

to the amount of organic change. Secondly, that hysteria and phthisis, although not incompatible, are uncongenial, so that as the latter disease advances the former usually retreats; and that the co-existence of hysterical symptoms, especially if severe, may encourage a somewhat hopeful prognosis, even when phthisis is established. Thirdly, that when these two disorders are concurrent, a more "hardening system" may commonly be employed than is expedient in cases of unmodified consumption.

The discussion which ensued was of a somewhat desultory character, the speakers being Mr. Dendy, Dr. Pettigrew, Dr. Daniell, Dr. Tilt, Mr. Richardson, Dr. Camps, Mr. Stocker, Dr. Murphy, Mr. Hinton, and Mr. Brown. Objections were taken generally to the title of the paper, which did not convey an idea of its real character. Various opinions were expressed as to the influence which hysteria exerted over phthisis. Did it modify it? Did it arrest it, as pregnancy appeared to do? What was hysteria? Was it dependent on irritation or chronic inflammation of the ovaries, or any of the genital organs? or was it a state of the nervous system independent of these? Upon these points various opinions prevailed, but it was generally admitted that hysteria did modify phthisis; Dr. Murphy, indeed, considered that it retarded the chest disease, as did pregnancy, and as one gave way the other advanced. It was the tendency of hysteria to simulate other diseases, particularly those of an inflammatory character; but still, in these cases, some of the more characteristic signs of inflammation were absent; thus, for instance, in hysteria which simulated peritonitis, pain was almost the only symptom of inflammation present. The local congestion, however, which resulted from the hysterical diathesis, might explain, in some instances, the signs and symptoms of incipient phthisis.

Dr. THOMPSON, in reply, observed, that a short title would scarcely have comprehended his objects of treating hysteria as simulating phthisis, as aggravating some symptoms of phthisis, as being superseded by that disease, and as requiring special treatment when concurrent with it. In reference to some remarks which had been made, he mentioned having seen hysteria in men, and having that day discharged from the hospital a man with consumption in the first stage, affected with convulsions and distinct hysterical laughter. He thought it probable that the condition of the blood existing in hysteria differed from that which was favourable to phthisis, and was inclined to attribute to this cause the comparative rarity of venous murmur in the latter disease.

At the meeting this evening (Saturday) Dr. Radcliffe will read a paper on "Diseases connected with Epilepsy."

The paper for Saturday, the 27th inst., is entitled, "An Inquiry into some of the relations between Menstruation, Conception, and Lactation, and the influence of Lactation in causing Abortion," by Robert Barnes, M.D. Lond., Obstetric Surgeon to the Western General Dispensary, &c.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

FRIDAY, NOV. 4, 1852.—DR. MANTELL, PRESIDENT.

MR. CHATTERLEY read a paper

ON THE THERAPEUTICAL EFFECTS OF GOLD.

The author commenced by saying his attention had been drawn to this subject during the treatment of a very obstinate case of scrofula, in which large, indolent, and spreading ulcers existed over the joints of the big toe of the right foot. From this patient he had previously removed the little finger of the left hand on account of ulceration of the cartilages of one of the joints. Previous to the operation, and during the healing of the wound, the iodide of iron had been given almost continuously; and in spite of this, combined with other treatment, the ulcers on the toe continued to increase. By the advice of a medical friend, Mr. Chatterley was induced to try the effects of gold; from which his patient derived such marked benefit, that he was led to investigate the subject further. Gold appears to have been in use among many practitioners in France, Italy, Germany, and Poland, for the last fifty years, and has been reported upon most favourably by them, and amongst others, by Magendie, Dumeril and Roux, to the Academy of Sciences of Paris. Four preparations appear to be in ordinary use—1st. The perchloride of gold and sodium. 2nd. The oxide of gold (precipitated by potass or magnesia). 3rd. The stannate of gold. 4th. The metal in a state of fine powder. The first is the most powerful, and is used in doses of one-thirtieth to one-third of a grain, mixed with some inert powder, in the proportion of three parts to nine. It is directed to be

rubbed on the tongue for a period of from one to five minutes. An increased flow of saliva is the consequence of this friction. It may be given internally, but in very minute doses, as it is apt to excite inflammation of the stomach, and is also very liable to decomposition. The powder has been administered by cutaneous absorption, when the state of the tongue and mouth has prevented the use of the ordinary frictions. The author then proceeded to describe its action upon the system, stating it to be principally stimulant, affecting the stomach primarily, the kidneys, and the bowels. The flow of urine is usually most abundant. The cases which appear most suited for its use are scrofula, syphilis, and syphilitic eruptions, and perhaps cancer.

Dr. ALDIS presented a specimen of perforating ulcer of the stomach, removed from a female of forty years of age. The characteristics of the ulcer were well marked. Death occurred within thirty-six hours of the attack of pain.

The meeting adjourned to the 19th of November, at eight o'clock P.M.

Correspondence.

"Audi alteram partem."

DEVELOPMENT OF CATARACT.

To the Editor of THE LANCET.

SIR,—“A Student of the Eye” (THE LANCET, Oct. 9) has altogether mistaken the drift of a recent paper of mine on Cataract, in consequence, perhaps, of my having used the word “centre,” instead of “antero-posterior axis,” of the lens. The question I wished to discuss, as of practical value in diagnosis, was not whether the superficial fibres of the lens, or those deeply seated, became soonest opaque, but whether *the surgeon ought to look for the earliest traces of senile cataract at the middle of the pupillary space, or at its circumference.*

McKenzie, in the paragraph referred to by “A Student &c.,” insists that cataractous opacity commences in the *superficial* layers of the lens, as distinguished from those which are *deeply seated* and constitute what is termed the “nucleus;” whereas my observations related to the fact of the disease beginning at some point of the circumference, as opposed to the antero-posterior axis of the lens. I also wished to express my decided conviction, that the striated appearance which McKenzie so accurately describes at p. 650 (third edition) of his treatise, is not, as he supposes, due to opacity of the capsule, but of the posterior fibres of the lens itself.

With respect to Malgaigne, his conclusion as to the rarity of senile cataract beginning at the nucleus of the lens, seems to have been drawn from twenty-five *post-mortem* examinations of eyes, in which he found the superficial portion of the lens opaque, while the nucleus, although changed in colour, preserved its transparency. But Malgaigne does not appear to have diagnosed cataract in these cases during life, when the opacity was commencing; nor to have ascertained whether the change affecting the superficies of the lens began at one of the poles of its antero-posterior axis, or at several points of the circumference,—the very question which formed the subject of my communication to THE LANCET.

Your correspondent will, I am sure, confess that my remarks on the centripetal development of cataract were not uncalled for, since (not to mention a host of older names) such standard authorities in modern ophthalmic surgery as Guthrie, Middlemore, Morgan, Scott, Tyrrell, Dalrymple, among ourselves, and Weller, Beck, Rosas, Himly, Chelius, Desmarres, among foreign writers, lay it down as an established fact, that senile cataract usually begins at the centre of the lens; while Lawrence, Walker, Jüngken, and others, by describing the peripheral striæ of the lens as of rare occurrence, imply a belief that central opacity is the rule in the development of cataract.

It is an ungracious office for a writer to criticize his contemporaries, and I therefore should not have quoted these names, except in justification of myself for maintaining an opinion at variance with that commonly received as true.

I am, Sir, your obedient servant,

November, 1852.

JAMES DIXON.

TREATMENT OF CHOLERA BY SULPHURIC ACID.

To the Editor of THE LANCET.

SIR,—I feel truly grieved, for the sake of the discussion of professional subjects in general, that Dr. Bell, of Edinburgh, should have given vent to the effusion which appears in your last number, so uncourteous in style, and so unbecoming a member of the liberal and enlightened calling of physic.

I should not, however, wish to occupy your valuable space