for the whole is surely a specialist, and this notwithstanding that the part he ignores may seem to him insignificant.

The third aspect—better than that of the so-called pure physician, and better than that of the pure specialist—is that of the physician who neglects no part, but who gives due consideration to each separately, and to their mutual relations. If you watch the practice of the ophthalmic surgeon, you will see that he does not limit his inquiry to the physical examination of the eye. He takes a survey—rapid it may be—of the whole system. He knows, and he will show, that many functional and organic affections of the eye depend upon, or at least have a pathological relation with, disease of the brain, of the heart and vessels, of the blood, of the kidneys; and his treatment will be largely governed by these relations. Inasmuch as he knows that the disease he detects in the eye is due to disease elsewhere, he attacks the disease in the eye through the provoking disease beyond.

And there is something more than this to learn from the observation of local disease. Sometimes local disease, instead of being derivative or secondary, is primary, and acts in a retrograde direction, or towards the centre. And thus we have to watch closely and guard as far as we can the centres of life against invasion from the periphery. Every organ in the body affords examples of this centrifugal and centripetal pathology. If examples seem so manifold and so clear in the eye and in the skin, it is because those organs lie so directly open to inspection. In the eye and on the skin we may often see written in characters as plain to the educated mind as the characters in a book the history of disease distant in time as well as in seat of origin. It is not my place to dwell upon these points. What I want to enforce upon you is the necessity of studying local disease, no matter where, by the light of general science. It will be my business to show you how the local conditions of the female pelvic organs are linked inseparably with the physiology and pathology of other parts of the body. We shall have many opportunities of seeing how many of the disorders of this part depend for their origin or aggravation upon disease elsewhere; how, on the other hand, disorders essentially local in their origin produce functional disorder and structural disease in other parts of the body. You will soon realise the fact that the pelvic organs form an integral, I might even say a dominant, part of the female organisation. Nowhere, I think, will you find more instructive examples of that primary local and centripetal pathology, which you may trace, if you seek, more or less in connexion with every organ. A whole catalogue of ailments, some long classed as morbid entities or essential diseases, including neuralgia in many forms, hysteria, that much-abused term, many cases of epilepsy, of paralysis, notably of paraplegia, and—I almost tremble as I utter it, exposing myself, I fear, to wrath and ridicule—not a few cases of insanity, are no more than symptoms or consequences of surgical or medical disorders of the uterus and ovaries. Many blood diseases also take their origin here. I cannot stop to give particular instances. But if you weigh philosophically the experiments of Charcot on hystero-epilepsy, you will come to the understanding that if a presumed disease can be produced at will by playing upon the ovaries, that disease is not a primary or essential disease, but only a symptom of ovarian action. Now the cure of a large number of the cases to which I have referred depends upon the cure of the primary pelvic disease. And in a very large proportion of cases, this primary pelvic disease is not very difficult to cure.

This comparative facility of cure depends mainly upon the fact that the organs involved are within easy range of objective observation and topical treatment. Their size, position, consistency, shape, and other physical conditions are capable of being determined by touch and the sound with considerable precision, whilst some parts may be brought directly under ocular inspection, and the secretions are readily obtained and examined. One great means of diagnosis employed in medicine is the observation of the organs in the performance of their functions. Nowhere is this method so thoroughly or so scientifically applied as in the investigation of the eye. The ophthalmic surgeon now uses instruments and methods for testing the way in which the eye performs its functions, that may be said to give results almost mathematically exact. We cannot pretend to such precision in the examination of the pelvic organs in woman. But in precision of objective observation I think we approach at least as nearly to it as can be done in the case of any other part of the body. We touch the uterus directly from below; we feel its whole surface often from behind, from above, and in front; also we command it by palpation, we determine its texture, its mobility, its relation to other organs; we see a part of it which gives an indication of the vascularity and other features of the whole. How much of this can be said of any other internal organ?

Not to detain you longer before we enter upon the immediate study of our subject, I will simply press this lesson upon you: that the study of so-called specialties—the study of woman and her diseases is not a specialty, so the lesson is general—should be so pursued that you seek in that study examples and elucidations of general pathology. Take one instance, say inflammation. There is hardly another mucous membrane in the body whose pathology lies so open to study as that of the vagina and uterus. In seeing, then, a case of endometritis or vaginitis, you will see, not simply a local inflammation, but an instructive example of inflammation of a mucous membrane. You may, by the light of modern pathology, recognise a case of bronchitis or enteritis, and, in fact, know a good deal about it, but you cannot watch it through its changes in the living body as you can a case of vaginitis. So of other morbid processes. The history of fibroid, cancerous, hypertrophic, atrophic, and other morbid processes, can hardly be studied so effectively as in the uterus. It is not too much to say that few chapters in general pathology can be complete unless the correlated conditions of the pelvic organs be taken into account. The best definition or idea—for definitions are proverbially arbitrary and loose—of rational specialism is the application of general pathology to the investigation of the disorders of particular organs. The study of any organ of the body will lead us a part of the way on the right road to the understanding of pathology. He who neglects any one organ simply closes one of the gates of knowledge. To him may be applied the pathetic line of Milton lamenting his blindness— "And wisdom at one entrance quite shut out."

The difference is that, unlike Milton, the specialist is unconscious of his defect, and therefore of his loss.

CATARRH OF THE BLADDER; ALBUMEN IN THE URINE.

Part of a Clinical Lecture, recently given at University College Hospital,

BY SIR HENRY THOMPSON,

SURGEON EXTRAORDINARY TO HIS MAJESTY THE KING OF THE BELGIANS; CONSULTING SURGEON TO UNIVERSITY COLLEGE HOSPITAL; AND EMERITUS PROFESSOR OF CLINICAL SURGERY.

THERE is a group of symptoms frequently met with in men of advancing years, to which I desire especially to call your attention. One of the first circumstances to attract notice is that the urine is more or less cloudy when passed, and that on standing it deposits some adhesive opaque matter in the bottom of the vessel. Such urine is generally neutral, or at best faintly acid; occasionally it is alkaline, always becoming so rapidly by keeping. On interrogating the patient, you learn that the act of micturition is performed rather more frequently than natural—that he is disturbed by it two or three times in the night, and every two hours or so during the day. He may also complain of dull pains about the pelvis and back; he finds the effort to pass water rather greater than it formerly was, and the general health has of late suffered a little.

Now it is by no means uncommon to hear this group of symptoms spoken of as indicating the presence of a "catarrh of the bladder." And catarrh of the bladder is very generally regarded as a particularly obstinate, sometimes indeed as an incurable, affection. And I am free to confess that as long as these phenomena are considered referable to a specific disease, "catarrh," so long probably will the disease prove rebellious to treatment and sometimes even incurable.

Again, when the urine described is examined by the microscope, a quantity of pus, varying much in different cases, is seen to be present in it; and when examined by heat and nitric acid, a certain amount of albumen is, as a matter of course, deposited.

It happens to me, in the course of consultations, to observe that these phenomena—the admixture of pus with the urine and the presence of albumen—are, singly or together, frequently regarded in themselves, and apart from other facts, as necessarily presenting indications of very grave importance. Are they so?

Certainly they are by no means necessarily grave; on the contrary, in the great majority of cases of elderly men, the presence of these products is not grave. Let me demonstrate to you the marked distinction which exists between the significance which albumen possesses in two different categories of cases. I can scarcely ask your attention to a matter of higher practical importance.

1. When a patient's urine, habitually clear, acid, and free from the faintest blood-tint, throws down to the test of heat and nitric acid a notable quantity of albumen, the source of that albumen is the renal circulation, and, if persistent, the case is almost certainly one of grave import. The presence of organic change in the kidney structure is to be inferred, and other evidence of its existence, if sought for, will probably be found.

2. A very slight admixture of blood in any urine, no matter what the source of the hæmorrhage, will produce a considerable deposit of albumen. It is evident, then, that the product in such cases, although sometimes grave, is not necessarily so, and that it may furnish an indication of the slightest possible import, inasmuch as a little blood may appear in the anterior passages, from a lesion which is slight and temporary in its nature.

3. Pus in the urine may, and most commonly does, proceed from some local condition of the bladder, occasionally, indeed, from local inflammation of the urethra. Nevertheless, albumen will be deposited on applying appropriate tests. It is evident that albumen, resulting simply from pus produced by chronic cystitis, has an import vastly less grave than that described above as No. 1, being a purely local and mostly temporary affection of an organ which has no vital function, but merely a mechanical one; the albumen in the former instance being evidence of disorganisation in the structure of a vital organ—that is, one the sufficient action of which is essential to the very existence of the body.

In short, there ought not to be the slightest temptation to confound two states so utterly unrelated as the two states which I have here contrasted, although they offer from one point of view an accidental similarity—that is, there is in both an admixture of albuminous material in the urine.

Still, nothing is more common than to hear, in connexion with a case of purely local bladder affection, the remark gravely and significantly made, "I assure you I have on several occasions found by testing a large quantity of albumen in the patient's urine." It is a little difficult sometimes, although necessary, to listen to such an observation with quite sufficient patience. Does the observer really desire to intimate that the patient has constitutional albuminuria—i.e., some form of Bright's disease? If not, his remark is simply devoid of meaning; since, as we know, there is vesical pus in the urine, we know equally that the albuminous constituent must appear on applying the test. And vesical pus in the urine certainly has no more relation to constitutional albuminuria than pus which comes from an external abscess or surrounds a common boil. Simple as all this may appear to you and to me, it is quite astonishing how much confusion there is in men's minds in regard to this matter, and how much importance some persons attach to all albumen found in a urinary test-tube, although the source of the deposit may be easily demonstrated to be the bladder, and no other part of the organs which lie above it.

Finally, the important practical point in relation to treatment is first to ascertain the occasion of the local catarrh. In nine out of ten of these cases it consists in inability, often only to a slight extent, on the part of the patient to empty the bladder completely. The universally acknowledged cause, hypertrophy of the prostate, is, of course, the first in order of frequency. But after this are others not infrequent. Defective action may be due, first, to simple atony, the result of past habitual or occasional over-distension of the bladder with urine; secondly, to thickened and incompetent muscular parietes of the bladder after chronic inflammation, sometimes associated with old stricture; thirdly, to defective innervation seen in connexion with other slight signs of impaired function in a nervous centre; the last being, of course, the most serious of all, in its nature and probable results.

In all of these local treatment, by carefully removing all the secretion by means of a soft catheter two or three times a day, perhaps aided by gently washing out some remainder, is the chief efficient remedy. Remember that this incompetence of the bladder is always to be sought for by physical examination; no other form of evidence in relation to it, as the patient's sensations, &c., is to be accepted as trustworthy. The introduction of a soft catheter immediately after the patient has passed water by his natural efforts, is the only test, and it should be applied on two or three occasions before arriving at a definite conclusion. The causal relation between the group of symptoms enumerated at the outset, and the defective function described, is far more common than it is generally supposed to be. It is on this account, therefore, that I have asked your attention specially to the subject.

THE HISTORY OF MENTAL MEDICINE.

Epitome of an Introductory Lecture to the Clinical Course on Mental Diseases, delivered Nov. 16th, 1879,

BY B. BALL,
PROFESSOR OF THE FACULTY OF MEDICINE OF PARIS.

AN old doge of Genoa, compelled by Louis XIV. to come and do homage at Versailles, was once asked what astonished him most in the great king's court. "Seeing myself there," was the reply. I might, in my turn, apply this phrase to myself, and when, after so long a waiting, I at length occupy this chair, approach to which seemed to be for ever forbidden, what most surprises me is to see myself here. Nor can I resist the desire to testify here my deep acknowledgment to all those who have given me their support: to the faculty which nominated me; to the ministry which appointed me; to the public bodies which have organised my service; to the pupils and friends whose courageous sympathy has never failed me; and, lastly, above all, to those eminent alienists, some of whom are my venerated masters, whilst others, after having been the comrades of my youth, are to-day my allies in the battle of life; and since I could not name them all may I be permitted to concentrate the expression of my sentiments on the name of one alone, on the name of a man who, after having pursued a career with incomparable *éclat*, has taken me by the hand to lead me to the place I now fill, for he is not a jealous master. You have all named M. le Professeur Lasègue, and I am glad, on this solemn occasion, to be able to render him public homage, so as to acquit myself in a very feeble measure of a debt of acknowledgment which I so long since contracted. Let this suffice for my sentiments and remembrances; you expect other things of me, and it is time to satisfy you.

We inaugurate to-day a new chair, and it is the duty and right of the holder to expound the principles which will guide him, and to sketch rapidly the views which should preside over his teaching. I would, disdaining classical traditions, leave general discussion aside and plunge at once into details—a plan coming more and more into vogue; but I would not thus belie my natural tendencies, and, besides, it is healthy to breathe sometimes the air of these lofty intellectual regions, understanding always that one does not sojourn there too long. History is the natural and legitimate means for the study of these problems, for by it we follow the evolution of the human mind; we pass up to the source of the great intellectual streams which have deposited the strata on which modern science rests, and by it we grasp the origin and filiation of our ruling ideas, define their source, and thus analyse the intellectual atmosphere now around us. I do not intend to sketch a complete picture of the rise of mental medicine; in the narrow limits of a lecture this would become but a catalogue of names, and, moreover, the history of psychiatry has been fully treated by competent