

may throw some light on the nature of the injury. The fourth day the bandages were all removed, and gentle extensive motion given to the arm in every direction, without producing any pain. The color of the surface immediately around the wound was of a greenish yellow. The wound itself was about an inch in diameter, very soft, and, from the color, no doubt contained a quantity of effused blood. The inflammation, which never was but slight, gradually subsided, and in about twelve days the dressings were all removed, and he uses it nearly as well as the other, a slight weakness only complained of. There is now a small pit, where the skin adheres to the top of the humerus, at the large tubercle where the supra-spinatus muscle is inserted, which fixes the precise point of the injury with more precision than the terms "anterior exterior."

A word more, and I have done. It appears, by the Doctor's own showing, that he was not permitted to do anything for the boy without advice, which, to most physicians, would have been a diagnostic symptom that their services were not particularly acceptable, and would induce them to withdraw the first convenient opportunity, without waiting for more explicit information. Under all the circumstances, was the Doctor in such possession of the case as to entitle him to the appellation of "attending physician?" And does not *his* conduct savor a little of the "hyæna?"

BENJ. F. HEYWOOD.

Worcester, Dec. 12, 1835.

## CLINICAL LECTURES OF M. LUGOL ON SCROFULOUS DISEASES.

DELIVERED AT THE HOSPITAL OF SAINT LOUIS. LECTURE I. INTRODUCTION.

TRANSLATED BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

BEFORE entering on the subject of this course, it will be important for you, gentlemen, to bear in mind that observation is almost everything in medicine. Being myself impressed with this maxim, I determined to devote fifteen years exclusively to the observation of scrofulous diseases; and it is after having followed up this plan, that I am now able to command the materials for the present course.

There are affections which require the greatest attention, both on account of their frequency and of the various phenomena presented by them. To this class belong scrofulous diseases. The word scrofulous is derived from the Latin word *scrofa*, a sow. This name was adopted by the ancients, on account of the resemblance of the scrofulous tumors to those of swine. This disease has been called *the king's evil*, because patients were in the habit of seeking the royal touch, to which salutary effects were ascribed.

As to the nature of scrofula, it is unlike other affections; in all cases some cause acts on an organ, and soon produces functional disturbances, which transfer it to other parts.

In scrofulous patients, the cause acts but slowly, sometimes on the individual himself, sometimes only on the parents from whom they are descended. Thus, in the community, we find whole families whose

constitution is so much impregnated with the scrofulous affection, that the slightest examination will detect it. A large head with a short neck, enlarged salivary glands, large blue eyes, covered with thick eyelids, a large uneven (écrasé) nose, a large mouth, large chapped lips, prominent (poinnettes), bloated face, seeming at first view to be healthy, a delicate and white skin, light hair, &c. these are the first indications of scrofula, before organic and functional change in any part compels the patient to solicit aid.

In the scrofulous, the intellectual faculties are well developed : there is generally considerable muscular weakness ; fatigue is illy borne. The heart and lungs are generally small ; the circulation slow, and respiration feeble. As calorification is not active, the scrofulous always have cold extremities. Digestion is tardily performed, and the secretions are very abundant, especially from the cutaneous and mucous surfaces. In its second stage, scrofula is not limited to debilitating the constitution, but directs its action particularly to some primary system of the economy.

Observation leads us to regard the cellular tissue as the primary seat of morbid change in scrofula. In infancy it is the mesentery which first becomes the seat of secondary organic change. The glands become engorged ; the abdomen becomes hard and tense ; the child is emaciated by reason of the enlarged abdomen, and becomes bed-ridden (*surcombe victime du carreau*). In a more advanced age, the ganglions of the neck denote the presence of scrofula ; numerous tumors, at first moveable under the skin, but soon adherent, point out the well known course of the ganglionic masses, and acquire such a volume as to make the neck a continuous plane with the face. The mucous system, soon after the lymphatic, becomes the seat of maladies from the same cause. The mucous membrane which lines the organs of the senses, is first affected with it. The conjunctiva of the eyelids is swollen, and appears œdematous. At the union of the mucous membrane of the nose with the skin, below the cartilage of the nose, above the swollen lip, we see at the same time a chronic inflammatory swelling ; and by this prominence, a peculiar expression is given to the face.

When scrofulous affections extend to the mucous textures, they soon invade the cutaneous system. On the head, for example, where the hairy scalp is close, and abounding with bloodvessels and nerves, the effects of scrofula are limited to small ulcers, and to numerous hairy follicles, whose aluminous and concrete suppurative forms those different scaly plates known under the name of *scurf*.

The bones are sometimes the first to exhibit traces of scrofula ; then there supervene deviations in the spinal column, and articular swellings which are called *white swellings*. When a scrofulous patient has arrived at the last period of growth, or puberty, it is the viscera which then become affected by this vicious diathesis. The uterus of a girl at puberty becomes affected with fluor albus, which at once destroys her plumpness and bloom. In the lungs, the liver, the spleen, and the intestinal follicles, a morbid production, variable in the form and volume, but constant in the composition, soon manifests itself ; it consists of small and generally round masses, which compress and waste their tissue. They are tubercles ; their presence constitutes those diseases which we call *phthisis*;

diseases the more grave, as they affect the most essential organs of life, and whose termination is most frequently the destruction of the organ and the loss of the patient. Such is the general course of scrofula. At the next meeting we shall speak of the causes of scrofulous affections.

December, 1835.

## THE SCIENCE OF HUMAN LIFE.

EXTRACT FROM MR. GRAHAM'S INTRODUCTORY LECTURE.

[Communicated for the Boston Medical and Surgical Journal.]

WE see that both the natural and acquired appetites, propensities and habits of man, and all the circumstances of life which act on his natural and moral susceptibilities, concur to divert his attention from the study of the science of human life, and fix it on present self-enjoyment, and on the pursuit of the means of supplying his natural and artificial wants. And hence, he is left to *feel* his way to, or gather from what he calls experience, most or all the conclusions which he embraces, in regard to the laws of life, health, and disease.

This source of knowledge is as utterly fallacious, as it is delusively specious; and the more deeply and extensively mankind are betrayed by it, the more totally blinded do they become to its treachery, and the more zealously and confidently do they contend for its validity.

Suppose a number of individuals were engaged in the study of mineralogy, and the following dialogue were to take place between them and their teacher. Advancing to one of them, with a specimen in his hand, the teacher inquires—"What do you call this?" "It is granite, sir." "Granite! are you confident?" "Quite confident, sir, I am certain I cannot be mistaken." "But why do you think it is granite?" "O, sir, I know it is—I know by my *experience*, sir, perfectly well. I have not lived so long in the world for nothing, I assure you. I have had a great deal of experience, and my experience has taught me, these twenty years, that it is granite, and nothing but granite; therefore I know it is granite." Passing the same specimen to another individual, the teacher repeats the interrogation—"What do you call that?" "Why, sir, that is limestone, to be sure." "Limestone! are you not mistaken?" "O, no, sir, I am perfectly certain it is limestone, sir—I feel that it is limestone, sir. I know it is. I know by my own feelings, sir,—and I am sure I know my own feelings better than anybody else does." "But the person who examined it before you," says the teacher, "asserted with equal confidence that it was granite, and declared that his experience, for twenty years, had proved it to be granite." "O, very well, sir, very well. That may be, too, and both be right." "How so?" "Why, don't you know, sir, that what is granite to one man is limestone to another?" Surely, you know, sir, that all constitutions are not alike. There is a great difference in constitutions, sir; and what is granite to one constitution may be limestone, or quartz, or felspar, or hornblende, or gypsum, or something else, to another constitution. That everybody knows, sir. At any rate, I know by my own feelings that this specimen