or its neighborhood, I entertain the hope that the disease may be looked upon as stamped out by the aforesaid precautions. The people have been vaccinated and re-vaccinated, as a matter of course, and this may serve to protect the Icelandic population from this dreadful malady.

Selected Papers.

MODERN MEDICAL DOCTRINES.

By PETER EARLE, M.D., M.R.C.P.

BUT by far the greatest change of opinion has occurred as to the number and variety of symptoms and disorders which are now looked upon as due to causes acting at a distant part of the system, but producing their effects far from their source, through the medium of connecting nerves and nerve-tissues.

Much, very much, has now been done in this direction. The work which was begun by Prochaska, continued and developed by Marshall Hall and Brown-Séquard, has indeed borne great fruit; but I venture to think that no limit can at present be set to the possible results of further investigations and inquiries in this direction. Not only have many hitherto unexplained affections been satisfactorily explained on this principle, but there seems reason to believe that the true *modus operandi* of the causes of many of our most common acute diseases may be—as some of our best thinkers have lately tried to show to be probable—through some agency of a reflex nature.

Take the simplest of all—the case of a common cold, with its resultant chill, and sore throat, and catarrh. It may, indeed, be true, as has long been held, that some resulting inefficiency of cutaneous action may allow of accumulation in the blood of perspiratory matters, and so give rise to some of the phenomena witnessed; but it is very plain that all the facts of this disease are by no means to be so explained, and that some further *rationale* of their action is required. Even if we leave out of the question the strange circumstance that the sore throat, or catarrh, or bronchitis is frequently produced by merely getting the feet damp, or sitting for a few moments in a small current of air, or by exposure to other very partial causes, this old perspiratory theory—which was taught in our student days, I presume, to very many of

us now present—fails to afford an intelligible explanation of the true nature of a simple cold.

But, if we allow a reflex explanation for a common cold, must we not at once agree to the further hypothesis, that all the so-called mucous inflammations of the respiratory tract—laryngitis, bronchitis, pneumonia—are or may be of the same nature and character, though differing in situation and intensity, and that they are, in fact, but varied results of a reflex paralysis—of a removal of the nerve power of the vasomotor nerves governing the results of the “inflamed” parts, and allowing the relaxation, congestion, and subsequent exudation of *liquor sanguinis*, in which this process of inflammation consists.

An investigation of the reason why removal of the vital heat, or vital force or nerve power, from a given distant part, by moisture or current cold, should produce a catarrh, a cynanche, a bronchitis, a pneumonia, a rheumatic fever, would seem to be a subject worthy of the closest attention, and likely largely to increase our knowledge not only of these diseases themselves, but also of the direction in which nerve force is apt to travel from various parts of the surface to other parts. In other words, it might lay bare the knowledge of the existence of great and definite arcs or channels, of which, at present, we can only have a bare suspicion.

A common cold is the commonest, apparently the simplest, and certainly the most easily studied, of all these inflammations of the respiratory mucous membranes, these (possibly) partial reflex paralyses. Might not the intrinsic nature of this disease unfold to us the secret history of the more serious chest diseases, and point out to us not only their essential nature but the means of cure?

We all know and believe in the common adage that we cannot cure a cold. Are we not fast coming to the conclusion that we cannot cure a pneumonia, and is there any doubt that the tumid, red, congested condition which we see in “inflamed” or catarrh nostrils or throat, represents the exact condition of the mucous membrane lining the air tubes in bronchitis or the lung tissue in pneumonia? In this respect I think practice is outrunning theory; for, whilst the essential nature of pneumonia is yet undetermined, the almost universal practice now in its treatment, in addition to the warmth of a bed, is the application of external warmth to the inflamed part by means of constantly renewed hot poultices. Possi-

bly we might go further and do better, were we to apply this artificial warmth to the exact part from which vital heat or nerve force was removed by cold or wet which caused the illness. It seems reasonable to suppose that the same nervous arc or circuit through which the nerve force was abstracted might often be the best channel for its restoration.

Assuming, also, that these internal inflammations are but forms of reflex paralysis, do we not see at once a reason why so-called remedies are often so useless for their check or cure, and why nothing but a certain period of rest and care, a period sufficient for the re-development of the normal nervous power of the diseased part, suffices for restoration of health? and why, also, rest, and chiefly physiological rest (as has recently been pointed out by Dr. Gull), is often almost the *only thing* that is needed for such restoration?

But, after all, I would ask, what is this doctrine of physiological rest but stating in other words the need of time for the restoration of inflamed, i. e. exhausted or semi-paralyzed parts? The "six weeks" that are said to be good for rheumatic fever; the four or five days that are known to be essential before a cold or a pneumonia can get "the turn" towards recovery, do but express the fact that this period of time is that in which the nerves of the part are able to recover from the exhausted condition which precedes, and allows the rise of, that particular form of disease. We may possibly neutralize the lactic acid of the blood in one case or the bilious or perspiratory poisons in the other, and so help to make the recovery more rapid; but in the absence of such, or other complications, the rest and the vital nourishment by properly regulated warmth or temperature would seem to be the essentials of the treatment.—*British Medical Journal*.

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED
BY F. W. DRAPER, M.D., BOSTON.

THE Society resumed its regular monthly meetings after the summer intermission, Saturday evening, Sept. 30th, 1871, Dr. Francis Minot presiding.

Dr. Fitz exhibited a specimen of thrombus of the femoral vein, incident to a case of pyæmia in a boy of 14 years. The patient

had died about a week after a severe crushing injury to the knee-joint. The specimen presented two well-defined coagula. The fact that the vessel was not entirely obliterated was shown by the presence around the larger clot of a more recent coagulation. There were also to be seen several small clots adjacent and loosely adherent, suggesting the probable origin of the metastatic abscesses found in the lungs.

Coincident with these appearances, but in no way related to them, the condition of the urinary organs was noteworthy; the left kidney was atrophied to considerably below the size normal in childhood, but its pelvis was dilated; its fellow of the opposite side was larger than the kidney of an adult, and presented the uniform hypertrophy of hydro-nephrosis. The muscular coat of the bladder was likewise much thickened. These changes suggested the presence at some remote period of a calculus in the left kidney.

Dr. William Ingalls called attention to a symptom he had observed after the administration of chloral hydrate. He had prescribed a dose of six grains to be given for sleeplessness to a girl of 11 years, ill from general debility. After the first dose, nothing save the desired effect was observed. Sleep also followed the second exhibition the night following, but on the next morning, spots of a red color, deeper in hue than erythema, appeared successively on the cheeks, around the mouth, and behind one ear. There were no other symptoms, and the redness receded after eight hours.

Dr. Damon suggested that the appearances alluded to might be classed as erythema fugax, a neurosis of the skin depending on some such irritation of the stomach as chloral would tend to produce.

Dr. W. O. Johnson related the following case: A merchant, aged 47 years, in active business, after a season of considerable anxiety, was attacked with vertigo while sitting at his desk, and in the midst of the sentence he was speaking he suddenly lost the power of speech. The attack was very transient. The habits of the man were regular and there were no excesses in his mode of living. A cessation of business care and change of scene were advised. After a vacation of three weeks, the man returned to his business fully restored as it appeared. On the second day after resuming active business there was a recurrence of the former experience, with an apparent loss of power and memory; but after a week of treatment with the bromide of potassium, there had been no renewal of the