indolence. Thus a person feels unwell, and lies long in bed; he becomes enervated; and this position, if continued, increases his complaints: he soon becomes weary when up, and rests again and again, until such a change is effected in the brain that he cannot, without the greatest difficulty, return to his former state. And if a change of so much importance can be thus effected, is it not of sufficient moment to pause before such a state is produced as time can with difficulty obviate? And ought not this to be a subject of serious consideration, not only to the medical profession, but to every class, both as respects their comfort, their health, and, above all, their mental faculties. Too much vascular action, whether produced by overfeeding or indolence, may injure the mental faculties, and Shakspeare has well remarked,—

“Fat paunches have lean pates, and dainty bits
Make rich the ribs, but banker out the wits.”

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II.

REMARKS ON THE STAINS PRODUCED BY THE IMPROPER USE OF NITRATE OF SILVER IN SOME DISEASES OF THE EYE.

A FEW months ago, a paper appeared in the Dublin Hospital Reports, by Dr. Jacob and Mr. Lawrence, in which note was taken of the stains which sometimes remain permanently on the conjunctiva and cornea, from the application of Nitrate of Silver to those organs. The following remarks of Mr. Hunt, Assistant Surgeon to the Manchester Eye Infirmary, were designed to counteract the effect of the above-mentioned Report in limiting too much the use of that powerful curative agent in some forms of ophthalmic disease. It will not be found uninteresting to the practitioner.

In most ophthalmic institutions, by far the greater number of cases of disease consist of opacities and ulcers of the cornea, and there is perhaps no part of the country in which so great a proportion of these affections depends upon strumous inflammation, as in Manchester and its neighborhood. Among several hundreds of these diseases, in which the nitrate of silver has been used, both by applying it in substance to ulcers of the cornea, and to the conjunctiva of the lid, as well as in solution, not a single instance has occurred of the livid, olive, or, as it may be called, bronze stain, to which Dr. Jacob and Mr. Lawrence have alluded. The experience of several friends is fully accordant with the above statement, and particularly that of Mr. Barton, the present senior surgeon of the institution, who has continued to employ the same remedy during a much longer period. I have certainly seen cases in which this dis-