

DR. PARKES ON INFLAMMATION.

(An extract from the address on medicine—Brit. Med. Association.)

Once everything was dyscrasia; and the belief that a profound alteration of the fluids, and especially of the blood, underlies most morbid changes, for a long time governed a large school of pathologists.

In this country it never obtained great weight, though it certainly tended to modify our ideas of the origin both of cancer and of tubercle. Gradually losing ground before the pressure of opposing facts, the doctrine of crasis at length gave way to a local pathology almost as extreme. The theory which superseded it was the celebrated cellular pathology of Virchow; that theory which looked only to the individual elements; which traced all to growth of cells, and which virtually rejected the idea of exudation in the old sense of the word. It was admitted, indeed, that nutritive cell-less fluid emerged in disease from the vessels as in health, but it was caught up and appropriated by the cells met with outside the vessels, and especially by the connective tissue corpuscles. At one time it seemed as if the time-honored term "exudation" would be banished from pathology, and the old doctrine of inflammation seemed altogether undermined. But this cellular pathology was, like the creed it superseded, pushed too far. True to a large extent it was made to embrace conditions beyond it, and the inevitable reaction came. In 1867, Cohnheim described the transit of the white blood-cells through the unruptured walls of the capillaries, and the old doctrine of exudation had again an empirical foundation. I say Cohnheim described, but I did not say he discovered. For the discovery had long been made, and the fact that it had been made and had been disregarded is a striking instance of want of appreciation of a cardinal fact, of which so many cases are recorded in the history of all sciences. It is bare justice to record that in 1839 William Addison, now of Brighton, perfectly described the emigration of the white blood cells, as well as many other phenomena which attend inflammation. The fact did not escape notice, and one writer, at least, Charles Williams, in his well known work on the *Principles of Medicine*, appreciated its importance. But, as a practical matter, the discovery fell dead, and when Cohnheim announced the fact twenty-eight years later, the world of pathology was stirred to its depths. It is also but justice to observe that the chief microscopic phenomena of inflammation and the processes of stasis and exudation were nearly as well described twenty-five years ago by W. Addison and Williams as they are now, though certainly the proliferation of tissue-cells outside the vessels was not known.

At present the pathology of inflammation seems

settling down on a mixed humeral and solid basis. It seems to be admitted that the albumen in the blood which feeds the organs partakes of the quality of the food which supplies it, and is modified also by the condition of the organs, whose action prepares its introduction into the main torrent of the blood. Degrees of nutritive adaptability may, therefore, exist in it, and we may fairly assume that the composition of the blood albumen must vary, and that it is quite possible it may be sometimes so degraded as to justify the idea which underlaid the Vienna doctrine of crasis. But it seems also clear that the main phenomena of nutrition (normal and abnormal) rest with the cells and with the ultimate molecules, so to speak, which, though without a cell wall, can be classed with cells. The cellular pathology is, to this extent, an undoubted and valuable generalization.

Elsewhere he adds in his remarks on phthisis:—If the doctrine of inflammation has thus, as it appears to me, made the full circle of change, the same may be almost said of phthisis pulmonalis. Laennec's genius, so sure and accurate when he was dealing with the interpretation of physical phenomena, failed when he attempted a definition of phthisis. Like many a geographer, he wished to fill up his blank map, to insert a coast line here and a watershed there, and to have everything defined, described, and completed. It was an impossible attempt, for the country had not been surveyed.

In two points late researches have, I think, influenced our view of looking at phthisis. In the first place, it has been shown how many cases of phthisis are caused by removable conditions: breathing of air impure with solid particles, constrained positions, syphilis, etc., are now known to produce many cases of wasting lung diseases, and, as it is possible to prevent these, and thus to lessen the prevalence of phthisis, we have now a greater element of hope than formerly. On the contrary, the evidence of the so-called infective nature of phthisis, that is, the way in which it can originate in the lungs from distant infected parts, the way in which it extends to adjoining parts, or, perhaps, to distant parts of the lung by absorption from a diseased lung centre, and thus returns and returns until fatal inroads are made on the organ or the system at large; the constant production, in fact, of fresh centres of spread, is a discouraging aspect. On the whole, the last thirty years have done much for the treatment of phthisis, but it is not all unmixed gain, and the amount of future progress is uncertain.

WRIGHT'S CURE FOR HEADACHE FOLLOWING ALCOHOL DEBAUCH:—Take of solution of acetate of ammonia, tincture of bitter orange-peel, syrup of bitter orange-peel, each 20 parts, water 500 parts. To be given in repeated teaspoonful doses.