

Syllabus of the Lettsomian lectures on medicine / appointed to be delivered by J.L.W. Thudichum.

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MEDICAL SOCIETY OF LONDON.

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SESSION 1864-1865.

SYLLABUS OF THE
LETT SOMIAN LECTURES ON MEDICINE,

APPOINTED TO BE DELIVERED

By J. L. W. THUDICHUM, M.D.,

ON NOVEMBER 23RD, 30TH, & DECEMBER 7TH, 1864,

AT EIGHT OCLOCK, P.M.

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SUBJECT:

THE PROGRESS OF UROLOGY,

WITH PRACTICAL ILLUSTRATIONS OF ITS VALUE IN THE  
DIAGNOSIS AND TREATMENT OF SEVERAL DISEASES.

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LECTURE I.

WEDNESDAY, NOVEMBER 23RD, 8 P.M.

CONSTITUTION OF THE HUMAN URINE IN HEALTH.

*Colouring matter or urochrome.* Its chemical properties and physiological importance. Its decomposition under the influence of putrefaction and chemical agents. Demonstration of the several substances: Urerythrine, uropittine, omicholic acid, uromelanine, volatile acids. Retrospect upon the labours of former inquirers, and definition of their results. Remarks on the hypothetical derivation of biliary and urinary pigment from hematine. *Essential oil of urine.* Its peculiar reactions with chemical agents. Demonstration. Its differences from the next group of similar substances. *Phenylic and cresylic alcohol.* Peculiar reaction of urine with iron chloride due to these substances. The reactions of urine with mercury salts may also be due to them as well as to the essential oil. They simulate formic acid, which has erroneously been believed to be present in urine of consumptive persons. *Damaluric* and *Damolic* acids present in excessively small quantities, and obtained together with *benzoic* and another (acetic?) acid. Its discovery vindicated to Boerhaave. Great number of quantitative analyses. The quantity of urea is no measure of



mechanical labour performed. It is a measure of disintegration of albumen; in health, of albumen of food; in disease, of albumen of the body. Quantitative analyses as a means of studying disease; as a means of diagnosis in individual cases. *Uric acid*. Renewed inquiries of chemists as to its determination. Cautions. Urates; supposed polyurates; deposits of urates in health. *Xanthine*. Artificial production. Physiological quantity. *Hypoxanthine*. Questionable whether it occurs regularly in healthy urine. Deposit of in a case of kidney and liver disease. *Creatinine*. Researches on its quantity. No creatine in urine. Creatinine lost in the process of obtaining the products of urochrome by acids and subsequent treatment with lime. *Hippuric acid*. Analytical remarks. Physiological bearings of late researches. Accidents of food. Physiology of glycocoll demanded. *Sulphur*. Alleged unoxidized. Proust's conclusion from blackened silver-vessels. New analyses. *Sulphuric acid*. Obtained as gypsum during evaporation. Double origin; food and sulphur of albumen. *Phosphoric acid*. Forms acid and alkaline salts. Economy of bones, of blood, and of urine. *Chlorine*. The quantitative analyses have taught little that is of practical value. Their results may be foretold by analyses of the food. *Soda*. Its part in the biliary function, and in the combustion of organic acids generally. Prevalence in the blood. *Potash*. Prevalence in the muscles. *Lime*. Deposits and concretions of phosphate and oxalate of lime. *Magnesia*. Derived from food and drink, beer in particular. Calculi, covering nuclei of pus. Constitution of the urine of man, compared to that of animals. Peculiarities more determined by food and mode of life than by species. Variations in ages, sexes; hourly and daily variations. The progress of the future. Object of research being the knowledge of the chemical processes in animals and man for the physician particularly the obtaining of the standard by which to judge the chemical changes of disease.

## LECTURE II.

WEDNESDAY, NOVEMBER 30TH, 8 P.M.

### VARIATIONS OF THE URINE IN DISEASES

Abnormal, particularly *red*, colouring matters. Indications General in acute febrile diseases, with excess of urea. An accident of over-oxydation. No change or uncertain change of colour in chronic disease. Accidental changes of colour to be noticed



in the great majority of diseases—*1st class*. The variation of the ingredients of the urine is more quantitative than qualitative. The final issue of acute processes of disease as appearing in the urinary products is specifically not different from the process of health. *2nd class*. Diseases in which a portion of the process of health is maintained, another not, abnormal substances appearing in the urine. Diabetes. Alcaptone disease. Lipaemia and liporotic urine; hematic and bilious urine. Oxaluria. *3rd class*. Diseases in which the disintegration of albumen becomes altogether changed, and all ingredients of urine are abnormal. Malignant jaundice. Illustration of these three classes by three curved lines, compared to health as a straight line. Intermediate products and processes to be found in the body, and to be studied. Manner of doing so. *4th class*. Composed of diseases of the tissues of the kidneys. Albuminuria. Chronic acid test, portable, and better than nitric acid or boiling test. Serous urine. Distinction of urines characterizing special kidney diseases. Purulent urine. Ditto followed by alkalinity—*e. g.*, in typhus. Calculi of triple phosphate under those circumstances. One class have prominent abnormal admixtures; another, gout and dropsy, show more retention, while all show some retention of normal excretory products. *5th class*. Diseases in which the relations of the ingredients of the urine are changed within the urinary passages. Uric acid calculus. Oxalate of lime calculus. Xanthine calculus. Phosphatic calculus in purulent kidney. Ammoniacal urine in diseases of urinary organs. Stricture of urethra and ureter; sacculated bladder. Calculus of urates. Question whether oxalate of lime diathesis is not a disease of the blood.

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### LECTURE III.

WEDNESDAY, DECEMBER 7TH, 8 P.M.

## ON THE TREATMENT OF URINARY DISEASES, SO-CALLED.

Kidney diseases (4th class). Acute forms. Removal of prominent symptoms. Dropsy. Purging to be avoided. *Chronic forms*. No direct treatment of the kidney-lesion. Two symptoms, dropsy and uraemia. Various forms illustrated by cases. One form fatal by dropsy, another more commonly by uraemia and head symptoms. Cytostasis. Treatment of dropsy by diaphoresis. Treatment of uraemia by diaphoresis and alkalis. Periodic dangers of kidney patients. Sudden rise in



the pressure of the blood before the nervous energy is ready to effect secretion of urine. Good appetite and large meals. Cases. Purulent urine. Causes and treatment. Retention of urine in typhus a common cause. *Diseases of assimilation affecting the kidneys and urine* (2nd class). Diabetes. Theory. Treatment. Lessening of the diuresis lessens the discharge of sugar. Lipaemia and liporotic (chylous) urine. Hematic urine. Diseased blood impassable for capillaries. Alcapton. Inosite. Metamorphosis of diseased products. *Calculous diseases*. (5th class.) Formation of calculi. New analyses demanded. Uric acid calculus explained by the decomposition of hyperurates in later more watery urine. Alkalies and alkaline mineral waters. The opposite in oxalate of lime deposits and calculi required. Nitric and nitrohydrochloric acids. Organic acids. Oxalate of lime calculi of drunkards — of children. Prevention of calculi. Prevention of phosphatic calculi in purulent disease of kidneys. *Diseases of 3rd class*. They are extremes of the first class, febrile, zymotic forms. No direct treatment exists. They must be prevented by public hygiene, as well as private, not being preventible by private only. They are the great majority of all diseases we have to deal with. *Diseases characterized by excess of quantity of urine*, without abnormal ingredients. Polyuria. Hysteria. Cases. Treatment. Methods of treatment applicable to a variety of local and general chronic diseases. *The diuretic method*. Gout. Hydrothorax. Sciatica. Acute gout. Digitalis and nitre. Potash salts. Iodide, carbonate, chlorate. Failure in cases where it succeeded at first. Diaphoretic method to be brought to bear. Vegetable diuretics spoil the digestion. The diuretic method removes water and specific urinary ingredients from the blood and tissues, and has no collateral dynamical action. The diaphoretic method removes no specific excretions except water, and has a dynamic collateral effect, which, however, has no specific influence upon special diseases, though a general beneficial one upon several, particularly dropsies. Conclusion.