

**The retrospective address, upon medical science and literature, delivered at the fourth anniversary meeting of the Provincial Medical and Surgical Association held at Manchester, July 21st, 1836 / by John Green Crosse.**

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J. G. Crosse

THE  
RETROSPECTIVE ADDRESS,  
UPON  
MEDICAL SCIENCE AND LITERATURE,  
DELIVERED AT THE  
FOURTH ANNIVERSARY MEETING  
OF THE  
PROVINCIAL  
MEDICAL AND SURGICAL  
ASSOCIATION,

HELD AT MANCHESTER, JULY 21<sup>ST</sup>, 1836.

BY JOHN GREEN CROSSE, ESQ. F.R.S.

*Surgeon to the Norfolk and Norwich Hospital.*

[From the Transactions of the Provincial Medical and Surgical Association.]

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1836.

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RETROSPECTIVE ADDRESS

MEDICAL SCIENCE AND LITERATURE

FOURTH ANNUAL MEETING

PROVINCIAL

MEDICAL AND SURGICAL

ASSOCIATION

HELD AT MANCHESTER, JULY 1888

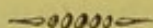
BY JOHN GREEN, ESQ., F.R.C.S.

Author of the "History of the Province of Lancashire"

(From the Transactions of the Provincial Medical and Surgical Association)

PRINTED BY HENRY LITTLEWOOD AND CO.  
LONDON: 1888

## AN ADDRESS, &c.



IN a yearly retrospect of medicine and its associate sciences, so much new matter presents itself, so many changes and improvements have been effected, that the mind of an individual unaccustomed to the task feels oppressed by its immensity, and if not bound by the sacredness of a pledge, would thankfully relinquish it to abler capacities.

Since out of nothing we can make nothing, there is, perhaps, little presumption in stating the converse, and in thinking, that where so much is proffered it is impossible not to make something of it, particularly under the exciting circumstances in



which I find myself placed, in this northern sub-metropolis of England, secure of the favourable attention of many of the most enlightened of the medical profession. From these sources alone must I derive whatever share of success attends my feeble efforts, presuming to shelter myself beneath the grandeur of the subjects to be contemplated, and regarding the intelligence of the numerous audience I am permitted to address, as my best shield of defence.

If medical science be represented by a pyramid, its basis must be *normal anatomy*, which has been so fully investigated in the human frame, that novelty is to be sought for chiefly in the method and facilities of studying the subject. A few contributions to human anatomy have, however, recently appeared. Drs. Breschet and Roussel,\* trusting to microscopical observations, have minutely described the anatomical appearances of the skin, and satisfactorily demonstrated the sudorific exhalent ducts; the inhalents they have not been able to follow to a termination on the outer surface of the skin, and wish, therefore, that their account of them should be received *salvo errore*. The work of these authors is one of such minute research and accurate description, that it can only be studied in the original, or in an extended analysis. Professor Müller† has discovered some remarkable appendices connected with the minute arteries of the *corpus spongiosum*

\* *Nouvelles Recherches sur la Structure de la Peau.* Par Breschet et Roussel de Vauzème. Paris, 1835.

† Müller's *Archiv für Anatomie und Physiologie*, No. 2 for 1835.—Also, *Edinburgh Medical and Surgical Journal*, vol. XLIV. p. 243; *London Medical Gazette*, vol. XVII. p. 566.



and *corpora cavernosa*, which promise to throw light upon the structure of the blood-vessels in all the erectile tissues. A newly discovered nervous ganglion, and a minute bursa or two,\* are all the additions to human anatomy which I have met with in the course of my reading.

The spread of anatomical knowledge in this country is, I conceive, almost a matter of demonstration. In the Metropolis, the time dedicated to instruction on this branch of education, and the number of able men devoted to it, are nearly treble what I remember them to have been; whilst Provincial Schools of Anatomy, now established in many large towns, have entirely sprung up within a few years. The noted town in which we are assembled was the first to possess a Provincial School of Anatomy,† and the zeal of its originator and promoter, Mr. Turner, must have been amply rewarded in the success of the measure, and the able assistance he has received from his present eminent colleagues. Manchester embraces all the requisites for carrying such an establishment to perfection and the highest degree

\* *Über einige bisher nicht bekannte Ganglien der sensitiven Nerven, und über zwei neue Schleimbeutel dem Atlas und Epistrophens; in Medicinische Jahrbücher des Österreichischen Staates*, vol. X. p. 447-55. 1836.—The small additions to our knowledge of human anatomy often spread slowly amongst the profession, and take years to become known in different countries. The article *Bursæ Mucosæ*, just published in the *Cyclopædia of Anatomy and Physiology*, by R. B. Todd, (March, 1836) affords an example, the additions of Beclard being all that the author makes to the descriptions of Albinus and of Munro, whilst the work of Schreger, (*de Bursis Mucosis Subcutaneis*, folio, *Erlangæ*, 1825) containing many novel contributions, is unnoticed, proving how little attention it has received in this country.

† The Manchester School of Medicine and Surgery was established in 1826.



of utility—in its locality, its population, its wealth, its public charities for the sick, and last, though far from least, in that spirit of enterprize and philosophical enquiry which the names of *White, Percival, Dalton, Henry*, will picture to the minds of my hearers above any lengthened description. Once set in movement, Provincial Schools find no aid for their advancement so great as that arising out of their usefulness: whatever need there may be for the sanction of the Legislature, they must be upheld by the advantages accruing to the public, and the necessity felt for their continuance. The extension of Royal patronage to Provincial Schools of Medicine is but a presage of those future changes, by which they will become placed on the same footing as the Metropolitan; and if none of us should live to see, in this favoured locality, and under the rapid increase of population throughout the empire, a College founded,\* with all the means of instruction in arts and sciences generally, as well as in medicine, it will be a proof that the Legislature, in the multiplicity of its duties, fails to give its support to the Provinces, and fosters the highest branches of education chiefly in the Metropolis.

\* Since this Address was delivered, I have, by Dr. Holme's kindness, become acquainted with the "*Plan of a University for the Town of Manchester, by H. L. Jones, M.A. March, 1836.*" If, through the liberality and public spirit of individuals, such an Institution were set on foot, embracing within its arrangements the present Medical School of Manchester, might it not assume the same position as University and King's Colleges in London, and, with the progress it seems reasonable to hope for under such favourable circumstances, attract, ultimately, the same attention and support of the Legislature? A company of individuals must take the first steps in such an undertaking; the Legislature afterwards gives it permanency and effect.



In the mean time we may console ourselves with the reflection, that legislation does less good than is commonly expected, and that the great advancement of the medical profession ever rests with itself, depending nearly as much upon a correct system of ethics, as upon scientific instruction. Let the progress of each Provincial School be mainly sought for in the talents and energy, the moral worth and hearty co-operation, of its teachers, and we shall be sure to be right. Legislation on medical matters, in this country, is generally an after-act, inasmuch as it is often preceded by the improvement which it might have accomplished, and does but bring the state and construction of our Institutions to a level with the enlightened condition of the profession and of society at large.

There is a proceeding which I have not found advocated, and which it would well become a liberal Government to adopt. For nearly twenty years past, through the admirable regulations of the present Director-General of the Army-Medical-Department, returns have been made of all cases of disease in the British army, whether stationed at home or in any of our Colonies; every fatal case from disease has been inspected, and a detailed account of the morbid appearances, often accompanied by the morbid parts when interesting, has been transmitted to the central office: thus documents of the greatest value, referring to the diseases of all climates, and to a limited and well-known population, have been accumulating, until they are become so voluminous that no chance remains of their being turned to public use, unless a competent person be appointed



and properly paid, for putting them in order.\* That such a step should be taken seems due to Sir James M'Gregor, whose assiduous and firm pursuit of a wise system, in the medical department over which he presides, has placed in the hands of Government the materials for an annual publication of statistical information, that could not be promulgated without producing great benefit.

Physiology continues to be advanced by experiments upon animals, and in reference to the nervous system, the vivisector has supplied the greater share of recent improvements.† Professor Mayer‡ has experimented on the nervous system in general, and Panizza§ on the cerebral nerves in particular, each following the example of our illustrious associate, Sir Charles Bell,|| who has continued to pour the

\* The Government have, I am informed, recently appointed a Commission, composed of three gentlemen, of whom two are medical, to inspect and arrange these documents, with a view, it is hoped, to their being promulgated in a useful form. The arrears being disposed of, an annual statistical return could readily be furnished.

† The following shews the application of experimental physiology to practice. "Magendie found that complete division of one *crus* of the *cerebellum* was followed by rapid and incessant rotation of the animal towards the side so injured. M. Serres soon afterwards met with a shoe-maker who, after great intemperance, was seized with an irresistible disposition to turn round on his own axis, and continued to move so until he died; one of the *crura cerebelli* was found much diseased."—Dr. Henry's Paper on the Physiology of the Nervous System, in the Report of the Third Meeting of the British Association, vol. II. p. 71.

‡ *British and Foreign Medical Review*, vol. I. p. 556-9.

§ *Ricerche sperimentale sopra i Nervi*.—See Dr. G. Burrows in the *London Medical Gazette*, vol. XVI. p. 848-883.

|| "Continuation of a Paper on the relations between the Nerves of Motion and of Sensation, and the Brain; and more particularly on the structure of the Medulla Oblongata and of the Spinal Marrow." In the *Philosophical Transactions*, for 1835, p. 317.—



newest fruits of his researches into our hands through the most renowned channels. The experiments of Panizza have been controverted by Mr. Mayo\* and Mr. Broughton.† The pathological conditions of certain organs have also been brought to support previous views of the nervous system, as in the remarks and experiments of Mr. Noble‡ upon the tongue in a case of hemiplegia. No subject has so much occupied the physiologist, within the last year, as the action and sounds of the heart. Compelled to pass over the numerous memoirs in foreign publications, I cannot but allude to the excellent Report of the Dublin Committee§ at the last meeting of “*the British Association for the Advancement of Science*,” which seems in many points to have set at rest the conflicting evidence of Laennec, Corrigan, Williams, Bouillaud, Hope, and Magendie; the remark of the last author, “that the first sound of the heart arises from its apex striking against the anterior walls of the chest,” is proved to be incorrect, by the sound being still produced when the walls of the chest are removed. Some points in the Dublin Report have been opposed by Elliot,|| Spittal,¶ Cowan,\*\* and Bryan,†† shewing the necessity for further investigations. It must be admitted that the cause of the minute sounds of the heart, in its

\* *London Medical Gazette*, vol. XVII. p. 16.

† *Edinburgh Medical and Surgical Journal*, vol. XLV. p. 426.

‡ *London Medical Gazette*, vol. XVII. p. 260.

§ *Dublin Journal of Medical and Chemical Science*, September, 1835.

|| *Ryan's Medical and Surgical Journal*, March 19, 1836, p. 232.

¶ *Edinburgh Medical and Surgical Journal*, vol. XLVI. p. 132.

\*\* *London Medical Gazette*, vol. XVII. p. 1015.

†† *The Lancet*, 1835, p. 501.



healthy action, is a study of the greatest import, not only that we may be able to detect the deviations from them under disease, but to apply this branch of physiology extensively in education; the lesson will never be remembered, although required to be learnt by every practitioner, until the physiologist shall have explained how each sound is produced. The mass of contributions upon the physiology both of the nervous and arterial systems is so immense within the year, that I can attempt no more than to make honourable mention of a few of the writers upon those subjects.

A curious case has been related which links physiology with practice. An infant was labouring under symptoms suddenly arising, and seeming to threaten death by suffocation; the physician, fortunately, discovered that the tongue was retroverted,\* its apex reaching into the œsophagus; the tongue was readily replaced, with relief to all the symptoms, but the trouble recurred frequently. Many authors have mentioned this *swallowing* of the tongue; I knew one instance where it could be done at will without any serious inconvenience.†

\* *Kleinert's Repertorium*, June, 1835, p. 58.

† This occurred in a lad, who, in the playful period of his recovery from fever, was asked to shew his tongue and presented his open mouth with no tongue visible; as soon as his mouth was shut, he asserted that his tongue was in its right place, proving it to be so: there was such facility in retroverting the tongue into the pharynx, that he frequently repeated the trick afterwards. The only other recent instance I have found related, is somewhere recorded on the authority of Magendie. Yet M. Blandin (*Art. Langue* in *Dictionnaire de Méd. et de Chir. Pratiques*) follows Boyer in denying that such a displacement can be thus produced, and places the accounts of slaves suffocating themselves by tongue-swallowing "amongst the romance of our science."—See "*Paraglosse Deglutitoria*" in *Sauvages' Nosologia*, and *Rust's Handbuch der Chirurgie*, vol. XIII. p. 92.



Some physiological illustrations may be drawn from the case related by Dr. Harrison,\* of a lunatic pantophagist, who swallowed numerous pieces of iron. The most remarkable of contributions to our knowledge is the discovery of a microscopic *entozoon* infesting the human body, by Mr. Owen,† who ranks amongst the first of British zoologists. Upwards of fifteen distinct kinds of internal parasites of the human frame were known before, but none of so minute a size, nor existing in such astonishing numbers, as this new species, the *Trichina spiralis*; in one portion of muscle which I possess there are, within a square inch, probably between one and two thousand. These *entozoa* have been found in all the voluntary muscles, and also in the semi-voluntary or respiratory, but, I believe, in no other texture of the body. This striking discovery has rapidly spread through the scientific journals of all countries, and the phenomenon is of such frequent occurrence, that already the subject has received further elucidations from several of our countrymen.‡

\* *Dublin Journal of Medical and Chemical Science*, September, 1835, p. 8.—Numerous large pieces of iron, one four or five inches in length, were found in the colon and different parts of the intestinal canal, the contents of which were dark and ferruginous. The liver partook of the same deep ferruginous colour, whilst all the other solid viscera were free, “a proof of the venous absorption by the *venæ portæ*.”

† *Transactions of the Zoological Society*, vol. I. p. 315.—Twenty-five of these *entozoa* were found in the tensor tympani muscle!

‡ Dr. A. Farre and Mr. Paget, at St. Bartholomew's Hospital; Mr. Hilton, at Guy's Hospital; Mr. T. B. Curling, at the London Hospital; Mr. Wood, of Bristol: the contributions of these gentlemen are in the *London Medical Gazette* for 1835–6. Dr. Harrison (*Dublin Journal of Medical and Chemical Science*, vol. VIII. p. 185,) and Dr. Knox (*Edinburgh Medical and Surgical Journal*, vol. XLVI. p. 89) have also observed these *entozoa* in the dissecting room, and minutely described them.



The *Cystercus adiposus*, not uncommon in the fat of swine and some other animals, has also been recently, for the first time, observed in the human subject,\* abundantly occupying the cellular intervals of many of the voluntary muscles. Connected with this subject is the account published by Dr. Knox, of *entozoa*† found beneath the intestinal mucous membrane of the horse.

There can be no doubt that pathological anatomy, meaning strictly the morbid appearances presented on dissection, has long received due attention in this country, whilst the disordered living actions of parts, or patho-physiology, has been less investigated by us until very lately. The latter study is much the more difficult, and belonging to it are the recent investigations into the condition of the saliva, by Dr. Donné,‡ who finds this secretion alkaline when the functions of the stomach are properly performed, and acid as often as these are disordered; the chemical condition is easily ascertained by the familiar tests. The same fluid has been submitted to several experiments in man and animals by Dr. Schultz,§ who found acid to predominate usually during a meal. The power of iodine to cause salivation, when administered for other diseases, has been so frequently experienced, that I need not specify a particular instance.

\* This fact is communicated to me by my former pupil, Mr. Baron.

† *Edinburgh Medical and Surgical Journal*, vol. XLVI. p. 92.

‡ *Archives Générales de Médecine*, Mai et Juin, 1835.—Also, *Edinburgh Medical and Surgical Journal*, vol. XLIV. p. 539,—“On the Chemical Characters of the Saliva, considered as a means of Diagnosis in certain affections of the stomach.”

§ *Versuche mit dem Speichel von Dr. C. H. Schultz*, in *Hecker's Neue Wissenschaftliche Annalen der gesammten Heilkunde*, vol. II. p. 32. 1835.



From the pen of Dr. Macartney\* we have the affirmation that "inflammation, so far from being necessary for the generation of tissues, retards that process when moderate, and prevents it when existing in a high degree;" he effects his object in healing a wound, by "contact, repose, and regulated position," directing no farther application than water, in a state of fluid or of vapour, and of such temperature as avoids or removes pain. Such a doctrine of "agreeable sensations" is what every good surgeon would wish to follow; the difficulty of fulfilling the required conditions does not militate against the correctness of Dr. Macartney's ideas, which are opposed, even more strongly than those of John Bell, to the long received doctrine of John Hunter regarding "adhesive inflammation."

M. Velpeau has embraced the opportunity of making some remarks upon elephantiasis,† founded on a case of this disease affecting the scrotum, and in which he removed the morbid mass; he contends that the disease is not from chronic inflammation of the lymphatic vessels, neither is it a simple *hypertrophie* situated in the skin only, but a *degenerescence* of the *subcutaneous* cellular substance. On account of this disease, I lately amputated a limb weighing twenty-five pounds, and there was proof that the whole cellular texture of the limb, even that situated between the muscular fibres,‡ was affected

\* *Observations sur la Guérison des Plaies sans inflammation*, in *Mémoires de l'Académie Royale de Médecine*, vol. V. p. 64. Also, *London Medical Gazette*, vol. XVII. p. 452.

† *La Lancette Française*, Avril, 1835

‡ The limb was removed about the middle of the thigh. The only trace of muscular fibres found on dissection was in the *rectus femoris*,



and had undergone a morbid growth ; the patient recovered and is now in health, supplying an argument in favour of amputation, which has been so much discouraged by some recent writers upon the disease.

A very simple fact, which any body might have ascertained, sometimes sets aside an ingenious theory, as happens by crystallized oxalate of lime\* being found in the *tubuli uriniferi* of the kidney. The existence of tubercles in the lungs at the age of *ninety-three*, substantiated by Dr. Christison,† shews either that this morbid structure may arise at the most advanced period of life, or remain quiescent for very many years.

One of the most surprising of pathological and preservative phenomena is the passing away, *per rectum*, of an invaginated and prolapsed portion of intestine, comprising all its coats, without the continuity of the canal being destroyed. This subject has been well elaborated by Dr. Wm. Thomson ;‡ and it appears that of thirty-five cases, in some of which several feet of intestine were voided, a majority recovered.

The previous remarks of Drs. Bright, Gregory, and Christison, have been confirmed by Dr. J. Os-

where a few were observed separated from each other, to the extent of one-quarter or one-third of an inch, by the same kind of condensed adipose substance as occupied the rest of the limb.

\* I have stated this fact in a "Prize Essay on the Urinary Calculus," p. 17. It proves that concretions of this description are formed in the *tubuli uriniferi*, and not according to the hypothesis of Dr. Prout, "by oxalic acid meeting with lime in the *pelvis of the kidney*."

† *Edinburgh Medical and Surgical Journal*, vol. XLIII. p. 268.

‡ *Edinburgh Medical and Surgical Journal*, vol. XLIV. p. 296.



borne,\* who has found, after careful and rather extensive observation, that "whenever the urine coagulates, by heat being applied without evaporation, there is disease of the kidney as well as dropsy."

The most useful inventions, out of which the lasting and solid improvements in medical practice arise, often make less noise amongst us than those theoretical systems which in a few years fade away, and leave no trace beyond our historical records. Nothing has tended so greatly to advance the diagnosis of internal diseases, particularly of the chest and abdomen, as the introduction of auscultation, and the discovery of the stethoscope. These powerful aids for the detection of disease have been more and more employed, and we find, in each leading country, fresh and valuable treatises upon their application in practice.† Pathological anatomy is thus rendered more available, by our being enabled to detect, with a degree of precision amounting almost to demonstrative evidence, certain internal morbid changes during life, as well as many functional derangements not before cognizable by our senses. To enter fully into this department would be enough for a lengthened address; I feel that I ought to leave it to more able hands and some future occasion, and to content myself with enumerating a few of the recent suggestions for employing particular remedies.

\* On Dropsies connected with suppressed Perspiration and coagulable Urine. London, 1835.

† Williams in England, Raciborski in France, Phillip in Germany, and Gerhard in America, have published upon the subject in 1835-6; although these works are before me, it seems not necessary to quote more than the name of each author.



The treatment of epilepsy by indigo\* has been tried by several physicians with partial success; the dose has been increased until as much as an ounce has been given in a day, and until both the fæces and the urine have become coloured with it.† The endermic method of administering certain medicines has been advocated by Chomel, who cures intermittent fever with a few grains of the sulphate of quinine applied to the inflamed cutis after the removal of its epidermis.‡ Sulphur in different forms has been strongly recommended for rheumatism,§ one writer considering it “as much a specific for that complaint, as mercury for syphilis.”|| Turpentine has been tried in all ways, and for various disorders.¶ Fumigations have relieved the fits of whooping-cough; \*\*

\* Dr. Ideler, in *Rust's Magazin für die gesammte Heilkunde*, vol. XLIII. p. 371.

† *Ibid*, vol. XLVI. p. 226. Also, “*Beobachtungen über den Indigo als Heilmittel der Epilepsie und anderen Krampfkrankheiten, von Dr. Roth*,” in *Hecker's Neue Wissenschaftliche Annalen der gesammten Heilkunde*, vol. I. p. 17.

‡ *Johnson's Medico-chirurgical Journal*, July, 1836, vol. XLIX. p. 229—The cuticle being raised by an ammoniacal paste and removed, eight grains of sulphate of quinine applied to the exposed cutis stopped a fit of ague; and four grains twice applied afterwards, effected a cure. *Journal Hebdomadaire de Médecine, Septembre, 1835*—In diseases of the heart, powdered digitalis is used in the same manner.

§ Professor Otto uses carburet of sulphur internally and as a liniment.—*British and Foreign Medical Review*, vol. II. p. 252.

|| *The Lancet*, 7th March, 1835, p. 810—Powdered sulphur is rubbed upon the painful part, and at the same time administered internally.

¶ Amenorrhœa cured by turpentine injections per anum.—*Lancet* for July 25, p. 550.—Sciatica treated successfully in the same manner.—*La Lancette Française, Septembre, 1835*.

\*\* *Pfaff's Mittheilungen, 1ste Jahrg.* and *British and Foreign Medical Review*, vol. I. p. 574.—I have found the violent symptoms of this disease relieved, and a cure expedited, by the patient living in a room which was thrice a day impregnated with the fumes proceeding from a portion of the following materials placed on a red-hot iron:—*Gum benzoin et olibani, ā ʒiss., rosæ fol. et lavand. ā ʒij. m.*



and sulphate of copper has been found serviceable in croup.\* Creosote, discovered in the preceding year, has been applied to many maladies, but has not, it appears, gained much ground as a remedy. The most powerful medicines, *digitalis*† and *nuxvomica*,‡ have been advised under fresh indications. Dr. Stokes has shewn the benefit of chloride of sodium in certain cases of fever;§ and broom-seed,|| and other vegetable substances,¶ have been arrayed against dropsy.

The hydrated per-oxyd of iron, first named about two years ago\*\* as an antidote to the arsenious acid, has since gained the support of several experimentalists for its certain efficacy, provided it be administered soon after the poison has been taken, and before constitutional symptoms have arisen.†† Even where

\* *Hufeland and Osann's Journal der practischen Heilkunde*, August, 1835, p. 38.—The dose is from one-eighth to half-a-grain, dissolved in water.

† A teaspoonful of a strong infusion of *digitalis*, given every two hours, cured five cases of delirium tremens out of seven; as soon as symptoms of narcotism appeared, recovery ensued.—*London Medical Gazette*, vol. XVI. p. 768.

‡ From three to ten drops of a tincture of this substance is said to cure prolapsus ani in children.

§ *Dublin Journal of Medical and Chemical Science*, vol. VIII. p. 136.

|| *Observations on Broom-Seed in Dropsical Affections*, by R. Pearson, M.D. London, 1835.

¶ The *Ballota lanata* is frequently used in Siberia for the cure of dropsy.—See *Antologia Medica*, Febbrajo, 1835; also, *British and Foreign Medical Review*, vol. I. p. 566.

\*\* *Das Eisen-Oxyd-Hydrat, ein Gegengift der Arsenigen Säure*, von Bunsen and Berthold. Göttingen, 1834.

†† In a case where a dram and a half of white arsenic had been taken, the antidote was administered in twenty minutes, and all dangerous symptoms prevented.—Geoffroy in *Journal de Med. et de Chir. pratiques*, Septembre, 1835.—The power of the antidote is proved by experiments on animals, but its action is said to be void when employed after



the effects of the poison have begun to shew themselves, in vomiting, stupor and slight convulsions, the treatment has answered ;\* and it seems to have been clearly ascertained that the antidote, given in excess above what is required to neutralize the poison, is of itself harmless, as is likewise the product of its union with the arsenious acid.

In no division of therapeutics is there more vagueness,—upon no subject does the medical press of the last year present greater contradictions, even when conveying the expressed opinions of men of great experience and renown, than upon hydrophobia. With us this disease is so rare, that we require its nature and origin to be better understood, scarcely so much for the purpose of being able to cure, as for preventing those apprehensions which so often and so needlessly seize the public mind, and bring our police into activity ; but in several countries of Europe the disease appears to be frequent, and we have *rabies canina*, *vulpina*,† *felina*, described by the best authorities. The symptoms which characterize this malady are often not stated with precision ; every case is fascinating to which the term hydrophobia is attached, and readily finds admission into our

the symptoms of poisoning have shewn themselves.—*Expériences constatant l'efficacité de l'hydrate de peroxyde de fer comme antidote de l'arsenic*, par M. Boulay, in *Mem. de l' Acad. Royale de Med.* vol. IV. p. 308.

\* See cases by MM. Bineau et Majesté, in *Journal des Connoissances Medico-chirurgicales*, Novembre, 1835.—Also, *British and Foreign Medical Review*, vol. I. p. 573.

† Dr. Heyfelder (in *Wurtembergisches Medicinisches Correspondenz-Blatt*) mentions many foxes shewing themselves in the villages, affected with the disease, and that dogs bitten by them died of hydrophobia.—See *Encyclographie des Sciences Médicales*, Mars, 1836 ; and *Edinburgh Medical and Surgical Journal*, vol. XLIII. p. 77.



Journals, where we not only meet with cases of doubtful character, but others clearly marked as the ordinary effects of inflammatory disease within the cranium.\* Our Journalists would render a public service by rejecting all cases designated hydrophobic, unless supported by a train of symptoms supposed to be characteristic of this formidable disease. The extraordinary opinions expressed upon this subject by some very high and talented personages,† form the climax of contradictions as to its etiology. Velpeau has come to the conclusion that the bite of a dog which is not rabid‡ may produce the disease in question, and it has even been advised to cauterize every wound from such a source,§ in order to make sure of preventing hydrophobia! The delirious period of the poison, or, as it has been happily expressed by Mr. Travers, “*the period of*

\* A boy, nearly four months after having his leg lacerated by a dog, became ill, had a dread of water, and died in less than two days; he had previously been *heavy and sleepy*, his *pupils were dilated*, pain severe across the forehead relieved speedily by binding a handkerchief round it, *delirium, tetanic convulsions*. In the absence of a *post-mortem* examination of the cranium, this is put down as a case of hydrophobia!—*London Medical Gazette*, vol. XVII. p. 268.

† *La Lancette Française*, Juillet, 1835.

‡ “*Il n’est pas rigoureusement nécessaire qu’un chien soit atteint de la rage pour que sa morsure la détermine.*”—Velpeau.—*Ibid.*—I once witnessed most distressing and severe hydrophobic symptoms in a lad, who was frightened by a dog which was falsely represented to be mad, but which never touched him; recovery ensued, and I put the case down for a pure *neurosis*, not venturing to regard it as identical with the *special neurosis* proceeding from the bite of a rabid animal.—“*Dans toutes morsures faites par un animal irrité, la salive peut contracter des propriétés virulentes. Une nourrice ayant été mordue par son enfant, éprouva des symptômes cérébraux analogues à ceux de l’hydrophobie! Un soldat ayant été mordu par un de ses camarades, mourut dans les convulsions le septième jour!*”—*Ibid.*

§ *Ibid.*



*its incubation,*" has been further extended to two years,\* much to the inconvenience of the practitioner of our art, who would be glad to assure his patient that, within a much shorter period, all danger of the dreaded disease would be over. In the midst of all these uncertainties, I meet with the most agreeable one, in the hope held out "that a remedy exists though undiscovered;" and we are told "not to suffer experience to assume the shape of prejudice by relaxing our activity in search of an antidote."†

Enthusiasts as extravagant are met with in theoretical medicine, as in the worst forms of religious superstition; but nothing has, I believe, arisen within a century, surpassing or even equalling what has been dignified with the name of the "homœopathic

\* *London Medical Gazette*, vol. XVI. p. 768. A jury gave their verdict that the patient "died of hydrophobia, the supposed cause of which was a bite of a dog received two years ago."—Hydrophobia declared 101 days after the bite, (*Gazette Médicale de Paris*, Août, 1835).—Ditto, five months after the bite, (*La Lancette*, Août, 1835).—Dr. J. L. Bardsley fixes two years as the greatest period of delitescence, but quotes the best authorities for the opinion that "all credible cases on record have occurred within eighteen months." (Art. *Hydrophobia*, in *Cyclopædia of Practical Medicine*, vol. II. p. 492.)—There is great practical value in being able to refer to a definite period after the bite, within which the disease may shew itself. A gentleman of the medical profession (always a most sensitive class of patients) came to me a year since, in great agitation and alarm, even emaciated, from continued apprehension of the effects of a bite from a dog supposed to have been rabid; the bitten part had been excised and caustic applied, since which many weeks had elapsed; but he had read of the disease shewing itself fifteen or twenty-four months after the injury. Possessed of his confidence, I applied the most effectual prophylactic to his apprehended disease, by advising him to suspect the authenticity of such protracted cases. Hydrophobia is sometimes a simple *neurosis*, arising spontaneously, as much as was *tarantism* and the *dancing mania* of the middle ages.

† *Travers on Irritation*, part 2, p. 419. 1835.



system." This germanic reverie of transcendental nonsense—*cui fumus est pro fundamento*—built upon smoke! would not deserve to occupy the time of the present enlightened assembly, had it not made some stir in the country of its origin, choking the press with visionary treatises and worthless periodicals, and spreading gradually through several parts of Europe, and even of the Western world;\* a

\* In Germany nearly twenty books were published upon the homœopathic doctrine, in 1832; in the following year twice as many issued from the press; in 1834 the number amounted (according to Dr. Bluff, who has kindly facilitated my enquiries) to sixty-four; and in 1835 I find *only* thirty-one enumerated. The author of a dense volume on this medical mania (*Die Homöopathie von der practischen Seite beleuchtet, ein Lesebuch für Aerzte aller Confessionen, herausgegeben von Dr. F. Lesser*, Berlin, 1835,) occupies about twenty pages in referring to different works upon the subject, and quotes the remark that "the doctrine has spread like the cholera, and will go round the world!" Dr. Lesser specifies twelve homœopathic or anti-homœopathic journals in 1835, (p. 6); four journals are still forthcoming in Germany, one against the doctrine. Notwithstanding the decision of the Royal Academy of Medicine of France, against the system, I find that seventeen homœopathic treatises issued from the press in that country, in 1835, and a journal devoted to it is regularly published in Paris; another journal appears in the same language at Geneva. Italy also has its homœopathic journal, issuing at Naples; Spain had one, which has been *put at rest* by intestine troubles *without assassination*. It is well known that in Russia, physicians were forbidden to practice according to this new system, in public Institutions. Dr. Otto remarks that in Denmark but *one* medical man has published upon "this foolish *system* of medicine, and one of the bitterest satires upon it;" and he thinks the sound sense and judgment of the faculty and the public will prevent its taking root in Danish soil. Holland remains equally free; whilst the profession in Belgium is strongly imbued with the homœopathic disorder, as is abundantly shown in their medical journals, and in the reports of their discussions. America is not quite clear of the same charge, though not burthened with a specific journal. In England we are still more fortunate; we hear, indeed, of "homœopathic powders," curing as wonderfully as the *powder of sympathy*; but we are only arrived, so far as I know, at the third book on *homœopatheia*, and from the pen of an author, whose name stands very low in the alphabet. (August, 1836.)



doctrine inferior to Brownism, curing or pretending to cure as magically as by mesmerism, animal magnetism, and the royal touch ; a doctrine at variance with every rule of the inductive philosophy, and of the causation of diseases ; a doctrine essentially setting forth that the effect is greater as the cause applied is less,\* and leaving no rational explanation of a cure in the cases where a cure is effected, otherwise than by regulated diet, and the natural restorative powers of the living system, aided by the imagination of a confiding patient. The enthusiast and the charlatan are always industrious, and in our too conjectural art, when any theory, however vague and preposterous, gets afloat, fancies are soon mixed up with some realities, and in time things actual become combined with the imaginary in endless perplexity ; thus support is gained, new combinations are formed, and something useful is occasionally elicited even by the worst and vainest of doctrines. It is, however, but the fruitfulness which is found to arise from digging the soil in search of a supposed hidden treasure that does not exist.

That we should set about curing diseases in this country by the atomic fractions of *homœopatheia* is not to be believed, unless, previously, we revert to

\* Hahneman assures us he can cure intermittent fever with millioneth, and syphilis with sextillioneth doses of mercury !—*The Lancet*.—When Lord Bacon spoke of “commanding so over the medicine that the medicine cannot command over the disease,” he never divined of such a system as this, where “the active properties of each remedy become more developed in proportion to the minuteness of the dose ;” in short, “homœopathists are cautioned against too minute a subdivision of the dose, lest it should become so energetic as to give rise to dangerous symptoms !”—*Lee’s Observations on the Medical Institutions of France, Italy, and Germany*, p. 203. 1835.



the state of prejudice, credulity and ignorance of two centuries ago, when as singular a delusion was practised in regard to the surgical department, *the curing of wounds by applying the salve to the weapon*, which became so rife, was so fully confided in, and, moreover, turned out so *wonderfully efficacious*, that a learned scholar of our Universities wrote against it, and clearly proved, that “the cure being done, neither by natural means nor by Divine institution, but by magic and an implicit compact with the devil, it could not be lawful for an honest man to use it.”\* The excuse for my offering this historical allusion is (*similia similibus*) that we may see in its true colours this monstrous sophism of the nineteenth century, so justly entitled to be ranked with “the cobwebs of science,” which, “however admirable for fineness of thread and work, is of no substance.” It must be remembered, however, that so bad was the treatment of wounds when the weapon-salve was invented, that they healed better without any direct applications; and it behoves us to take care so judiciously and temperately to apply our present remedies in medical cases, that these may not be cured, or rather may not get well, faster by no medicine being administered; which, it strikes me, would offer the only chance for the abstemious homœopathist’s superior success in practice.

To speak more gravely, and in terms of just com-

\* “*Hoplocrisma-spongus*, or a sponge to wipe away the Weapon-salve; a Treatise, wherein is proved, that the cure late taken up amongst us, by applying the salve to the weapon, is magicall and unlawful; by Wm. Foster. 4to. London, 1631.” P. 56.—Dr. Robert Fludd wrote an answer to this, under the quaint title of “*The Squeezing of Parson Foster’s Sponge.*” 4to. 1631.



mendation, we are infinitely indebted to the discrimination of our Journalists, who have hitherto given no encouragement to the specious doctrine I am considering, and one of whom\* has designated it "a meditation upon death;" it may, nevertheless, be most difficult to give such a system its death-blow, for when you fight with a phantom it rises again, in spite of the best weapons you can employ: *plus une distinction est subtile, plus il est difficile de l'anéantir.*"

The doctrine of Broussais, which continues to receive the support of many talented men, is of a different kind both in its application and effects; resting on comprehensive views of general anatomy, diving into the deepest recesses of pathology as exhibited to actual observation, and associated with the most energetic practice for arresting acute disease, it must carry his name down honourably to posterity, after his theoretical system shall have yielded, as it will be sure to yield, to some other *more new*, if not *preferable*, doctrine.

But theoretical systems are of less consequence, and receive less attention, as sound science, founded on facts, and obvious deductions from facts, advances; and in the present day, let us hope it will be universally felt in this country, that there is no need to lead captive the imagination of the patient by *vain doctrines*, any more than by *deceptive practices*, satisfied that in relinquishing *all of them*, we can claim a more than counterbalancing advantage, in the increased confidence which the public feels in the members of the medical faculty for their higher attainments.

\* Dr. James Johnson.



Before entering the confines of surgery, I may premise that we have to consider not merely new discoveries, but also the extent to which the suggestions of recent years have been adopted, and the practical application of certain methods of cure long known to the profession.

The employment of *cold* in local inflammations is of very ancient date, and has exercised the pen of many able writers; in the present day, the method of applying *cold* may be stated as generally most objectionable, subjecting the affected part to a great variety of temperature, and proving worse, as to comfort and remedial effects, than if no such plan of treatment had been adopted. Considerable improvement in this respect has lately taken place, a simple method of employing water for the purpose, urged by Jossé\* and Berard,† having been brought extensively into use in France, and significantly designated *the method of irrigation*; the same plan has also been recommended in England.‡ The

\* *Mélanges de Chirurgie pratique, Emploi de l'Eau par la Méthode des Affusions, &c.; par M. Jossé fils.* Paris, 1835.—A vessel fixed above the level of the patient's bed, is filled with water, and provided with a stop-cock through which the water is allowed constantly to drop, more or less fast, upon the affected limb, under which a piece of oil-cloth or silk is laid to protect the bed and to conduct off the water, that it may reach a vessel placed for the purpose beneath the bed. This is the principle; the method of executing it may be varied a hundred ways, according to the ingenuity of the surgeon.

† Berard employs minute glass tubes as syphons to conduct the water from the upper vessel, and covers the affected limb with a linen towel for diffusing the water over it: his paper on the subject occurs at length in *Froriep's Notizen aus dem Gebiete der Natur und Heilkunde*, vol. XLIII. p. 349, (March, 1835)—copied from the *Archives Générales de Médecine*.

‡ Guy's Hospital Reports, part II. p. 213. Several threads of



cases most suited to such a mode of treatment are local injuries or inflammations of the extremities ; and the more steadily the reduction of temperature is maintained, the more safe and efficient will be the practice. Some very experienced surgeons have recently expressed their objections to the method altogether. I should be sorry to go so far as to allow "the warm stimulating nostrums of our ancestors to be more in accordance with sound sense and observation than the cold applications of the moderns ;"\* still I have in practice found reason to concur in some degree with the remarks stated, and have sometimes referred stiffness and painful rheumatic affections of joints to the intemperate and irregular employment of cold applications, and in one instance I knew tetanus arise from this cause.

It is usual to find yearly the announcement of *certain cures* for those diseases deemed and found hitherto, in the imperfect state of our art, *incurable*. The most prominent suggestion under this head is the treatment of cancerous affections by the chloride of zinc, employed in the form of paste ; it can, of course, only avail where the disease is still local ; but the cases related by Drs. Canquoin,† Ure,‡ and

worsted, acting as capillary syphons, convey the cold water or lotion constantly from the vessel above to folded linen laid over the affected part ; the fluid can be supplied more freely at pleasure by increasing the number of threads.

\* Mr. Key, in Guy's Hospital Reports, part II. p. 259.

† *Mémoire sur un Nouveau Mode de Traitement des Affections Cancéreuses*. Paris, 1835.—Dr. C.'s method is fully detailed in the *London Medical Gazette*, Dec. 12, 1835, and subsequent Number, pp. 391–432.

‡ *London Medical Gazette*, vol. XVIII. p. 287.—The cuticle being first removed by a blister, the phagedenic paste is applied, composed of one part of chloride of zinc with two of sulphate of lime.



Riofrey,\* many of which occurred under the eye of renowned surgeons,† prove that this escharotic destroys the scirrhus tumour speedily, leaving an ulcerated surface which often readily heals; and it moreover induces no danger from absorption, which is a recommendation not possessed by the arsenical paste,‡ an application formerly much employed and held in repute for the same purpose. The chloride of gold§ is also said to have been tried with success in cancerous affections during the last year.

As an auxiliary to the active antiphlogistic treatment of croup, warm local fomentations have been advised;|| and in an advanced stage of the malady,

\* *New Treatment of Malignant Diseases and Cancer.* London, 1836. This writer says, the paste not only destroys the tumour, but “purifies the surrounding atmosphere.” P. 59.—He uses the chloride of zinc mixed with different proportions of flour, and has applied it to a tumour on the inside of the mouth, also to the *os uteri*, with safety and good result.

† Mr. Lawrence, who permitted the trial of chloride of zinc upon his patients by Dr. Riofrey, has since tried it himself, and observes in a letter to me: “it is a convenient and effectual mode of destroying morbid textures, where the use of the knife may be objectionable, as in some of the cancerous affections of the face. Its action can be limited with perfect accuracy; you can destroy to any definite depth, according to the thickness of the stratum employed; and the separation of the slough leaves behind a healthy granulating surface, which heals rapidly. Its immediate action is that of a powerful stimulant, causing great vascular excitement, with swelling, bright redness and severe pain, the last sometimes continuing twenty-four or forty-eight hours, or even longer. In two cancerous ulcerations of the face, where the disease, although of long standing, was superficial, it acted most favourably, and the cures have been permanent.”

‡ Above twenty years ago I noticed fatal cases from arsenic used as an escharotic.—*Sketches of the Medical Schools of Paris*, p. 45.

§ *Recamier* in *Revue Médicale*, Janvier, 1836.

|| A large sponge, soaked in hot water, and applied as hot as can be borne for twenty minutes to the neck just beneath the chin, until a vivid redness is induced.—*London Medical Gazette*, 1835.—Dr. Kirby



when suffocation is imminent, tracheotomy has in many instances been performed, and with a share of success that does not quite condemn the practice :\* the operation is, however, rarely applicable to such cases, and when had recourse to on account of any diseased condition of the larynx, as croup, œdema, or ulcer about the glottis, is found much less successful than when demanded on account of a foreign substance getting into the air-passage ; in the last case, where you have to operate on healthy parts, there is comparatively little risk, and generally a happy issue, even in children of tender age, as the records of the last and of many a preceding year testify.

A fondness for certain operations, and a degree of over-zeal in seeking for occasions to perform them, are modern traits of professional character, which, it is to be hoped, will become obliterated or obscured by the daily improvements in pathology and the diagnosis of diseases. The mere operator ought not to be ranked amongst the best of surgeons, and the kidnapping of such patients as furnish conspicuous cases for an hospital-theatre, or for the more private assembly of a *coterie* of young opera-

uses common culinary salt, heated and applied in a flannel bag, so as to produce a rubefacient effect.—*Dublin Journal of Medicine and Chemical Science*, vol. VIII. p. 333.

\* Chomel operated successfully upon a child in the extreme period of the disease ; “ *le petit malade avoit rendu des fausses membranes tubuleuses.*”—*Encyclographie des Sciences Médicales*, vol. XXIX.—It is stated that of twenty-one cases of this operation for croup, seven were cured.—*Kleinert's Repertorium*, February, 1835, p. 66.—Dr. Marx, in an able paper, quotes eight cases in succession fatal : “ *Des heureux Résultats de la Trachéotomie pour extraire les corps étrangers engagés dans la Trachée-artère, et de son insuccès dans les cas de Croup et d'Œdème de la Glotte ;*” in *Journal des Connoissance Médicales*, Decembre, 1835.



tors, should be discountenanced and denounced by every conscientious cultivator of surgical science. Led by a close investigation of symptoms to the necessity of the undertaking, how much more creditable is it for the surgeon to *paracentize* the chest for empyema, than to *lithotomize* ! The performance of such operations as *paracentesis* of the chest\* by many surgeons in retired situations, appears to me to signalize the advancement of sound surgery in this country more happily than the circumstances I allude to, of precipitately volunteering the performance of what are denominated heroic operations.

Hernia is of such frequent occurrence, that every hint for its palliative or curative treatment deserves to be promulgated. The application of cupping-glasses, or dry-cupping, to facilitate the taxis, has been recommended ;† how this application acts has not been ascertained ; it is said to be most serviceable when the hernia is small, the cupping-glass being large enough to cover the tumour ; but the treatment has been had recourse to with good effect even in large herniæ. The plan of Gerdy for radically curing diseases of this class has been tried with fresh modifications by several surgeons,‡ and is re-

\* See a case in which nine and a half pints of fluid were removed from the chest by Mr. Worthington.—*The Lancet*, Sep. 16, 1835, p. 801.

† *Erfahrungen über den Gebrauch des Saugpumpe bei eingeklemmten Brüchen*, von Dr. L. Köhler (Warsaw), in *Hecker's Neue Wissenschaftliche Annalen der gesammten Heilkunde*, vol. I. p. 382. 1835.—The originator of this method has tried it in twenty-three cases.—See also *Encyclographie des Sciences Médicales*, Mars, 1836. Where the tumour is so large as not to be covered by the glass, “*il faut avec la main agir dans le sens de la ventouse appliquée.*”

‡ The skin is pushed before the finger so as to make it enter the inguinal canal, and is then fixed in this situation by sutures ; still further to command success, the external opening of the skin is closed by ligature.—*La Lancette Française*, Avril, 1835.



presented to have answered well in small herniæ : experiments have likewise been made by Belmas,\* in support of the same practice. The most recent proposal for the radical cure of hernia is the employment of a firm wooden block (in the place of the usual soft pad) with the truss ; and a most excellent report upon the subject has been drawn up by Dr. Reynell Coates and other American surgeons.† In reference to operations in this branch of pathology, it occurs to me to mention that, a pound and a half of irreducible omentum has been removed ;‡ the very thickened sac of a strangulated umbilical hernia cut away after exposure and reduction of the intestine ;§ the unopened sac of a navel rupture removed by ligature, in more than one instance,|| after

\* By the use of a very minute trocar and canula an absorbable fluid is injected into the empty hernial sac, sufficiently irritating to determine adhesion between its surfaces. “ *Il est à désirer que la hernie soit peu volumineuse. Ce procédé a réussi sur l’homme et sur les animaux.* ” — *Revue Médicale*, Janvier, 1836, p. 25.—A pellet of wax, smeared with blistering cerate, and left for twenty-four hours on the part, inflames the skin sufficiently to cure umbilical rupture.—*Heilung der Nabelbrüche mittelst einer Aetz-Pelotte*, vom Dr. Moesner, in *Summarium der Neuesten aus der gesammten Medicin*, vol. XI. p. 434.

† Report on the radical cure of Hernia, in the *American Journal of the Medical Sciences*, vol. XVII. p. 307.—Also, Notice of two new modifications of Wooden Blocks for the radical cure of Hernia, by R. Coates.—*Ibid*, p. 543.—At first the wooden pads were used with rugose surfaces, to irritate the skin ; but smooth ones were afterwards found to answer as well, the cure being determined rather by the accuracy with which the rupture is kept up for a considerable time, than by the degree of irritation or inflammation induced. These solid pads retain the parts better than those made of softer materials, and bring no danger of peritonitis.

‡ Dr. Jacob, in *Dublin Journal of Medical and Chemical Science*, vol. IX. p. 202.

§ *American Journal of the Medical Sciences*, vol. XVI. p. 380.—A radical cure was obtained in this case.

|| *Rust’s Magazin für die gesammte Heilkunde*, vol. XLIV. p. 175.



Dessault's method : all said to have been felicitously done. A hernia formed solely of the *appendix vermiformis*, which was found enlarged to four times its natural bulk, produced most of the usual signs of strangulation, and required the operation.\*

British surgeons have stood foremost in advancing the pathology of the arterial system, and in performing those operations upon the larger arterial trunks, which are now common in every civilized country. I meet yearly with recorded instances of a portion of the aorta being entirely obliterated, and the accounts of such cases are often followed by a word of encouragement to repeat the operation of a ligature to this vessel. Astley Cooper, James, and Murray, are the only names associated with this undertaking, and its intrepid originator allows me to say that he would not repeat the operation, except under an improved and more safe plan of conducting it,† approaching to the sentiments of a recent writer, who sums up a full consideration of the subject by remarking, in rather too unqualified a manner, that "the operation ought not to be again performed."‡ Compressing this vessel, in order to

\* *Omodei, Annali Universali di Medicina*, vol. LXXV. p. 430.

† Entertaining no fear of the sufficiency of the anastomosing principle in carrying on the circulation in man could other dangers be avoided, Sir Astley proposes, on an emergency, to reach the aorta above its bifurcation, "by making an incision through the muscles on the inner side of the anterior superior spinous process of the ileum and a little above it, and then turning the peritoneum towards the opposite side of the body, detach with the finger its cellular connection:" thus the vessel is reached without opening the peritoneal cavity ; but care must be taken to detach, as much as possible, the aortic plexus of nerves, that the artery only may be included in the ligature.

‡ *American Cyclopædia of Practical Medicine and Surgery*, article "Aorta," vol. I. 1835.



restrain hæmorrhage from the inferior half of the body, more especially from the uterus, has been warmly advocated, and in thin persons seems calculated to be beneficial.\*

The carotid artery has continued a favourite for experiments upon animals, and judging from numerous recent instances, it would appear to have been much experimented on in the human subject. Although some animals will bear a ligature to both carotids simultaneously,† the human frame cannot sustain so great and so sudden an interruption to the supply of blood to the sensorium; Professor Mott‡ has tested this question, and a case came under my own observation very recently,§ shewing

\* *De la compression de l'Aorte, exercée à travers la paroi extérieure du ventre, considérée comme un moyen propre à suspendre toute espèce de perte de sang chez les femmes en couche, et l'hémorrhagie qui suit la blessure de l'une des artères de la moitié inférieure du corps, &c. par Baudelocque neveu. Paris, 1835.*—See also "*Observation sur une hémorrhagie utérine foudroyante, suite de fausses couches, arrêtée subitement par la compression de l'Aorte ventrale, par M. Bonnafont, in Journal Hebdomadaire des Sciences Médicales, Janvier 9, 1836, p. 54.*

† Professor Mayer of Bonn tied the carotids simultaneously in a dog, also twice upon rabbits, with success; but in several other trials, the animals died, perhaps because the pneumo-gastric nerve was included in the ligatures.—*Edinburgh Medical and Surgical Journal*, vol. XLIII. p. 467.—In numerous instances it has been found by experiment that the dog will survive a ligature simultaneously applied to both the common carotids.

‡ Both carotids having been tied nearly simultaneously, with the view of arresting the growth of an enormous tumour in the situation of the parotid gland, the patient survived about twenty-four hours.

§ An attempt having been made to remove a tumour of small size, implicating the right parotid gland, the operator on this sad occasion wounded a large artery deeply situated, anterior to the mastoid process; a ligature was put upon the right common carotid, but without any good effect; the hæmorrhage continuing, I was called on the emergency; tying the left common carotid was suggested, but even pressure upon it, so as to interrupt the circulation, produced insensibility



how fatal is the tendency of a ligature applied almost simultaneously to each of these arteries. An approximation has, however, been made towards ascertaining the shortest interval at which the second carotid may be safely tied after a ligature to the first, and it has been safely done at an interval of thirty-eight, seventeen, and even twelve days.\* Amongst the most striking of these cases, is that related by Professor Kuhl, of Leipsig,† who, on account of a pulsating aneurismal tumour of the scalp, arising from a wound of the occiput, and extending over nearly the entire surface of the head, attended by frequent hæmorrhages, first placed a ligature on the left common carotid; the procedure only partially subduing the disease, and frequent hæmorrhages from the affected portion of the scalp still occurring and threatening life, a ligature was put upon the right common carotid after twenty-seven days; this was followed by convulsions, but after a train of very troublesome symptoms, the patient recovered and was cured of his disease. It is worthy to be noticed that in this, and also in other like cases, some days after both carotids had been tied, heaviness and throbbing in the head

*and convulsion*, and seemed to threaten extinction of life; *the experiment* was twice made with the same effects; by a dip of the needle I after some time inserted a ligature which stopped the bleeding vessel. The respect I entertain for professional decorum precluded my again seeing the patient, who lost his life by the undertaking which he was persuaded to believe necessary to save it.

\* Dr. Mussey in America.—See “*Cyclop. of Anat. and Phys. by Dr. Todd*,” article “*Carotid Artery*.”

† The case is related in *Radius and Clarus' Beiträge zur practischen Heilkunde*; also at length in the *London Medical Gazette*, vol. XVI. p. 816.



have occurred, requiring free venæsection, the sensorium being unable to bear the impetus of the returning circulation after having for a time received so scanty a supply of blood.

The tying of both carotids must, however, be regarded as somewhat hazardous, even when an interval is allowed; and the interval which may be considered safe, so far as regards the supply of blood to the encephalon, remains yet to be ascertained, and is undoubtedly variable according to the inappreciable differences in individuals. Even before applying a ligature to one carotid, the operator should assure himself that the other remains pervious.\*

A ligature has been put upon the carotids in cases of epilepsy, and also of hemiplegia;† the former disease has sometimes been relieved, and even removed for a time; in hemiplegia the experiment has not diminished the disease, nor was there, indeed, much reason to expect it, if we recollect that a paralytic state has been repeatedly induced by the very same proceeding.‡

Two successful cases of ligature to the superior thyroid arteries, for the cure of lymphatic goitre, have been related by Professor Chelius of Heidel-

\* After a ligature was put on one carotid, the patient "fell into a deep sleep and died shortly afterwards without awaking; the other carotid was found obliterated by a coagulum nearly as low as its origin from the aorta."—*Todd's Cyclopædia of Anatomy and Physiology* under "Carotid Artery."

† *Transactions of the Medical and Physical Society of Calcutta*, vol. V. p. 345.—Where one ligature only was applied, it was put upon the carotid artery *opposite* to the side of the body affected with paralysis.

‡ In several recorded instances of ligature to the carotid artery, hemiplegia, more or less complete, followed the operation, affecting the side *opposite* to that on which the ligature had been applied.



berg,\* who thinks this form of the disease indicates such an operation as much as the vascular goitre. The removal of the goitrous thyroid gland has been attempted by M. Roux :† after an operation lasting above an hour, and the application of forty-seven ligatures, including those applied to veins, about one-half of the gland, of the size of an orange, was removed ; the patient survived fifty-six hours. The *Hospital-Interne*, who relates this case, remarks very justly, that “ we may place this amongst the operations which the prudent surgeon may have the choice of performing, but will scarcely feel himself justified in undertaking.”‡

Where the brachial artery has been wounded in bleeding at the bend of the arm, I find so many instances narrated of successful management by pressure,§ that it seems imperative on us to regard this as the general rule of treatment. Sometimes the artery has been extensively obliterated by the pressure employed,|| at others the same has taken place in the vein ;¶ and one example is afforded of

\* *Archives Générales de Médecine*, Octobre, 1835, p. 230.

† *Ibid*, Janvier, 1836.

‡ “ On rangera cette opération parmi les opérations de complaisance, que les chirurgiens prudents ne doivent presque jamais entreprendre.”—*Ibid*, vol. X. p. 25.

§ Cure in sixteen days.—*La Lancette Française*, Mai, 1835.—Cure in eighteen days, by compresses immediately applied along the brachial artery down to the bend of the arm, and the whole limb tightly bandaged.—*Ibid*, Août, 1835.—Mr. Tyrrel quotes his fifth case of successful treatment by pressure.—*St. Thomas's Hospital Reports*, vol. I. p. 23.

|| *Encyclograph. des Sc. Med.* vol. XXXIV.—Case by M. Ducroz.

¶ Mr. Tyrrell, in *St. Thomas's Hospital Reports*, vol. I. p. 23.—The patient died suddenly of cardiac disease ; the median vein was found obliterated for half an inch above and below the puncture, and was



the aperture between the artery and vein closing, each vessel remaining pervious after the cure.\* Pressure is, however, applicable only where a competent surgeon has the opportunity of employing it soon after the injury. In a patient where pressure was found unavailing, a ligature was applied to the brachial artery, and the operator had to choose between two trunks of nearly equal size, owing to a high bifurcation of the vessel;† I was called not very long since to a similar case, and was led to select the right vessel by finding that pressure applied to it stopped the pulsation of the aneurismal tumour. It is in such high bifurcation of the brachial artery that a wound of it in bleeding is most liable to take place. It seems to be going a great length for a cure, to put a ligature upon the brachial artery for a wounded palmar branch; the analogy between aneurism and the wound of an artery is not close enough, to render the same rule of treatment applicable to each; I have found great reason to be dissatisfied with the method, not unfrequently adopted, of tying a great arterial trunk for the wound of a distant branch; it should be a rule with the surgeon to keep as near as possible to the seat

adherent to the artery, the calibre of which was perfect. Besides bandaging the limb firmly from the fingers to the axilla, Mr. T. uses a *ring tourniquet* to compress the artery near the insertion of the coraco-brachialis muscle.

\* Dr. J. Browne, in *Dublin Journal of Medical and Chemical Science*, vol. VIII. p. 265.

† Ligature of the Brachial Artery for veno-arterial Aneurism, by Professor Smith, in "*North American Archives of Medical and Surgical Science*, vol. I. p. 241."—Also, in *Johnson's Medical and Chirurgical Review*, for 1835, p. 201.



of the injury, and to make every effort to tie the vessel in the spot where it is wounded.

The wounded superior gluteal artery has again been effectually tied.\* Amongst the more curious cases under this division of my subject, which have just been promulgated, are the bursting of an aneurismal tumour into a vein, creating a varicose aneurism,† and the spontaneous cure of an aneurism in the ham by the same disease arising above it in the femoral artery;‡ the second aneurism was here cured by a ligature in the usual way. Dissections performed at an interval of many years after the application of ligatures to the external iliac, the common carotid, and the subclavian arteries, are amongst the valuable contributions within the period.§

Several eminent surgeons have lately exercised their ingenuity about certain operations upon the veins, even more than upon the arteries. When the veins become varicosely enlarged, every one knows the serious consequences, and the great difficulty experienced in finding out a mode of treatment at once safe and effectual. It is not admissible for me to enter into a history of what has been done for varicose veins; I can indeed but briefly allude to the most modern proposals. We cannot surely expect much from an electric shock conveyed along the enlarged vessels. Breschet's plan of

\* Baroni, in *Bulletino delle scienze mediche di Bologna*, vol. XII. p. 76.  
—This is the fourth instance recorded of ligature to the superior gluteal artery.

† *London Medical Gazette*, vol. VII. p. 358.

‡ *North American Archives of Medical and Surgical Science*, vol. II. p. 75.

§ Sir A. Cooper, in *Guy's Hospital Reports*, vol. I. p. 43.



pinching the veins, whether of the cord or of the extremities, by forceps constructed for the purpose, has frequently answered, and has not been often followed by the severe and dangerous symptoms of phlebitis; I am, however, assured, that repeatedly the parts included in the forceps, not excepting even the vein itself, have sloughed, the ulcer afterwards healing, and all doing well. Sanson has constructed forceps for the same purpose, with the blades so broad, that he keeps the sides of the vein in contact for the extent of nearly an inch;\* it is said to be not absolutely necessary that the vein should be included between the blades of the instruments, nor that adhesive inflammation should arise; it is sufficient that the vein be compressed so as to stop the course of the blood, when a clot forms, which is subsequently absorbed, leading to obliteration of the cavity of the vessel. The passing of needles through the varicose vein, after the ingenious manner first practised by Mr. Phillips,† of London, for

\* *De la compression médiate des veines variqueuses au dessus du lieu malade, procédé de M. Breschet, modifié et appliqué par M. Sanson, comme méthode générale au traitement des varices; par M. Boinet, Interne.—Gazette Méd. de Paris, Février, 1836.*

† As early as 1830, this gentleman, with whose correspondence I have long been favoured, acquaints me that he performed a series of experiments, which led to the discovery that needles introduced into the arteries produce their obliteration by inflammation. The uncertainty of transfixing the artery, induced him afterwards to attach two or three threads of silk to the needle, and to let these remain in the vessel until sufficient inflammation was excited. On further investigation, he recommended that the operation with the needle and silk threads should be performed upon the aneurismal sac itself. The Essay of Mr. Phillips, detailing these proceedings, was crowned by the Institute of France; and the employment of needles and silk threads upon the veins is an extension of his ingenious suggestion.



obliteration of arteries, and for which proposal he has received such honourable distinction in another country, has been recently tried by Lallemand, Davat, and Velpeau.\* The last of these experienced surgeons has also passed needles beneath the vein, and twisted a ligature circularly or *in-eight* under the projecting ends of each needle, so as to compress the vein.† I have myself adopted this plan, and although there was suppuration in the cellular substance, neither general fever nor phlebitis arose, the patient being quickly cured of a troublesome ulcer, and the dilated vein either restored or obliterated.

Dr. Fricke, of Hamburg, has treated varicocele, circocele, and varix, by passing a fine thread through the dilated vein, and allowing it to remain from twenty-four to forty-eight hours, according to the

\* Lallemand passes the acupuncture needles through the varicose enlargement itself, and leaves them there until sufficient inflammation is excited. Davat and Velpeau pierce the vein with the needles, where it is healthy, and at some distance above the varicosely diseased spot.

† Velpeau's plan is described to be the passing of a needle under the varicose vein, "*au dessus du bourrelet variqueux ; et à l'étrangler par un fil tortillé circulairement ou en huit.*" When the thread is passed circularly, the vein becomes constricted in three different points, "*par l'épingle sur laquelle elle est à cheval, et de chaque côté par le fil.*" Of twenty-five cases thus treated, fifteen of which were observed by the author of the memoir I am quoting, the obliteration took place in five or six days, at the expiration of which time the needle was removed. Of four cases of varicocele thus treated, two terminated in suppuration. In one patient, who happened to die four months after this treatment, the veins of the cord were found obliterated.—*Du Varicocele, et de son traitement curatif par l'étranglement des veines, par M. Dufresse, in Journal Hebdomadaire de Médecine, Février, 1836.*—Dr. Franc passes under the vein a needle two inches long, broad and flattened in its middle portion ; and he obstructs the vein with the twisted ligature for twenty-four or forty-eight hours.—*Journal des Connoissances Médico-chirurgicales, Juillet, 1835.*



degree of increased action excited ; and after trying the method in sixty cases, he recommends it as being not more simple in the performance than it is safe and certain in its effects.\* In the printed notices of this method, it has been represented that the vein is *obliterated*, but in the only instance in which Dr. Fricke has dissected the part, he found the vein pervious and reduced to the right calibre ; this zealous surgeon has favoured me with the full particulars of the case, with his reasonings upon it ;† and the plan of treatment for which we are

\* An extreme case of varicocele was thus cured in seven days.—(*Zeitschr. für die gesammte Medicin*, vol. I. p. 13.)—The usual time required for a cure is from a few days to three or four weeks. Not infrequently abscesses form in the contiguous cellular texture, retarding a perfect recovery, but bringing no serious consequences. Dr. Fricke assures me, that in only a single instance has he met with trouble from phlebitis after this treatment, which we find to arise, occasionally, even after common venæsection. In one case, however, the cure was not complete till above five weeks had elapsed ; and in another it was delayed by portions of the thread remaining, which caused abscess.—Two silk threads were passed through the varicose saphena major vein and kept in for thirty-six hours ; in fourteen days the varix was reduced to half its former size.—*Ibid*, vol. I. p. 318.

† The patient, of a highly scrofulous habit, was treated for a varicocele, by the insertion through the enlarged vein of three silk threads at a small distance from each other ; after twenty-four hours, the threads were removed. The reaction induced was moderate ; two small abscesses formed, which soon healed, and in fourteen days there was scarcely any trace of disease. After two months, on account of a slight relapse, a single silk thread was inserted and kept in as before. The inflammation caused by it was severe, requiring bleeding and strict treatment ; but the varicocele was perfectly cured. Seven months after the first operation, the patient died of small-pox ; and on dissection the operated vein was found not obliterated, but of the same calibre as the corresponding vein of the other side of the scrotum. Dr. Fricke does not however infer that the veins of the extremities would be in the same state after this treatment as those of the scrotum. In varicocele, after having inserted the thread, he assists the cure by pressure with adhesive plaster, the same as for *orchitis*.



indebted to him, seems, as far I can judge, to be the most philosophical that has been thought of by the numerous cultivators of this branch of surgery.

The removal of nævi and other erectile tumours has been much considered. Painting a nævus with the tincture of iodine has sometimes answered; and the proposal of Dr. Marshall Hall, to pierce tumours of this sort, and break up their texture in every part, with the needles, has cured, though slowly, without leaving any scar or defect;\* each of these plans is, however, suited only to very limited forms of the disease. Professor Lallemand has combined the use of needles with the ligature, not to produce such a degree of constriction as to destroy vitality, but to induce coagulation of blood in, and by inflammation to cause obliteration of the cells of such vascular tumours.† For a large erectile tumour on the

\* See a case by Mr. Wallace, in the *London Medical Gazette*, vol. XVII. p. 348.—The nævus was situated on the nose; repeated introduction of the needles was required, and the cure was so gradual as not to be completed till several months. My trials of this plan have not proved very satisfactory. Pressure is more effectual for nævi situated upon the scalp, if their texture be first broken up by the needle; for this purpose I have used a couching-needle, making only a single puncture through the skin, and giving the instrument, whilst imbedded in the nævus, the requisite movements to break down its cellular partitions.

† In a nævus of the lip, extending into the nostril, and which could not have been removed otherwise without leaving great deformity, this plan was particularly successful. The needles are first inserted, and the thread then twisted round their projecting ends, so as to make such a degree of moderate pressure as is necessary to induce coagulation of its contents, and inflammation of its cells; the contents are afterwards absorbed, and the cure is effected by the conversion of what remains into a firm solid texture.—*Archives Générales de Médecine*, Mai, 1835. *Observations relatives à diverses procédés opératoires employés contre les Tumeurs érectiles par F. Lallemand.*



back, as many as an hundred and twenty needles were inserted.\*

To awaken the attention of surgeons, and render the diagnosis more easy, would be the most profitable way of treating the subject of dislocations of the joints. Nearly all displacements of this kind are reducible, and commonly with little difficulty, if immediately detected; but they are still very frequently overlooked by the surgeon,† notwithstanding the improved state of education, and the *not very lenient* decisions of a court of justice upon such oversights in this kingdom. Ancient dislocations of the hip-joint have been reduced from forty to nearly an hundred days‡ after the accident; dislocations of the shoulder-joint of very long standing§ are also reported within the year to have been replaced. Luxations of both radius and ulna back-

\* The cure was ten weeks in being effected.—*Ibid.*—M. Roux has tried this plan for a nævus of the lip, inserting eleven needles, and putting a ligature lightly round.—*La Lancette Française*, Août, 1835.

† It has happened to me to become acquainted with patients in whom the most obvious dislocations had been overlooked. This has been the case in two instances of dislocation of the os femoris *forwards upon the os pubis*; in one of them reduction was effected *twenty-one weeks* after the accident; the other was a lad 16 years old, who came, not long since, under my care, twelve weeks after the injury, when I could not succeed in replacing the bone.

‡ The bone dislocated upwards and outwards, reduced after ninety-nine days.—“*Mémoires sur les Luxations anciennes, et l'époque à laquelle elles peuvent être réduites, par MM. Paillard et Marx*,” in *Journal des Connoissances Médicales*.—See *Encyclograph. des Sc. Med.* vol. XXIX.—Mr. Syme reduced a dislocation into the ischiatic notch after thirteen days.—*Edinburgh Medical and Surgical Journal*, vol. XLV. p. 13.—I have lately succeeded at fourteen days in this injury.

§ Dislocation of the bone into the axilla, reduced at forty-two days by Bransby B. Cooper.—*Guy's Hospital Reports*, vol. I. p. 99.—In *Paillard and Marx's Memoir*, a dislocation of the same kind reduced after forty-five days, without accident.



wards have been reduced at sixty-three,\* and even at seventy† days; but it may be well to mention, that in one of these cases the olecranon was fractured in the attempt, (owing to *the obstinate resistance of the triceps*,) which a little retarded the cure, as the fracture took five weeks to unite; the patient regained the full use of the limb. The most important contribution in this branch of surgery which it falls within my province to name, is the Memoir of Malgaigne,‡ a document rich in pathological details and novel views, yet so extensive as not to allow of my doing more than mention it in these commendatory terms. This surgeon has repeatedly used the *dynamometer*, for measuring the degree of extension employed with the pulleys; in one case the extending force applied was equal to 250 or 300 pounds. Mr. Weiss, of London, has constructed a *dynamometer* for me, which seems to answer every purpose; I conceive that such an instrument, constantly used when the pulleys are required, may be turned to great practical advantage; it cannot fail to indicate correctly the degree of force applied in each case, and as experience accumulates, serviceable rules, as to the degree of extension admissible at different ages, and on particular joints, may ultimately be laid down in every systematic treatise upon the subject.

\* *La Lancette Française*, Avril, 1835.

† *Omodei Annali Univ. di Med.* vol. LXXVI. p. 42.—The most ancient dislocation of this kind successfully treated within my reading, is by Dr. Macfarlane, at seventy-three days.—*Clinical Reports of Glasgow Infirmary*, p. 193.—I failed in a case of seventy-seven days standing; but had not my way with the patient, who refused to submit to a final trial. Paillard and Marx, in the Memoir quoted, found reduction at seventy-six days impossible.

‡ *Mem. de l' Acad. Royale de Médecine*, vol. V. p. 143.



Upon the treatment of particular fractures I find few materials, either to select from, or to comment on; the general management of such injuries, as regards the counteracting of inflammation, may be regarded as already referred to, in considering the improved methods of employing cold applications. A fracture of the skull, in which part of the brain escaped, and recovery took place, is related;\* but such instances occur under strict antiphlogistic treatment in almost every large public Institution. The ill success of trepanning where the spinal bony column is fractured and depressed,† and the recovery of patients without this proceeding even where it had been meditated,‡ are so many fresh arguments against undertaking it. In most of the instances which I have witnessed, and they are not few, where fracture of the spinal column was attended by displacement, producing pressure on the spinal marrow and paraplegia, the compressing portion of the bone has almost universally been the body of a vertebra

\* *American Journal of the Medical Sciences*, vol. XV. p. 546.

† On account of fracture with paraplegia, several broken fragments of the spinous process of the last dorsal and first lumbar vertebræ were removed, exposing (the writer says) *two inches of the spinal marrow*; the paraplegia was removed; still death happened in eight days preceded by delirium, and by gangrene of the right foot. Notwithstanding the unfavourable result of this and similar operations, the writer, whose name I am unable to quote, is for repeating it.

‡ A case of recovery "from dislocation and fracture of the spine" at about the eleventh dorsal vertebra, where the operation was meditated and not done, is related in the *London Medical Gazette*, vol. XVII. p. 1025, taken from the *American Journal of the Medical Sciences*, March, 1835.—With antiphlogistic treatment and strict rest, as in treating other fractures, I have repeatedly known fracture of the vertebræ, attended with paraplegia, recover; the chance is, however, small of such a result, when the injury is situated above the middle dorsal vertebræ.



(so generally broken in such instances) and not the accessible parts of bone, such as could be removed by an incision. Amongst modern proposals none have received less support, in the results of their application in practice, than this operation of removing the superficial portions of bone, when there is spinal fracture and displacement; and the reason, no doubt, is to be found in the pathology of such cases not being perfectly understood, and the diagnosis, as to the extent and seat of the injury, not correctly applied. In the management of fractured neck of the femur, the venerable Larry\* has pointed out objections to keeping the limb flexed upon the double-inclined plane, and has advocated extension, with the limb straight and in a line with the trunk, for securing the best apposition of the fractured surfaces and the greatest chance of union; the pathological condition of the parts after this injury, has received elucidation from Mr. Howship, who details the appearances on dissection in nine cases at different periods after the production of the fracture.†

Dr. Fricke has described with great precision a fracture of the neck of the thigh-bone, where the upper portion is driven into the cancellous structure of the great trochanter, and becomes firmly fixed in that situation.‡

\* *Clinique Chirurgicale*, vol. V. p. 239.

† *Transactions of the Medico-Chirurgical Society of London*, vol. XIX. pp. 1-18.

‡ To diminish the difficulty of a diagnosis, the signs of this accident are minutely narrated. There was pain and swelling about the hip, the limb shortened near an inch without admitting of being lengthened, and the foot turned outwards; the trochanter major depressed so as to be nearer to the acetabulum, and following the movements of the shaft of the bone; no crepitus; ability to bear a little on the limb,



The treatment of ununited fracture, by excising the articular surfaces of the false joint, has proved an unsuccessful practice, although not quite so much so, I apprehend, as has been lately affirmed by a writer of the most respectable authority,—that there are “only three recorded instances of success since the case of Mr. White, in 1760.”\* Besides Syme’s case of cure by this method, others have been added within the period of my researches.† It seems probable, however, that the seton is more often followed by the desired result, if inserted in such cases only, and at such a period, as are best suited to it.‡ The opportunity for fresh trials and improvements in this branch of surgery has been availed of, and the fractured surfaces have been firmly reinstated by a

which cannot be moved outwards.—*Zeitschrift für die gesammte Medicin*, vol. I. p. 20.—Although this patient died, verifying the nature of the accident by dissection, recovery is usually practicable; but there is permanent limping and shortening of the limb.

\* *Syme’s Clinical Report in Edinburgh Medical and Surgical Journal*, vol. XLIV. p. 24.—This paper contains one successful case after excision of both surfaces of the false joint. Several successful cases are referred to in *Dict. de Med. et Chir. Pratiques*, vol. III. p. 502. Art. “*Articulation anormale*.”—Dupuytren advised removing only one of the ununited surfaces, and states two cures after this method.

† Besides Mr. Syme’s case, two instances of success, by excision, are related by Dr. Kirkbride in *American Journal of the Med. Sciences*, vol. XVII. p. 39. Nov. 1835. In another instance, after excision had been tried, the seton cured. In a fourth, the seton alone cured. In an ununited fracture of the femur, three inches below the trochanter major, excision of the ends of the bone was followed by death on the sixteenth day, “from metastatic abscesses of the lung.” p. 46. I have known excision cure; but it so often fails, as to render the practice very discouraging.

‡ Mr. Syme regards the seton to be suitable “only when the process of reunion has made some progress.”—*Clinical Report*, p. 25.—It has been followed by hæmorrhage, and by extensive abscesses. By means of a small trocar and canula, a piece of silver wire has been introduced between the ununited surfaces, and left there as a seton.



heated wire passed between the ends of the disunion, and also by the injection of different irritating fluids.\*

The excising of diseased joints has received further support from Mr. Syme† and Mr. Key.‡ The latter gentleman removed the heads of both radius and ulna, together with the olecranon and an inch of the lower end of the os humeri, the patient being able to write well afterwards and possessing a moveable joint. I find that Mr. Wilson, of this town, has done the same. The Memoir of Mr. Blackburn§ upon this subject, deserves to be particularly

\* In an ununited fracture of the os humeri, port wine and water were first injected, then a solution of salt in water, and at length a cure was effected by a solution of cupri sulphas.—*Froriep's Notizen*, vol. XLV. p. 352.—A solution of nitrate of silver, dilute alcohol, wine, and very hot water, have been injected into the artificial joint. The cavity being punctured, the canula has been kept in, and the trocar heated by boiling water and repeatedly introduced through the canula, so as to come in contact with the surfaces of the false joint; two instances of ununited fracture of the thigh are stated to have been thus cured. “*De l'état actuel de la thérapeutique concernant les fractures terminées par fausse articulation*,” in *Bulletin Général de Thérapeutique*, Octobre, 1835.

† *Edinburgh Medical and Surgical Journal*.

‡ *Guy's Hospital Reports*, part II. p. 270.

§ *Ibid*, part II. p. 279.—The excision of the elbow-joint is become frequent. At the Manchester Infirmary, I saw a boy in whom excision had been recently performed for disease of the joint. Subsequently, at Liverpool, I found the same operation performed for a compound fracture of the part; and at the Glasgow Infirmary, a female under treatment for an eruptive disease, exhibited her right arm and shewed useful power of flexion and extension, the elbow-joint having been excised five years before. This joint, however, so often recovers from ulceration and abscess, that I doubt the propriety of meditating its excision, before abscesses have been opened. The remark of Mr. Blackburn is concurred in by every experienced surgeon with whom I have conversed on the subject, that we ought not to excise, where there is any other curative intention to fulfil; and let it be ever remembered that excision is proposed, “not as a cure for diseased joints, but as a substitute for amputation.”—P. 299.



commended, in regard to style, research, method, and mass of facts ; it is agreeable to signalize the industrious efforts of the advanced student, who is not yet fettered by the trammels of private practice, and, so far as I am able to judge, Mr. Blackburn's is the best memoir in this country, proceeding from the pen of a student, within the period of this research. I particularize this country, because it does appear to me, that the literary productions of our advanced and extensively educated students are rarely equal to what are met with annually in the "Reports" drawn up by the *Hospital-Internes* of the French schools.

The upper extremity of the *os femoris* has been removed by Oppenheim,\* by cutting through the bone at the small trochanter ; although the patient did not recover, the practicability of performing this operation with safety is scarcely to be doubted. An instance has been made public of amputation at the hip-joint, by Professor Mayo.† The circumstances were favourable for the success which followed, not only as regards the skill of the operator, but also from the operation being demanded on account of a neuralgic stump, the system in this particular case, therefore, receiving a less shock than is common ; for one great source of danger in a hip-joint amputation consists in the sudden removal of so great a proportion as nearly one-fourth of the human body.

What is denominated "partial amputation" of the foot has received some additional support ; the disadvantages of the transverse method have been

\* *Zeitschrift für die gesammte Medicin*, vol. I. p. 137.

† *London Medical Gazette*, vol. XVIII. p. 233.



well represented by Mr. Key,\* and the longitudinal method, so preferable in every case which will admit of it, has been repeatedly performed by him, as well as by several other surgeons;† indeed the longitudinal amputation of a part of the foot, though lately regarded as a novelty by some gentlemen,‡ is become a frequent practice not only with hospital surgeons, but with those limited to private practice.

No department of simply operative surgery has been more fruitful of good results than the excision of diseased bones. The lower jaw has been, on different accounts, as necrosis, caries, malignant ulcer, osteo-sarcoma, &c. removed in part, and repeatedly a majority of it including one articulation, in most European countries,§ in America, and even in

\* These consist in the great difficulty of healing the stump, and the imperfect bearing for the patient in consequence of the gastrocnemii muscles drawing up the heel so that the stump comes in contact with the ground on attempting to walk.—*Guy's Hospital Reports*, vol. I. p. 265.

† Rynd, in *Dublin Journal of Medical and Chemical Science*, November, 1835.

‡ See Remarks on Mr. Whatton's Case, at the Meeting of the British Association.—*Dublin Journal of Medical and Chemical Science*, September, 1835.

§ Amongst the numerous cases I may specify:—1. Amputation and disarticulation of the left half, by Lisfranc.—*Gaz. Méd. de Paris*, Janvier, 1835.—2. The same operation by Lisfranc on the right half, with disarticulation, on account of an enormous osteosarcoma; the anterior and lateral part of the pharynx was removed.—*Ibid*, Fevrier, 1835.—3. Sequestrum of the right half including the condyle, by Græfe.—*Encyc. des Sc. Med.* vol. XXXII. p. 167.—4. A similar case, by Mr. Syme, the shape and mobility of the jaw unimpaired.—*Edinburgh Medical and Surgical Journal*, vol. XLV. p. 4.—5. On account of osteosarcoma, two-thirds of the lower jaw, with its articulation, removed by Fricke, who confirms the practice of other Surgeons in the present day, by saying that “the precaution of tying the carotid is unnecessary.”—*Zeitschrift für die gesammte Medicin*, vol. I. p. 320.



Egypt.\* Scarcely less numerous are the examples of removing the superior maxilla;† and the malar and other contiguous bones have often been implicated in the disease and removed. Mr. Guthrie‡ has carried this measure further than any other British surgeon, by removing a majority of the facial bones; the disease, being malignant, returned and proved fatal, but the operation shewed the practicability and safety of removing so many bones of the face, and if done earlier, might have saved the patient. Nearly the entire ulna§ has also been removed for an osteosarcoma, and amputation avoided; and the astragalus|| has been similarly treated on account of necrosis, with equal advantage to the patient.

\* At Cairo, by Clot Bey, the right half, including the condyle and coronoid process, both necrosed.—*Journal Hebdomadaire, Juin, 1835*.—We have the account also of two cases, where necrosed portions of the ribs were removed by the same surgeon, after Baron Larrey's method.

† Blandin, in *American Medical Journal*, vol. XIV. pp. 1-506.—Syme, in *Edinburgh Medical and Surgical Journal*, July, 1835.—Two-thirds of this bone removed, in a child six and a half years old, on account of a vascular tumour.—*Gazette Méd. de Paris, Juillet, 1835*.—For a fibro-cartilaginous tumour, a part of the superior maxillary removed, with part of the malar bone, right nasal, and right palate bones, and part of the left palate bone.—Dr. Tuthill, in *Johnson's Medico-Chirurgical Review*, vol. XLVII. p. 476.

‡ *London Medical Gazette*, vol. XVII. pp. 315-618.—The superior maxillary, the malar, the lachrymal, the palate, and the inferior turbinated bones of the right side, were all implicated in the disease, and removed from a female forty-six years of age.

§ The bone was removed by sawing it across just below the coronoid process, and a cure accomplished in five weeks, with free use and movement of the hand and fore-arm.—Dr. Malagodi, in *Journal des Connoissances Médicales, Fevrier, 1835*.

|| Professor Smith, in *North American Archives of Medical and Surgical Science*, vol. I. p. 83.



A new proposal to treat *orchitis*\* by firm pressure with strips of mild adhesive plaster is accompanied by the assurance, on the part of its originator, that it precludes the necessity for leeching, fomenting, and poulticing, whilst it quickly relieves the pain, does not require strict recumbency or rest, and cures more rapidly than the ordinary method.

The palliative treatment of hydrocele of the tunica vaginalis by acupuncture,† and the radical cure of the same disease by injecting chlorine gas,‡ are amongst the novelties of the day; the latter method has been tried in the cyst denominated hydrocele of the neck.

The stomach-pump was a great acquisition to surgery, and has saved the lives of many hundreds; it may, however, not be deemed inexcusable in me to advert to instances of its employment upon patients in a state of insensibility, in whom the tube has entered the larynx, and the antidote, intended for the stomach, been forcibly injected into the air-cells of the lungs.§ Each year furnishes some examples of recorded errors of this or some other kind, and if all such were collected into a black-

\* Dr. Fricke, in *Zeitschrift für die gesammte Medicin, Hamburg*, 1836. vol. I. p. 29.—The author is very minute in his directions for applying the plasters, which requires to be done with great accuracy, in order that the pressure may be both considerable and uniform, and fretting of the scrotum avoided.—See *British and Foreign Medical Review*, vol. II. p. 253.

† Mr. Lewis, in *The Lancet*, May 7th, 1836, p. 206.

‡ *Bulletin Médical Belge, Janvier*, 1836, p. 6.

§ In a case of poisoning by opium, infusion of mustard was injected whilst the patient was in a state of asphyxia, and found after death in the air-vessels of the lungs; chalk-mixture also has been found in a similar situation.—*London Medical Gazette*, Dec. 12th and 19th, 1835, vol. XVII. p. 463.



book of medicine and surgery, it would prove a very interesting annual both to the public and to the profession.

In turning to the next division of this address, I cannot refrain from expressing my conviction, that at some future, and, perhaps, not very distant period, when prejudice shall have given way to improvement, and our Institutions shall have been placed on the best footing for the public welfare, it will appear, in the retrospect, an anomalous state of things, to find that midwifery is so unreasonably depreciated in this country as not to be made the subject of a scrutinizing examination, and that those gentlemen who practise it are regarded as fit only for a secondary station in the profession. The finest examples of physiological illustration are presented during utero-gestation ; the most stupendous diseases are also met with during this condition ; whilst the process of delivery, independently of its implicating two lives, and being undeniably one of the grandest operations in the human frame, is attended often by the most dangerous complications, such as call forth all the energies and rack the keenest feelings of the most powerfully-minded practitioner. Having offered these expressions in justice to so many of the present assembly, and in great deference to all, I beg to append a notice of some of the recent contributions to our knowledge of the physiology and diseases of the uterine system, and of obstetrical practice. We shall not fail to find the last department most successfully cultivated, and the greatest exploits performed in it,



in those countries where it is most honoured and encouraged.

The Nestor of British surgeons\* has described with great minuteness "the anatomy of two fœtuses and a placenta." One fœtus was perfect, the other monstrous, acardiac and small; and to each fœtus proceeded a funis from one placenta. This instance does not furnish an exception to the general rule, that twin placenta are merely applied to each other, without intercommunication of vessels. The placenta to which I refer, and which I have had the advantage of inspecting, may be considered single, and as having only one circulation connected with it, the heart of the perfect fœtus propelling the blood through the monster, in which the course of the circulation is reversed, the blood going by the umbilical artery and returning by the umbilical vein. An instance of one placenta with twins has been recorded,† a single funis proceeding from it, which soon bifurcated, supplying one to each fœtus, with the usual vein and arteries.

The diseases of the placenta supply an ample scope for inquiry, and have not, I think it is allowable to say, been so systematically and so minutely treated of in this country, as in some others. The elaborate paper of Dr. Simpson‡ is, on this account, the more entitled to our notice; he has fully detailed all that has been written and well authenticated upon congestion of, and extravasation into the pla-

\* Sir Astley Cooper, Bart., in *Guy's Hospital Reports*, part II.

+ *North American Archives of Medical and Surgical Science*, vol. I. p. 306.

‡ *Edinburgh Medical and Surgical Journal*, vol. XLV. p. 265.



centa, as well as upon inflammation occurring in this very vascular and peculiar mass, inducing adhesion to the uterus, effusion of lymph with induration, and abscess. We have further contributions to this branch of pathology in the presence of tubercles,\* and likewise of bony spiculæ,† observed in the placental mass. The entire absorption of the placenta in utero, has not, that I find, been observed with us, though familiar to German writers. The hydatidous placenta I have ventured to represent as a disease consequent upon regular impregnation,‡ and explainable by the disease attacking the placental mass, and leading commonly to the destruction of the minute fœtus, which becomes absorbed, or diffused in the liquor amnii; the hydatidous product still going on increasing, acquiring sometimes the volume of several pints; viewing it in which advanced stage, pathologists have not adverted to the probability of a fœtus having formerly been present. This disease, and most others occurring in the placenta, may be enumerated amongst the causes of abortion; and when we add the evils of premature, partial, or delayed separation of the placenta, enough has been glanced at to arrest for a moment the ingenious physiologist's, not less than

\* *London Medical and Surgical Journal*, vol. VIII. p. 798.—The tubercles were in various stages of development, and scattered over the whole placental mass, some of them suppurating; the child was born alive at the eighth month.

† *Metrorrhagia occulta* from ossification of the placenta, by Dr. Hoffman, in *Neue Zeitschrift für Geburtskunde*, vol. III. p. 265. The placenta was full of bony spiculæ, and its uterine surface covered with them.

‡ *Transactions of the Provincial Medical and Surgical Association*, vol. IV. p. 303.



the scientific accoucheur's, attention upon this subject, so *pregnant* with interesting and practical information.

Much as we owe to *experimenting*, for the advancement of physiology, are we not indebted still more to the strict observance of natural phenomena? A Prussian woman is described to have been delivered of twin-fœtuses, full-grown and of equal size,\* one of which had the European character, whilst the other answered, in colour, figure, and features, to a mulatto. The woman would give no better account of the matter than "that she had been *frightened by a black man*;" in assigning a more substantial reason for the phenomenon, the physiologist must regard it as a proof of superfœtation, unless he should prefer admitting the possibility of such a mixed product resulting from a single coitus.

We cannot look into a considerable portion of what issues from the medical press in one year, without meeting with cases gravely narrated, which stagger our credulity. In a respectable Italian journal, I find it affirmed, that a lady had forty-five children,† (including some abortions,) and often with an interval of only five or six months; and the writer asks whether a double uterus might not have been present, to explain this extraordinary instance

\* *Rust's Magazin für die gesammte Heilkunde*, vol. XLIII. p. 274.

† *Bulletino delle Scienze Mediche di Bologna*, vol. XI. p. 257.—My hospital colleague, Mr. Norgate, has just afforded me a view of a double uterus, taken *post mortem* from a woman, married but never pregnant, and aged about 35 years. The vagina is divided into two cavities by a distinct membranous septum, and at the termination of each is an os uteri. The uterus, single on the external view and larger than usual, is likewise divided into two cavities; but the ovaria and fallopian tubes are in regular order, one of the latter opening into each uterine cavity.



of fecundity? Such duplicate organs, we well know, are occasionally met with; in the same journal just referred to, a case of double urinary bladder is described,\* with the particulars of the dissection. Supernumerary organs do, moreover, perform the functions of original and normal organs, as is found to happen with the supernumerary breast, or nipple, of which I confine myself to quoting examples recently published.†

The use of the *speculum vaginæ* must be regarded as a great practical improvement, enabling us to detect, by submitting to ocular inspection, the different morbid alterations of the os uteri, and to treat inflammation of this part by the direct application of the most powerful antiphlogistic means; not only can we observe, but distinguish and effectually cure ulceration of the os uteri,‡ and even, as Drs. Emery and Ricord§ shew in their daily practice, make ap-

\* *Bulletino delle Scienze Med. di Bologna*, vol. XI.

† Case of three mammæ, each of which furnished milk after delivery.—*Baltimore Medical and Surgical Journal*, vol. I. p. 497. The right breast with two nipples, the supernumerary one having five or six milk-ducts.—*Medicinische Jahrbucher des Österreichischen Staates*, X. p. 302. Tiedemann (in *Zeitschrift für Physiologie*) gives three or four cases of two nipples to one breast, one case said to be hereditary.

‡ The presence of chancres at the os uteri, and of specific gonorrhœal inflammation and discharge, at the neck of this organ, has been ascertained through the use of the speculum.

§ *Bulletin Général de Thérapeutique Med. Chir.*, Septembre, 1835.—The speculum is used not only to explore the state of disease, but to facilitate the application of remedies. We apply leeches to the os uteri in congestion and inflammation of the part; and when ulceration is detected, the surface is touched every few days with lint soaked in a strong solution of nitrate of silver or of mercury, cold water being afterwards injected, to prevent excoriation of the healthy parts. An ulcer is inferred to occupy the interior of the uterus by the nature of the discharge (*un liquide blanchâtre ou jaunâtre plus ou moins épais ou coagulé*) observed to issue from its cavity. The practice of Lisfranc



plications to ulcers within the cavity of the uterus itself, thus attacking, in the stage in which they are quite remediable, many diseases which, until a very modern period, were allowed to progress towards so bad a condition as to be only manageable by excision of the part, or (as much more commonly happened) proceeded uncontrolled to the patient's destruction. We may hope that, even in this country, the speculum is getting into general use;\* and of much more consequence does it seem for the surgeon to study its employment, than how to excise the cervix uteri. The advantages of the stethoscope in the hands of the accoucheur, also deserve to be briefly alluded to here, numerous instances yearly being promulgated where not only the stage of existing pregnancy is determined by it, but the life of the fœtus, or the presence of duplicates, ascertained.

Several polypi of the uterus have been removed, whilst still within this organ,† after *ergot* or *Lobelia inflata* had been administered; although the liga-

in these cases, at *La Pitié*, resounds throughout Europe; by the use of a small mirror for reflecting the light of a candle, he illuminates the os uteri under the use of the speculum, and applies the solution of nitrate of silver with a piece of sponge attached to a wooden skewer, which is so useful an instrument in many operations that I have denominated it a *stick-sponge*.

\* Dr. Balbirnie's Treatise, setting forth the present practice and great improvements, by French physicians, in this department, must be regarded as a seasonable contribution: "*The Speculum applied to the Diagnosis and Treatment of the Organic Diseases of the Womb*. 1836."

† The os uteri just admitted the surgeon's finger to feel the polypus, and ergot having failed to produce even its partial expulsion, and the patient's health sinking, a ligature was successfully applied whilst the entire polypus was still within the uterus.—*Rust's Magazin für die gesammte Heilkunde*, vol. XLV. p. 79. Dilatation of os uteri produced by the administration of *Lobelia inflata*, and a ligature put upon the polypus within the uterus.—*Edinburgh Medical and Surgical Journal*, July, 1835.



ture was employed in these cases, I observe excision to have been preferred, and found equally safe from hæmorrhage, within the date of my researches for this occasion.

The prolapse of the uterus is so troublesome a displacement, that the proposal to treat it, by approximating the pared surfaces of the labia and uniting them by suture, for which I believe we are indebted to Dr. Marshall Hall, was entitled to the consideration afforded it in the course of the last year.\* The result has in a great majority of instances been favourable, and the most zealous pursuer of this method, Dr. Fricke, who has in repeated correspondence favoured me with his remarks, refers to an instance of *episoraphie*, where the patient afterwards became pregnant, and was delivered by the forceps without the artificial bridge giving way.† The actual cautery has been used to remove the same defect.‡ The acmé of this displacement is presented in a case where, shortly after impregnation, this organ descended, and remained so to the

\* Dr. Heming has given a full account of this operation.—*London Medical Gazette*, November, 1835, vol. XVII. p. 266. Dr. Fricke cured three cases out of four, and informs me of his having repeatedly done the operation since with equal success.—*Gazette Méd. de Paris*, Septembre, 1835. A relapse, however, is liable to happen a few months afterwards; so recent cures are not valid; the strict recumbency enjoined would temporarily relieve.—Rognetta, in *Bulletin de Therap. Méd. Chir.*, Septembre, 1835. This operation is suited to vaginal prolapse of the rectum at the external labia, in which displacement I never found any other method succeed, when the disease was fully established.—Bellini, in *Bulletino delle Scienze Med.*, January, 1836.

† This case is since published: "*Gesichte einer Geburt nach gemachten Episoraphie, von Dr. Plath*," in *Zeitschrift für die gesammte Medicin*, vol. II. p. 142.

‡ *Langier sur la Cautérisation du Vagin au moyen du fer rouge*.—*Encycl. des Sc. Med.*, vol. XXXVII. p. 193, Septembre, 1835.



full term of utero-gestation, reaching to the knees ;\* delivery was completed by embryulcio with safety to the mother : might not the life of the child also have been spared, by free incision of the os uteri, to effect delivery ? The practice adopted, on an urgency, in rare cases will seldom bear the criticism inflicted after mature and repeated deliberation.

Where the completely inverted uterus became prolapsed *post partum*, I find it to have been effectually returned, after having remained for above one month so displaced.† In several other instances, the inverted organ being irreducible, it has been removed by ligature.‡ A case of the uterus inverted and prolapsed, which, with one ovarium, separated and came away several hours after delivery, has been contributed by Dr. J. C. Cooke ;§ the patient recovered, and her subsequent history supplied the materials for some physiological remarks ; there was sudden and immediate suppression of the lacteal secretion, shewing the intimate consent between the uterus and the mammary glands, and proving

\* *Revue Médicale*, Decembre, 1835.

† *American Journal of the Medical Sciences*, vol. XVI. p. 81.

‡ M. Lasserre removed the entire organ by ligature ; the cure was perfect in a month ; no menses afterwards, "*mais la femme est restée sensible aux voluptés conjugales.*"—*Encyclographie des Sc. Med.*, vol. XXXVI. p. 179 ; Août, 1835.—In this work there is another instance of the same operation by ligature, and the same remarks are appended as to *menses* and *coitus*.

§ *Ryan's Medical and Surgical Journal*, March 12, 1836.—The case is also given in a separate brochure. Although one ovary is believed to have remained, and no impediment to coitus existed, the condition of the female is said to be the reverse of what is stated in the preceding note.—*Case of Loss of the Uterus and its Appendages soon after Delivery, with Remarks on the Propriety of removing that Organ in Cases of Inversion or Scirrhus ; by J. Charles Cooke.* 8vo. London, 1836.



that neither the presence of the child (*"a stimulus of necessity"*) nor maternal affection, was sufficient for the purpose.

Professor Naeglé, an indefatigable cultivator of obstetricism, has described a cause of dystocia in agglutination of the external orifice of the os uteri,\* arising between conception and labour; he regards it as distinct from ulcer, deformity from cicatrix, and the superadded organic texture for which incision has been advised; although this agglutination is so soft as to be broken through with the finger, if it be not detected the uterus may, during expulsive efforts, be so thinned under pressure of the child's head that laceration takes place. Complete occlusion of the os uteri has also recently been met with,† demanding the free use of the bistoury, ere labour could progress. In a case of dystocia, detailed by Dr. Rigby,‡ in a primiparous patient, a membranous band extended across the vagina, from the symphysis pubis to the perinæum, requiring to be divided by the bistoury; the same treatment we know to be sometimes necessary, where the vaginal passage is narrowed by cicatrices, after sloughing or ulceration; but the ease with which such obstructions give way astonishes those who are not well experienced, and the knife needs to be only very sparingly employed.§

\* *Archives Générales de Médecine*, Octobre, 1835.

† *Entbindung bei vollkommen verwachsenen Muttermunde*, in *Siebold's Journal für Geburtshulfe*, &c. 1835.—The patient was twenty-three years old, and the complete closure of the os uteri was ascertained by ocular inspection as well as by the touch.

‡ *London Medical Gazette*, vol. XVI. p. 893.—The band obstructing labour was supposed to have been congenital.

§ After extensive sloughing, in a very difficult first-labour, the vagina was nearly obliterated by cicatrization, the aperture leading to the os uteri being only just large enough to admit a probe, as I



In no branch of midwifery have more contributions been furnished, within the recent period to which I refer, than in regard to certain *varices*, attaining an enormous size and bursting so as to form sanguineous extravasation into the labia or cellular texture of the pelvis and vagina, often with a suddenly fatal result. Within the sphere of my own observation, one such case has recently transpired, which led to a Coroner's Inquest,\* as unfortunate cases in this line of practice are not unfrequently found to do, affording strong proof of the heavy responsibility incurred by the accoucheur. The names of Philippart,† Naeglé, jun.‡ Stendel,§

ascertained by repeated examination. Impregnation notwithstanding again took place, and at the full term a child was born after a labour of a few hours, the cicatrices rapidly yielding after slight incisions with the bistoury.

\* During a protracted labour, rupture of the left labium took place, to the extent of two or three inches, followed by a great loss of blood; the patient died undelivered.

† *Bulletin Médical Belge*, vol. I. p. 90.—During expulsive efforts in labour, the left external labium became greatly swollen, and burst *avec un bruit*; great loss of blood, syncope, and death in an hour. "*L'enfant fut laissé dans le sein de sa mère, et trouva la mort où il reçut la vie!*"

‡ *Heidelberger Klinische Annalen*, vol. X. pp. 417–31.—Four cases are here collected; one fatal; in a second, the swollen labium burst, the coagulum was removed, styptic powder introduced, (*plugging and pressure would have answered better*,) delivery of a dead child effected by the forceps, recovery; in a third, the labium burst whilst the forceps were being applied, the blood lost appeared arterial, pressure for three hours, delivery then of a dead child with forceps, recovery. In the fourth case, ten ounces of blood were removed from the labium by an incision, and labour was afterwards completed with safety to child and mother.

§ A woman near the conclusion of her third pregnancy observed a swelling of the labium, which diminished on her being bled, but soon returned. This tumour burst during labour; between six and seven pounds of blood were lost; the patient fainted and expired. Delivery was speedily completed by the forceps.—*Kleinert's Repertorium*, Mai, 1835, p. 31.



and others,\* may be enumerated, in the impossibility which I find of dwelling on the subject; and the elaborate paper of Mr. Ingleby, upon tumours obstructing delivery,† may be consulted as affording the best rules for discovering and treating such cases, which are so manageable if carefully attended to in an early stage, but often fatal through the oversight of a routine-practitioner, who fails to comprehend the disease till a sudden hæmorrhage creates danger. It should teach the accoucheur caution in regard to quitting his patient, when he finds that fatal hæmorrhage‡ may shew itself at so remote a period as thirty-six hours after delivery.

It is a striking proof of the richness of our medical records, that within the scope of my inquiries for the present occasion, there are met with instances of the cæsarean operation having been performed in a majority of the conditions which may demand it—for narrowed pelvis,§ extra-uterine

\* Several cases (none fatal) are related in *Journal de Méd. et de Chir. Pratiques*, Octobre, 1835.

† *Edinburgh Medical and Surgical Journal*, vol. XLV. p. 107.—Drawing off the serum, by puncturing with a fine curved needle, is recommended for speedy relief. (P. 108.) This treatment is only applicable after the extravasated blood has coagulated. The subject has been historically treated by Deneux: "*Mémoire sur les Tumeurs Sanguines de la Vulve et du Vagin.*"—Rest, horizontal position, occasional bleeding, pressure, and expediting delivery, comprise the principal rules of treatment. A caution has been given not to open such tumours whilst the blood is fluid, but to wait, if possible, till it has coagulated.

‡ Dr. Rigby, in *London Medical Gazette*, vol. XVII. p. 14.

§ The following are amongst the many instances of this operation being performed recently in France, Italy, or Germany, on account of deformed pelvis:—1. By Dubois, the child living; the mother died in two days.—*Journal de Méd. et de Chir. Pratiques*, Mai, 1835.—2. By Dr. Rüter, death of the mother in eight days from metro-peritonitis; the infant living.—*Gaz. Méd. de Paris*, Janvier, 1835.—3. At



conception,\* rupture of uterus,† and sudden death from apoplexy or other causes.‡ The operation has also been performed, and with success, in the

Dresden, the child saved, operation lasted seven minutes, death of the mother on the fifth day from inflammation.—*British and Foreign Medical Review*, vol. II. p. 273.—4. At Pavia, death of the mother in six days from peritonitis.—*Omodei Annali di Med. Jan.*, 1835.—5. By Stoltz, of Strasbourg, successful to both woman and child.—*Mém. de l'Acad. Roy. de Méd.* vol. V. p. 91.—6. By Dr. Meyer, of Minden, the case full of interest, mother and infant being saved.—*Neue Zeitschr. für Geburtskunde*, vol. III. p. 49.—7. Upon a female, forty-two years old; death ensued in twelve days from mortification; the infant lived.—*Summar. der Neuest. aus der Med.*, February, 1836, p. 246.—8. On a patient after six days of labour; the foetus found dead; the mother died in two days from inflammation.—*Ibid*, p. 117.—9. A similar operation after five days of labour; the mother saved.—*Ibid*, p. 175. The unparalleled case by Michaelis, who thrice performed the operation with success on the same patient, has been noticed in almost every periodical.

\* Mr. F. Hutchinson, in *London Medical Gazette*, vol. XVII, p. 169.—At eleven months from conception the tumour was punctured under the idea of dropsy; the foetus, in the putrifying state, was removed by operation at the expiration of fourteen months.

† A patient with narrow pelvis, suffered spontaneous rupture of the uterus at the full term of her second pregnancy, letting the foetus, with its placenta and membranes, into the abdominal cavity; ventrosection was performed twenty-three hours after this rupture; the foetus removed was dead; the mother recovered.—*Archives Générales de Médecine*, Août, 1835. There can be no doubt as to the rule of practice being to deliver by turning or by use of the forceps, when practicable, in rupture of the uterus with escape of the foetus into the abdominal cavity; the cæsarean operation is applicable when the uterine rupture is coincident with a narrow pelvis.

‡ In Spain, the operation performed on account of sudden death of the parent from apoplexy, and the child saved.—*The Lancet*, 1835. At the full term of the sixth pregnancy, a woman was found to have died suddenly; the *os uteri* was closed; the child had been recently felt to move; the cæsarean operation was performed an hour and a quarter after the mother's death, and a still-born foetus removed.—*Kleinert's Repertorium*, January, 1836, p. 106. Death in the eighth month of pregnancy from gastro-enteritis; auscultation proved the foetus to be living; it was removed by the cæsarean operation, and lived thirty hours.—*Encycl. des Sc. Med.*, Janvier, 1835.



leading countries of the world. In England we have a single and most critical example of its success, by Mr. Knowles, of Birmingham;\* and, in America, Professor Gibson has been the first to save the life of both parent and child by this intrepid proceeding.† The most frequent examples are met with in the publications of France and Germany; and I find grounds for stating that, on some occasions, the operation has been resorted to where there seemed to be scarcely a hope of any good result,‡ or determined on when not absolutely called

\* This case, successful both to mother and child, is related in the *Provincial Medical and Surgical Transactions*, vol. IV. p. 376. The child is since dead at the age of ten months: the mother lives. Mr. Knowles, who has made many researches on the subject, believes this to be the first instance in Great Britain of the infant and parent surviving; I have not found any other recorded case. The patient whom Mr. Barlow saved (*Medical Records and Researches*, p. 154) had a dead foetus in utero at the time of the operation.

† This case is related by Dr. Nancrede, in the *American Journal of the Medical Sciences*, vol. XVI. p. 343, and vol. XVII. p. 264; and Professor Gibson has introduced it into the fourth edition of his excellent compendium of the "*Institutes and Practice of Surgery*," (Philadelphia, 1835,) vol. II. p. 405. Dr. N. in giving an account of American surgery on this head, refers to the example of a mulatto girl who operated upon herself, and recovered. Two other transatlantic cases have been just communicated:—1. On a mulatto woman, in whom the pregnancy seems to have been extra-uterine; the cæsarean section performed by an empiric twenty-one months after conception; the epigastric artery was wounded and tied; there was well-doing for ten days, and then, from imprudence, inflammation came on, and death in forty-eight hours.—2. For narrow pelvis, in a dwarf, and after embryulcio was found impracticable; the foetus dead; the mother died on the sixth day after the cæsarean operation, from inflammation.—*American Journal of the Medical Sciences*, vol. XVIII. p. 257.

‡ In a face-presentation with very deformed pelvis, embryotomy was found impracticable; and when the patient was nearly sinking, the cæsarean operation was performed to remove the mutilated foetus: the woman died in an hour.—*Journal des Connaiss. Medico-chir.*, Fevrier, 1835.



for,\* or neglected still more often where obviously applicable, not only because calculated to avoid protracted suffering, but to afford a chance of saving life.† The particular documents are within my

\* An enormous fibrous tumour, attached to the neck and body of the uterus, so filled the bony pelvis as to prevent delivery at the full term of gestation; four accoucheurs in consultation assented to the cæsarean operation *sans aucune restriction*. In the interval between the pains one more attempt was made to push the tumour back, which proved effectual, and was followed by the natural expulsion of a full-grown living foetus.—*Bulletin Medical Belge*, vol. I. p. 219. A writer in the same journal observes that he has thrice performed the cæsarean operation with success, one woman having twice undergone it; he also quotes an operator in the same town having twice done the operation on one patient with success. Of the three females concerned in these fortunate operations, two are stated to have become again pregnant, and been delivered *naturally* and *readily* of living foetuses at the full time of gestation; and the writer asks “whether an action for damages might not be sustained against the surgeon, for unnecessarily exposing the life of the mother and child by so dangerous a proceeding?” In exculpation, however, he suggests that where the aperture of the pelvis only is narrowed, the head of the child may pass through it when small, and remain in the lower aperture for the rest of the term, growing so as to fill the pelvis, and accounting for a natural labour in a deformed patient: the opinion is supported by a case; but the testimony of other and less biassed observers seems to be required upon the subject.—*Ibid*, October, 1835, p. 255.

† Extra-uterine foetation, going on for twelve or fifteen years, and then proving fatal; fistulous openings had formed at the *linea alba*, and a foetal cranium could be felt through the thin abdominal parietes; the narrator regrets that the nature of the case was not timely apprehended, as the cæsarean operation not only appeared justifiable, but would have been attended with comparatively little danger.—*Harlan's Medical and Physical Researches*, Philadelphia, 1835, p. 594. In another case, the cavity containing the foetus could be felt per vaginam, and ultimately the foetus came piecemeal through this passage, but not till the patient was brought to the utmost danger through long suffering; the writer observes: “how much suffering might have been spared, had an incision been made through the vagina, upon the pressing head of the foetus, when labour-pains indicated the full term of gestation! and even a living child might have been obtained!”—*Med. Prakt. Abhandlungen von Deutschen in Russland lebenden Aertzen*,



reach, which support these assertions ; but they are too voluminous to be produced before the present assembly, whose time I have already, I fear, too greatly encroached upon.

Rupture of the uterus seldom calls for ventro-section ; amongst the numerous cases of this accident, no less than thirty-four, related by Dr. Collins,\* there is scarcely one in which this operation could have been undertaken with propriety. The recovery of two patients after rupture of the uterus, in Dr. Collins's practice, and under the most unpromising conditions, should impress the lesson of not despairing on the occurrence of so formidable an accident.†

The several examples which I have found, in Journals, within a year or two, of extra-uterine pregnancy ending fatally at the second or third month, by rupture of the cyst and escape of the ovum into the peritoneal cavity, shew the frequency of this occurrence beyond what is commonly suspected. The difficulty of the diagnosis, which is increased by the small experience each practitioner possesses, commonly precludes the use of those means which might be best adapted to save the life of the patient.‡ Allied to this subject, is the sin-

Hamburg, 1835, vol. I. p. 404. Case of ventral pregnancy ; pains at nine months go off ; head of fœtus can be felt through the abdominal parietes, and moved freely about ; in this state the patient remains.—*Neue Zeitschr. für Geburtskunde*, vol. III. p. 301.

\* *Treatise on Midwifery*, containing the result of 16654 births, occurring in the Dublin Lying-in-Hospital. London, 1835.

† *Ibid.*—See a successful case of rupture of the uterus, by J. Currie, in *London Medical Gazette*, March, 1836.

‡ I have taken no note of these cases, but several corresponded very closely with one which occurred in the last year to a respectable practitioner, Mr. Charles Gibson. The lady, who had before borne



gular account of an imperfect fœtus, answering to one of forty or fifty days of intra-uterine life, actually vomited by an infant;\* this *fœtus in fœtu* was attached to the intestinal tube, and by ulceration reached the stomach of the infant containing it.

The question of delivery after death has been ably treated of, and asserted by an experienced operator† to be as quickly effected as the cæsarean operation, which it is scarcely allowable to undertake when death results from any gradual disease, as the death of the fœtus generally precedes that of the mother.‡

children, was advanced about four weeks in pregnancy, when she experienced a sudden attack of pain above the right groin, extending to the loins and down the thigh, attended with nausea. The signs of inflammation being absent, opiates were had recourse to; but the pain continued, and in forty-eight hours from its first invasion, the abdomen became tumid, and the pulse very feeble. In eighteen hours more, death ensued. Several pints of blood (eight or ten it is stated,) occupied the peritoneal cavity. There was a rupture of the left fallopian tube, and a large vessel, as big as a goose's quill, could be traced to the ruptured spot; a *corpus luteum* was found in the corresponding ovarium; the uterus itself, and its appendages on the right side, were in a normal condition.

\* *Ryan's Medical and Surgical Journal*, 12th March, 1836, p. 224.—The case reported by M. Geoffroy St Hilaire to the *Acad. des Sciences*.

† *Ansichten über die Entbindung schwangerer Personen nach dem Tode in den letzten Monaten der Schwangerschaft, von J. A. Seulen.*—*Kleinert's Repertorium*, January, 1835, p. 75.—This writer shews the practicability, but not the success of the measure, for in eight instances where he delivered dead women by turning, the fœtus was dead also, although in most of them delivery was accomplished in four or five minutes.—Where the patient died of apoplexy during labour, the child was delivered by turning, and proved living.—*The Lancet*, August 20th, 1836, from *Berlin Med. Zeitung*.

‡ In this district the cæsarean operation was, not long ago, performed, where the mother had died from typhus fever; sufficient consultation had not been held, and a public investigation took place. These frequent inquests, of which several are published yearly, (and many do not reach our Journals,) are strongly opposed to the opinions of some recent writers as to the little utility and small responsibility of the accoucheur.



Amongst novel modes of treatment, put forth with glowing assurances of success, I may enumerate Dr. Ashwell's\* employment of iodine, internally, and also locally by friction to the affected part in the form of ointment, by which not only *puckering*, *induration* and *distinct enlargement* of the os uteri, are said to be removed, but tumours of a scirrhus hardness, such as, before this treatment was known, became softened and ulcerated, supplying fœtid sanious discharge, followed by hæmorrhages and a fatal result! The internal use of iodine, without its being locally applied, has also been recently stated to have removed scirrhus enlargement of the uterus;† but all these accounts appear to me vague and unsatisfactory; the distinction of each morbid growth requires to be accurately drawn, in judging of the effects of such remedial means, and concurring testimony from many quarters can alone justify us in confiding such powers to iodine, either in diseases of the uterus, or in enlargements of the prostate gland, to which it is represented as being equally suited.

Conception takes place, and pregnancy advances, frequently under very severe diseases of the uterus—polypus, fibrous tumour in the substance of the organ, eating ulcer at its neck, ovarial tumour both mild and malignant, and even when there is an extra-uterine fœtus still in the abdomen.‡ I speak from

\* *Guy's Hospital Reports*, part I. p. 136.

† *North American Archives of Medical and Surgical Science*, vol. II, p. 80.

‡ Dr. Ramsbottom, in *London Medical Gazette*, May 16th, 1835. Lee, Ingleby, Ashwell, and others have, in the past year, treated of tumours complicating pregnancy. An instructive case, giving rise to an inquest, occurred near Bristol; the prolapsing tumour was mistaken for *inversio uteri*, and death ensued from rupture of the uterus, the surface of which was studded with numerous tumours.—*Ibid.* August 29th, 1835, vol. XVI. p. 765.



my own observation, in all these complications, save the last ; and recent authorities confirm the same without an exception. Malignant soft tumours, whether of the uterus or ovarium, when they present themselves in the vagina at an advanced period of utero-gestation, give to the less experienced medical attendant the idea of a *placenta prævia*, and many have acted under this erroneous impression. One of the most extraordinary cases I ever was summoned to, proved to be of this description ; the operator passed his hand through the soft tumour in the vagina, and, missing the uterus, entered the abdominal cavity, seized and ruptured the gall-bladder, and actually delivered numerous biliary calculi *per vaginam* !\*

Where tumours narrow the pelvis, the inducing of premature labour has been suggested ;† but if such tumours be moveable, and every consultant must in such cases have met with them so, the chance of the difficulty being overcome by pushing them aside, is so considerable, that labour may with propriety be deferred till its natural period, unless

\* I communicated this case some time since to Professor Naeglé, for publication in a foreign Journal. I was not summoned until after the decease of the patient ; and in the presence of three practitioners I opened the body. Numerous fungoid tumours arose from the right ovarium, and one of them, descending into the pelvis, had presented in the vagina, and being torn, furnished the hæmorrhage ; pieces of this soft tumour were removed, and appeared to be the placenta, and some loss of blood continuing, delivery was determined upon, but no fœtus could be found ; the hand of the accoucheur had passed through the soft tumour occupying the vagina, into the peritoneal cavity, and the gall-bladder, filled with biliary calculi, had been seized in the search for the foot of the fœtus. Dissection verified the occurrences as I have stated them ; the uterus and its appendages are in my pathological collection.

† Dr. Ashwell, in *Guy's Hospital Reports*, part II. p. 301.



there be at the same time a contracted bony pelvis. The necessity of bringing on labour prematurely, to prevent rupture of the uterus in the site of the cicatrix after the cæsarean operation, can rarely be admitted, and may be restricted by the same rule as to the condition of the bony pelvis.\*

In the medical, as in other sciences, the press is one great means of advancement; through this mighty engine only can discoveries become extensively diffused, which affords the best security for further improvements. A notice of our medical literature would appropriately fall into the present discourse; but in this, and other departments, I can only make eclectic remarks, finding it impossible to enter fully into any one subject.

In our science, which is of directly practical utility, not cultivated for mere amusement, but for the relief of human suffering, the *style* of whatever is written becomes important, having nearly as much to do with the result as the *matter of information intended to be conveyed*. Perhaps half the books published on medicine may be valued as waste-paper at the end of three years, from defect in one or the other, more commonly in both, of

\* Under the impossibility of noticing every valuable fact or practical suggestion in this department, I may refer:—1. To the successful treatment of amenorrhœa, by sinapisms applied to the mammæ.—*Gazette Med. de Paris, Août, 1835*.—2. To the same, by aloetic injections into the rectum.—3. To puerperal peritonitis with suppuration, abscesses opening at umbilicus, recovery.—*Bulletin Méd. Belge, Février, 1835*.—4. To two out of nine cases of puerperal fever fatal from abscess of ovarium bursting into the peritoneal cavity,—*Dublin Journal of Medical and Chemical Science, vol. VIII. p. 78*.—5. To suppuration of the lymphatics of the uterus after labour.—*Giornale Med. Chir. di Pavia, Maggio, 1835*.



*these particulars.* The works that remain to futurity are such as embody facts and clear inferences in concise and appropriate language—"le plus de pensées avec le moins de termes." What an invaluable adjunct to the press would be a condensing machine! or a patent for making words bear due proportion to ideas! and it would be no small improvement were an author paid for his ideas in the inverse ratio of the number of pages they occupy! Although we have the highest authority\* for thinking that "*odiosior est vanitas in rebus quam in verbis*," we should not be so satisfied with *the matter* as to neglect *the manner*. At all events a *polymicrian* style is what every writer should aim at; and perhaps no better rule has been laid down for judging of a perfect style, than "that it cannot be made to occupy a smaller space without loss of clearness, nor a larger without diminution of force." There is a fashion in books, and one generation quickly succeeds another, none escaping the deluge of time and the revolutions of theoretical science, unless clothed in the armour of concentrated language. A book of intrinsic value, and well written, alone remains, and like old plate, as Addison says, retains great part of its original worth when no longer in fashion.

We sometimes hear very intelligent men of our profession decrying the great number of books published; the surcharge requires to be remedied, not so much, I apprehend, by publishing *fewer books*, as by writing *more good books*,† such as put bad

\* Lord Bacon.

† *Quæ tamen redundantia (si quis rectè judicet) neutiquam delendis antehac scriptis libris, sed novis melioribus edendis, tolli debet*—Lord Bacon de Aug. Scientiarum.



ones out of countenance. The smallest number of medical works issue from the press in those countries where medical science is at the lowest ebb. It has been well observed that, if many know not their own weakness, there are others who know not their own power; and so it is with medical men, the most able and experienced of whom, from the fear of criticism, or some accidental cause, make nothing public through the press; and a great mass of valuable information is consequently afloat in the profession, which does not find its way into books, nor become generally known. Matters can scarcely be in a worse state than when the medical profession admits of being divided into *the many* who compose nothing, and *the few* who do nothing but compose. The most just complaint lies against those who ought to write and will not; neglect of this sort is, perhaps, more injurious than censurable, for as the silence of the learned lets the vacant prattler talk, so the supineness of the most experienced in our calling allows the futile observer room to thrust his vague theories before the public, and act on the flattering idea, that "a book's a book," &c.\*

Of course the value of good writing on medical topics arises out of the necessity for reading, in order to gain useful information; the provincial practitioner has great need of this aid to keep up his knowledge, and the more so in proportion as he is more secluded and has less intercourse with his brethren. I dare scarcely appeal to the *Magnates* of our profession, but I anticipate the sanction of many valuable men, to whom I have had the honour

\* "A book's a book, although there's nothing in it"—LORD BYRON.



of access in this and other countries, in submitting that the practitioner will best apply his knowledge for the good of society who joins literary research to extensive experience. Unless a man can set himself up for a great genius, or be placed under the very peculiar advantages of high appointments and a metropolitan residence, he must read, in addition to performing his other daily duties; and nothing so effectually takes from us that self-sufficiency of trusting solely to our own experience, as becoming acquainted with the acts of our predecessors and our cotemporaries, not merely through the medium of a single journal, but by a *careful perusal of such new publications as possess value*: every respectable man may do *this*, by associating with his medical neighbours for forming a book-society, which should exist in every district where a dozen members can be congregated for that purpose.

Criticism is more exercised in this country upon medical publications than in any other, and proves of the greatest service when honestly and ably done; there should undoubtedly be some authority of this sort, to point out the palpable errors of a work, to report upon its style and its claims to originality, and to prevent the mere *faiseur de pages* from wasting the time of well-busied men. Although the public determines the ultimate character of an author, the critic has the first word, and is mainly concerned in correcting and purifying the press; the duty is of such magnitude, that it should not be performed by the juvenile or by the man without practical experience, who may chance to have a facility of writing, and to know more about the



turning of a sentence or the pointing of an anecdote, than about the sound principles of the healing art ; this is nearly as bad as when the critic goes scarcely beyond the title-page and table of contents, and gives no steady perusal to the work he reviews. The worst is, when criticism, as it has sometimes happened, is exercised neither for correction nor precept, but is dealt out with a party-feeling or a personal view ; when a writer is puffed or decried, not in consideration of the essential qualities of his work, but the school to which he belongs, or the side he takes in medical polemics ; on such rare occasions science materially suffers, and a doubt is raised whether it would not be better, were the British journalist to follow the plan of most other countries, by confining himself to an analytical notice, leaving the public to decide on the merits or defects of an author. I conceive that one great benefit arising from the publishing of *Transactions* by this Society, and others, consists in their managing body standing in some measure between the author and the critic, and also between the public and the author ; the last must be answerable for what he has written, and may expect retribution for great errors or defects ; but he has a better chance of escaping the shafts of severe criticism, by there having been a previous revision and selection.

The British quarterly journals of medicine have long stood pre-eminent above those of other countries, and are at the present day conducted in a manner most powerfully evincing that their editors partake of the spirit of other public journalists, as to talent in composing and as to the influence they



exercise. The most ancient\* amongst them maintains invariably the steady and dignified course of a scientific work, but would be improved by the names of its conductors being made known. The next in date, the *Medico-chirurgical Review*,† has, within my knowledge, during the last fifteen years, gone through an extraordinary career of excitement and of gigantic effort, and has for some time become, in the hands of its most talented originator, the best journal of its kind ever published, and the only one reprinted in a foreign country; combining the experience of age with the generous vigour of youth in its editorial arrangements, this journal only requires to keep in good humour, and to avoid mixing extraneous matter in its pages, and it must maintain its ascendancy in guiding and improving the public taste. The accession of the *British and Foreign Medical Review*‡ to our list, it seems imperative on me to notice; the wide circulation of its first numbers is a guarantee of the high estimation in which it is held, and every reader of this work must have felt satisfied of its being conducted with a strict reference to those gentlemanly and elevated feelings which should ever characterize a scientific journal; discarding the froth and scum of ephemeral publications, it collects and intermixes the ingenious speculations of the day with the most solid practical materials, and exhibits a degree of erudition hitherto unknown to us; it cannot fail to be

\* *The Edinburgh Medical and Surgical Journal*,—said to be edited by Dr. Craigie.

† *The Medico-chirurgical Journal and Review*,—now edited by Dr. James Johnson and Henry James Johnson, Esq.

‡ Edited by Drs. Forbes and Conolly.



felt honourable to this Society that the talented editors of the *British and Foreign Review*, still residing in the Provinces, are members of this Association, and amongst its warmest and most influential supporters. One American Quarterly,\* which I can speak of from a regular inspection of each number from its commencement, claims a rank with the preceding, and may be said to possess some advantages above every other journal, in the number and rank of its avowed "*Collaborators*," and in each article in the review department being authenticated with the writer's signature; no coarse, personal, or unscientific matter ever enters the pages of this periodical. In commending the *Journal of Omodei*,† I have gone to the utmost limit in referring to works of this class, although I should be glad to say more upon the subject. A valuable analytical quarterly is a real Book of Books, and serves as a literary rail-road for quickly transferring the newest discoveries to the remotest quarters of the habitable world.

The establishing of weekly medical periodicals in England‡ must be regarded as a particular epoch

\* *The American Journal of the Medical Sciences* edited by James Hays, M.D., with about forty "*Collaborators*," including men of the highest renown, and holding the most important hospital and professorial appointments. *The Dublin Journal of Medical and Chemical Science*, published every two months, ranks with the quarterly journals for the value of its original articles, the excellency of its language, and the elevated ground it takes to gain public support.

† *Annali Universali di Medicina, Milano*.—Of the French and German Journals, there are none, issuing quarterly, and devoted to medical science generally, which demand notice; the monthly are too numerous to be particularized.

‡ I believe that weekly medical journals have long been published in Germany. The first journal of this kind in England appeared in



in the history of our literature, and in venturing to say a word upon them, I feel great reason to be dissatisfied with my inability to handle a subject of such paramount importance to this Society ; indeed, in the present part of my discourse, advancing by imperceptible degrees, I find myself placed on a fearful eminence—the very pinnacle, as it were, of the vast temple of medical literature ! Would that my powers of penetration and of utterance were fitting for the occasion, that I might glance effectually over the intellectual expanse before me ! but it will be task enough to descend from the giddy height and reach my proper humble station in safety.

Like any other newspaper, a weekly medical journal is taken up for amusement, as much as for instruction, and is become a necessary part of the yearly purchases of every provincial practitioner. Besides furnishing us with the medical gossip and politics of the day, such a work places before the profession many minor matters, of real though passing interest, which could never find admission into a stately quarterly ; a rapid communication is thus offered to contending parties upon any question, which is of inestimable value ; weekly journals are, in short, become indispensable, in order that the

1820, under the title of *Medical Intelligencer*, giving a list of all papers in periodicals ; it ceased after two years. *The Lancet* was commenced in 1823, by Mr. Wakley, and gave rise to the *London Medical Gazette* four years afterwards ; these two, and *Ryan's Medical and Surgical*, (begun in 1832,) are our present hebdomadal journals. France, Italy, and America, are now supplied with journals of this sort, as well as Germany ; and in Paris a medical newspaper is published *three days* in the week.



medical profession may keep pace, in collision of ideas and free intercourse for improvement, with other scientific bodies. But in the weekly medical journals of this country, from causes which must be sought for in the succession of their rise and the history of each, there is mixed up so much personality, invective, and even fiction, as to characterize them as peculiar, and unlike what is met with in any other country. However great the benefits which have arisen from such publications, it must be allowed by every considerate mind, that the interested contentions and low personalities disfiguring their pages, have been a great drawback and counterpoise to their utility. There is no unmixed good or evil: through our *weekly journals*, the spark elicited by a sort of flinty collision, has sometimes fallen upon antiquated and very combustible materials; but have *they* improved the ethics of the profession? has courteous feeling, and the station the profession holds in society, been promoted? can the nicknaming, the vulgar wit, or the slang of a weekly in any way advance medical science? or fail to pander to bad taste and coarse feeling? The mental system, like the corporeal, when pampered and perverted, finds healthful food unacceptable without some piquant sauce, and would sooner starve for a time than live on plain and wholesome fare. Until personal charges be no longer anonymously received, the mere shreds of unfinished cases considered inadmissible, and a fierce *esprit de coterie* abated, it is to be feared that a weekly journal is more devoted to faction than to science, and will fail to effect all the good such publications, con-



ducted with even less talent, but on better principles, would be capable of effecting.\*

\* In Great Britain, exclusive of strictly popular works, such as *The Doctor*, *The Gazette of Health*, &c. we have now *seven* medical periodicals, *three* of them issuing quarterly, *one* two-monthly, and *three* weekly. An ophthalmic journal has just been proposed by Mr. Middlemore; a journal devoted to midwifery and the diseases of women and children, such as has long proved successful in Germany, would, I conceive, embrace a more extensive field, and have a better chance of success; or a separate journal of pharmacy, &c., such as exists in France, Italy, and Germany, and even in America.\* In the United States of America, as many as eighteen distinct journals upon medical science are enumerated at the present time, issuing at Philadelphia, New York, Boston, Baltimore, Charleston, Cincinnati, and Lexington; and a writer observes that, owing to such channels of information, "each member of the profession, however remotely located, may now be placed in almost immediate possession of all the important contributions made to our science in every part of the civilized world." Turning to France, we find nearly *twenty* periodicals upon medicine and its collateral branches; about *fifteen* of these issue from the press at Paris, and are republished in a monthly volume at Brussels, under the title of *Encyclographie des Sciences Médicales*. Belgium has two journals. Seven medical journals, including those of a popular character, were continued in Holland during the last year, the titles of which have been furnished me by Dr. Nieuwenhuys. In Denmark we learn from Dr. Otto that there are three journals; and in Spain there are two. Those published in the Italian language amount to nearly *twenty*, the principal amongst them issuing at Milan, Bologna, Venice, Pavia, Naples, Rome, Turin, Palermo, and Verona. In the German States, and in the German language, *forty-five* journals on the different branches of the medical sciences were actually sent forth in 1835, as I am informed by Dr. Bluff, who has so repeatedly favoured me with information; this is an increase of *five* compared with the preceding year: the demand for so many channels of information is increased by Scandinavian and Russian contributors and readers. After much enquiry under favourable opportunities, I find reason to believe that the extensive territory of Russia has no native medical journal or review, but is supplied from Germany and other countries. The recent increase of medical journalism is indicated in the East Indies,† in the West Indies,‡ and in South America.§

\* *The American Journal of Pharmacy*, published by authority of the Philadelphia College of Pharmacy, edited by R. E. Griffith, M.D., assisted by a publishing committee, quarterly.

† *The India Journal of Medical Science*. Calcutta, 1834-5.

‡ *The Jamaica Physical Journal*. Kingston, 1835.

§ *Revista Medica Fluminense*. Rio Janeiro, 1835.



Next to journals, the *Cyclopædiæ of Medical Science*, now in course of publication, or already completed, in different countries, would deserve to be noticed; those upon practical medicine, and on anatomy and physiology, are so universally known, that I need only refer to a similar work on surgery,\* adding that it is calculated to fill up an obviously unoccupied space, and, from the nature of the subjects to be noticed and the opportune occasion for its appearance, such a work, if conducted with only ordinary attention, and well systematized, cannot fail to be beneficial both to the contributors and the public.

The statistics of medical literature, American as well as European, on which I have instituted some enquiries,† must be passed over in this stage of a lengthened address, out of deference to so numerous an audience, although I hold them to afford matter of scientific interest. The numerical amount of works published cannot be regarded as a criterion of the advancement of any particular science; it however tends to shew the diffusion of what is known in the present day; and, although I state what is at variance with a celebrated writer,‡ I shall receive support in the remark that such diffusion of knowledge carries in reversion the improvement of each science, by bringing more active labourers into the field, calling forth the more highly-gifted few who are sprinkled in society, heightening the average

\* *The Cyclopædia of Practical Surgery*, edited by Mr. Costello.

† See the Appendix, upon the statistics of medical and general literature, at the end of this Address, p. 85.

‡ Dr. Johnson said, "by the diffusion of knowledge its depth is abated."—*Adventurer*.



standard of information and making excellence of a higher order.

In medical bibliography little has hitherto been done in England; but with increasing information and a multiplication of books, to which the free intercourse with all countries during peace so mainly contributes, the necessity is felt for systematic arrangement. From the pen of Dr. John Forbes we have one valuable contribution,\* the product of rare talents for such an undertaking. An annual epitome, in an English dress, of whatever practical improvements and discoveries are effected in each branch of medical science, could not prove unacceptable; in France† and in Germany,‡ such a work is produced; and if our American brethren would give us the same benefit, by epitomizing whatever is original, and yearly published by them, it would be a just return for the quantity of information they derive from European publications, of which they so industriously and properly avail themselves.

As contributing to medical instruction, the pictorial art ought to be named: the discovery of lithographic printing has rendered this art more available, and placed the most correct representations of healthy and morbid structures of the human body within the reach of every member of the profession. The names of Swan, Cruveilhier, Carswell, Larry, Lebaudy, Smith, Harlan, and Gibson, stand pro-

\* *A Manual of Select Bibliography.* London, 1835.

† *Répertoire Annuel de Clinique Médico-chirurgicale, par C. F. J. Carron du Villards, Paris.*—The fourth vol. for 1835 is now in the press.

‡ *Die Leistungen und Fortschritte der Medicin in Deutschland, von M. J. Bluff.* The fourth annual volume for 1835 is just published.



minent amongst those who have promoted the pictorial method of instruction in the last year.

The life of every man who attains to eminence, and continues actively occupied in his profession, may furnish materials for a narrative, which if faithfully and judiciously executed, must prove useful to his successors, by affording an example of virtuous conduct, or encouragement to perseverance under difficulties, or a rule for correct self-estimation, a lesson however difficult yet more readily learnt by tracing the effects of genius and industry in those whose earthly career has terminated. Biography is a supplement to general history of such great value, that its influence spreads over the past, present, and future. So limited is the sphere of action of the most renowned cultivator of our art, and at the longest so brief the career of his active labours, that the humble biographer, from the perpetuity of his narration, may do more extensive service to mankind, than the individual whose life affords the pattern of excellence. This branch of literature seems to have been rightly appreciated by the zealous promoters of the Provincial Association; the most gilded pages of its *Transactions* are employed in shedding honours over the tomb of our lost brethren: yet the national taste is not roused to the right pitch; the genius of a John Bell or an Abernethy still calls for further posthumous celebration! Rich as we are in works of mono-biography,\* we have

\* I allude to the lives of Currie, Jenner, Hey, Cullen, Humphrey Davy, James Smith, Armstrong, &c. With the exception of these, and of the small volume of *Lives of British Physicians*, all our modern medical biography must be sought for in periodicals, or in works of general biography. Hutchinson's *Biographia Medica* is upon our shelves, because no tolerable English work has appeared to displace it.



no volumes dedicated generally to the worthies of our own country, (in which respect we may even look to America\* as a model), we have no systematic treatises such as France† can boast of. A comprehensive work on biography seems, indeed, to be amongst the *desideratissima* in our medical literature; and whence this defect, in these days of industrious authorship and mechanical book-making? Do we exhaust our resources and our time in adulation of the living leviathans of the profession? Fame the most genuine and durable, is *posthumously* as well as *promptly* awarded. We see not clearly in gazing at the meridian sun, but estimate best his splendour in the evening and twilight of his departure.

Although it be difficult to determine the proper medium between study and observation, there is an indubitable advantage in becoming acquainted with what has preceded us. Every possible aid should be sought, in a calling so extensive and diversified, so useful and essential as ours; a calling sufficient to occupy the entire force of the most comprehensive capacity. We require equally to avoid the perilous barren heights of metaphysical speculation, and the self-sufficiency of trusting too much to our own personal observations. The human mind, it

\* *American Medical Biography, with a succinct History of Medical Science in the United States, from the first Settlement of the Country; by James Thatcher, M.D.* 2 vols. 8vo. Boston, 1828.—America is the land of biographers: a numerical *sixteenth* of all the works published in the United States in 1834-5 are devoted to biography.

† *Biographie Medicale.* 7 vols. 8vo. Paris, 1820-5.—Also, *Dictionnaire Historique de la Médecine, par Dezeimeris, &c.*, now in course of publication.



is true, possesses the immaterial quality of becoming enlarged to receive more, by the very act of receiving; those who know most, experience the least labour in adding to their knowledge; but the assemblage of the medical sciences is too vast for the mind to cope with even during a life-time; the way to excellence is to work incessantly in a particular department. There never was, perhaps, a time of less need for enforcing these remarks: we live in an era of medical investigation. In many other countries besides our own there is an advancing movement, effecting by large bodies of the profession;\* and the combined influence of such assemblies should move the executive of each government to regard attentively the *prevention of disease*, as a branch of political economy—a subject not less worthy to engross an elevated mind than the *cure of diseases*, with which it is, indeed, most intimately connected. Both in curing and preventing, the physician meets with opportunities for employing the best feelings of human nature, and finds each day too short for learning what is required, and prac-

\* The formation of "District Medical Societies" has been commenced in some parts of the United States; (*American Archives of Medical and Surgical Science*, February, 1835, vol. I. p. 375,) and in the same country the subjects brought before a large body of the profession, in January, 1835, were—"the regulation of medical etiquette; the construction of medical societies; the support of a periodical journal of practical medicine; asylums for lunatics, and for instructing the blind; the promotion of the temperance cause; the regulation of vaccination; the convenient supply of the leech; the legalization of the study of anatomy; the improvement of the state of medical education."—*American Journal of the Medical Sciences*, vol. XVI. p. 464. We have accounts of equally important topics engaging an assembly of the faculty at Brussels.—*Bulletin Médical Belge*, Octobre, 1835.



tising what he knows. The dangers he fearlessly encounters,\* when called upon by any sudden calamity, speak the laudable ardour with which he pursues his duty. Some of the sweetest moments of life are those attending the recovery from a painful and dangerous affliction ; such moments the physician, under the blessings of a Divine Providence, has the means of giving, and thus converts the very imperfections of our nature into occasions of comfort and joy ! The hygienic art, rightly appreciated, takes a place next to pure religion and good government, for influencing the morals and happiness of society ; with few exceptions, if health be not maintained, the mental powers become feeble or perverted, the bodily more certainly interrupted in their functions ; the former suffer all the degrees of disorder from *ennui* to madness, the latter sink into disuse and premature decay. The bravest are with good reason alarmed, when assailed by disorders which they know not how either to avoid or to remedy, and may soon be vanquished but for our aid :

“ A rheum, a chill, and even Cæsar trembles ! ”

Such being the objects, and such the ascendancy of the healing art, we are easily led to estimate the value of this Association, whose assembled members have so patiently listened to these remarks. If each

\* The fate of medical men in several countries of Europe during the recent prevalence of epidemic cholera is well known. In the last year it has been stated, that in a town where pestilential fever prevailed, out of *forty-eight* medical men who attended upon the sick in hospitals, *twenty-four* died.—“ *Bemerkungen über das epidemische Pest-fieber welches in Jahre, 1829, in Varna herrschte,*” in “ *Medizinisch-praktische Abhandlungen von Deutschen in Russland lebenden Aerzten,* Hamburg, 1835, vol. I. p. 135.”



talented member, deriving a fresh stimulus from this meeting, will resolve to do something, a monument of enterprise and genius will remain to our successors, the provincial branch of the medical profession, so preponderating in numbers, will take its proper station in comparison with the metropolitan, and the glorious purpose of our associating will be accomplished in some fresh means of alleviating human suffering.

In concluding I will venture to express a hope that medical literature may be the subject of a yearly retrospect, as well as the science and practice of medicine, and thus a serviceable tribunal of criticism will be established in the bosom of this Association. In having entered on this subject I act but as a direction-post, pointing the way; future adventurers may travel on the same road, to the utmost of its branchings and windings, exploring each devious and intricate path, and evincing the determination of the Provincial Medical and Surgical Association to contribute towards placing British Medical Literature on a level, in all respects, with that of any other country.



## APPENDIX.

STATISTICS OF MEDICAL AND GENERAL LITERATURE  
FOR 1835, &c.

THE following is a very imperfect sketch, drawn from a rapid view of such documents as have been afforded me, and which I have been glad to avail myself of, in the impossibility of looking more minutely into the subject.

ENGLAND.—The most comprehensive bibliographical list which we possess\* makes the number of books published during twenty years, exclusive of all journals and periodicals, amount to 22,310, viz.:

Miscellaneous Literature .....	13,700
Divinity and Ecclesiastical History .....	4,000
Law and Jurisprudence .....	1,040
Medicine, Surgery, Physiology, and Chemistry .....	1,300
Greek, Latin, and School Books .....	2,270
Total .....	22,310

According to the same authority,† the number of books published in 1835, exclusive of all journals, was 1,385, which I have arranged under the following heads:

Religion .....	281
Metaphysics, Poetry, and Fiction .....	267
Voyages, Travels, History, and Biography .....	148
Government and Trades .....	74
Medicine, and its collateral Branches .....	84
Music, Architecture, and Fine Arts .....	50
Natural History and Physical Sciences ..	40
Geography and Mathematics .....	35
Law .....	62
Elementary and School Books .....	87
Miscellaneous .....	257
Total .....	1,385

\* *Bent's Catalogue of Books*, published in London during twenty years, from 1815 to 1834 inclusive.

† *Bent's Literary Advertiser*, for 1835—monthly.



Of the 84 books published in 1835, upon medicine and its collateral branches, there were—on anatomy 5, physiology 2, botany 4, chemistry 2, pharmacy 5, pathology 2, medicine 38, surgery 16, history and biography 5, midwifery 2, transactions 3. Of these, 10 were translated from the French, and 1 from the German.

AMERICA supplies no accurate bibliographical record, and the best documents I have been furnished with are supplied by a quarterly journal,\* according to which 404 works were published in 1835, viz. :—

Annals .....	13	Medicine .....	9
Biography .....	26	Novels and Tales .....	37
Education .....	42	Poetry .....	14
History and Travels .....	16	Theology .....	62
Juvenile .....	56	Miscellaneous .....	113
Law .....	16		

136 were either reprints of British, or translations of other foreign works.

FRANCE offers us the most comprehensive account of its bibliography, in a weekly sheet,† which commenced with 1835, and contains a specification of 6,700 publications during that year; but as each successive volume of a series is enumerated separately, the number of distinct works, including periodicals, amounts only to 5,473. The number of authors is stated to be 3,392. A numerical statement of publications in each department is as follows :—

Theology and Ecclesiastical History .....	637
Jurisprudence .....	242
Science, Arts, and Education .....	514
Political Œconomy, Finance and Commerce .....	432
Domestic Œconomy .....	87
Natural History .....	119
Physics, Chemistry, Pharmacy .....	67
Medicine and Surgery .....	213
Mathematics, Astronomy, Marine and Military } Tactics .....	213
Typography, Gymnastics, &c. ....	102
Fine Arts .....	126
Languages, Rhetoric, &c. ....	237

\* *The North American Review.*

† *Bibliographie de la France, pour l'an 1835.*



Poetry, Theatricals, and Romance .....	1007
Philology and Criticism .....	146
Geography and Voyages .....	172
History and Chronology .....	475
Antiquities and Numismatology .....	28
Societies and Transactions .....	161
Journals .....	163
Biography, and Miscellaneous .....	332

Five hundred publications in 1835, upon medical science and natural history,\* &c., I find answering to the subjoined classification :—

Anatomy .....	27
Physiology .....	24
Chemistry .....	16
Pathology .....	14
Medicine and Pharmacy .....	154
Surgery ..	47
Midwifery .....	11
Legal Medicine .....	31
History of Medicine, and Biography .....	9
Dictionaries and Cyclopædiæ .....	25
Natural History, Botany, and Geology .....	119
Natural Philosophy .....	12
Transactions .....	4
Miscellaneous ..	7

GERMANY.—Dr. Bluff has met some enquiries which I submitted to him, by publishing† the following table of literary productions in Germany in 1835—:—

	Works.	Periodicals.
Theology .....	1109	45
Jurisprudence, Government and Finance .....	866	54
Medicine, Surgery, Pharmacy, and Chemistry.....	540	63
Philosophy and Literature .....	239	28
Education and Books for Youth .....	309	40
Philology .....	467	20
History, Biography, Geography, and Antiquities...	1130	40
Natural History, and Mathematics .....	615	16
Trade, Manufactures, Arts, and Agriculture .....	883	48
Belles-Lettres, Theatricals, Romance .....	1073	62
	<hr/> 7221	<hr/> 314

\* *Bulletin Bibliographique des Ouvrages publiés en France sur les Sciences Médicales, Naturelles et Physiques, 1ere année. 1835.*

† *Die Leistungen und Fortschritte der Medizin in Deutschland, 4ter Jahrgang, Berlin, 1836, vol. IV. p. 30.*



According to the same authority, the books published in Germany upon the medical sciences, during four successive years were as follows:—

YEAR.	Anatomy.	Physiology.	Psychology.	Pathology.	Medicine.	Surgery.	Midwifery.	Pharmacy.	Legal Medicine.	Popular Medicine.	Cholera.	Homœopathy.	History.	Journals.	TOTAL.
1832.	20	9	9	24	14	34	12	48	13	53	9	19	19	41	324
1833.	20	9	5	8	53	43	20	38	19	46	22	41	18	39	381
1834.	15	14	9	6	52	62	20	66	9	69	...	64	12	40	438
1835.	33	14	12	3	68	28	20	58	13	54	...	31	9	45	478

There were about fifty translations of foreign works on medicine in four years, and *sixty-nine* treatises upon *baths* are included under the title of pharmacy.

ITALY.—A bibliographical record\* was commenced in this country in 1835; it enumerates 3623 publications, inclusive of the minutest works, as well as periodicals. The only use I can make of this list, in preparing for the press, is to state that there were published in Italy, in 1835, just 699 works on theology, and 414 on medicine and its collateral branches. In the latter six months of the year *fifty-two* treatises appeared upon the epidemic cholera.

HOLLAND.—A list† is given of above 800 publications in the year; 90 are on theology, 76 on history, about 30 upon medical topics. Upon language, poetry, and the theatre, 101 works; periodicals 58 in number.

RUSSIA.—In the only account‡ to be met with of publications in this country, I find the number to amount to about 700 in the year; the documents are so recently come before me, that time is not allowed for *dissecting* them, so as to shew the number of books referring to the different departments of science in general, or of the medical in particular.

\* *Bibliografia Italiana, anno lmo. Milano, 1835.*

† *Lijst van nieuw uitgekomen Bocken in den Jare, 1835.*

‡ *Dorpater Jahrbücher für Litteratur, Statistik und Kunst, Leipzig, (monthly) 1835.*



