

An address delivered at the annual meeting of the Bath and Bristol District Branch of the Provincial Medical and Surgical Association, held at Bath, June 29th, 1854 / by John Smith Soden.

Contributors

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AN ADDRESS

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DELIVERED AT THE ANNUAL MEETING

OF THE

BATH AND BRISTOL DISTRICT BRANCH

OF THE

PROVINCIAL MEDICAL AND
SURGICAL ASSOCIATION,

HELD AT BATH, JUNE 29th, 1854.

BY

JOHN SMITH SODEN,

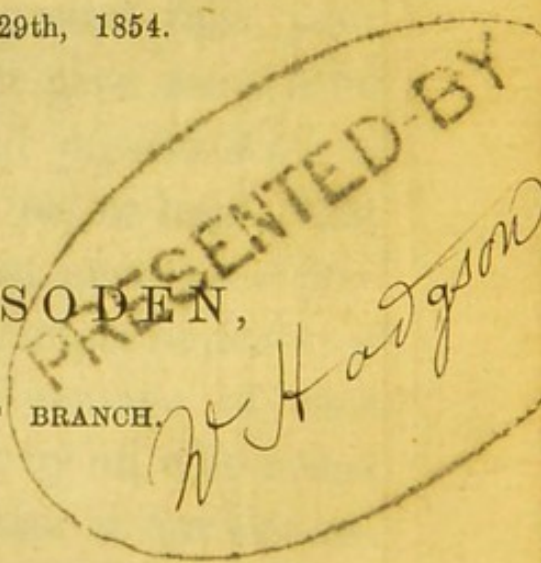
PRESIDENT OF THE DISTRICT BRANCH.

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AN ADDRESS,
BY
MR. SODEN, THE PRESIDENT.

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President, at these meetings, shall give some kind of report of the recent progress and present state of medical and surgical knowledge; or, at least, that he shall briefly recapitulate the most important professional events, discoveries, and improvements of the preceding year; and the advantage of this custom, I am sure, will be admitted by all who heard the excellent address of my predecessor at our last anniversary. Mr. Clarke performed this duty with great ability. He happily blended comprehensive research with judicious selection, and enriched his discourse with valuable original matter, the result of his own experience. Now, Gentlemen, for the last nine or ten years, since my retirement from practice, I have paid very little attention to the passing literature of

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AN ADDRESS, &c.,

BY

MR. SODEN, THE PRESIDENT.

GENTLEMEN.—

I believe it is rather expected that your President, at these meetings, shall give some kind of report of the recent progress and present state of medical and surgical knowledge ; or, at least, that he shall briefly recapitulate the most important professional events, discoveries, and improvements of the preceding year ; and the advantage of this custom, I am sure, will be admitted by all who heard the excellent address of my predecessor at our last anniversary. Mr. Clarke performed this duty with great ability. He happily blended comprehensive research with judicious selection, and enriched his discourse with valuable original matter, the result of his own experience. Now, Gentlemen, for the last nine or ten years, since my retirement from practice, I have paid very little attention to the passing literature of our profession. I have seldom seen any of the

medical periodicals, except our own *Journal*, and I have scarcely any knowledge of the new works that have appeared within that time. I cannot, therefore, follow the example of my predecessor; but, as there is no restrictive law on this point, the wide field of medicine and surgery, and of all their collateral branches, being open to selection, I shall crave your indulgence while I make a few brief and desultory statements of some changes that have occurred in the course of my professional life, and exhibit to you some examples of former modes of practice, in quotations that may, perhaps, be somewhat interesting as matters of curiosity, though destitute of practical utility.

I entered the profession as a pupil to the late Mr. Freer, Surgeon to the Birmingham Hospital, in the year 1794, just sixty years ago. Great and important changes have occurred since that time; the march of intellect has been rapid in its progress; Science has revealed to us inventions and improvements of surpassing interest and novelty; steam and electricity have wonderfully augmented the power, and abridged the labour of man; the boundaries of knowledge have reached a limit which, a few years ago, would have been deemed unattainable. If, in this intellectual race, medicine had not advanced in an equal ratio with other sciences, it would, indeed, have been discreditable to its professors. I trust, however, that the result of an inquiry into the progress of medicine and surgery, as compared with that of other sciences, during the last sixty years, would be honour-

able to our profession. I need only mention two subjects—vaccination and chloroform—to vindicate our claim to a share of the fame and gratitude due to the benefactors of mankind. I remember the publication of Dr. Jenner's first work on vaccination, and the deep interest its novelty excited. The discovery of the inestimable power of chloroform is of so recent a date as to be within the memory of all. A history of all the modern additions to medical and surgical knowledge would be extremely interesting; but the circumstances I have stated disqualify me for such an undertaking. I shall, therefore, pursue the plan I have mentioned it is my intention to adopt on this occasion.

The most remarkable of the events which I have witnessed is, perhaps, the great change of character in the general diseases of the present day from that which prevailed thirty or forty years ago. This recent change in the type of disease has been noticed by different members of our association. Our esteemed and accomplished associate, Dr. Symonds, has described this change with great eloquence in his interesting address "On Orthodox Medicine,"* and Mr. Williams,† of York, read an able paper "On the Present Type and Character of Disease," at the general meeting of the Association at Brighton. Change of type in epidemics, at different seasons, was noticed by Hippocrates. Sydenham also treats this matter at great length, attributing the variety of character in the

**Provincial Medical Journal* for 1851, page 393.

†*Provincial Medical Transactions*, Vol. 18, page 341.

epidemics of different years to some unknown change in the atmosphere. It is not, however, the occasional change of type in special epidemics that has attracted the notice of modern writers; but the fact that disease in general is of a less sthenic character now than formerly, and does not bear that copious depletion we were wont to employ. This statement will, I am sure, be confirmed by all who have been many years in practice. The altered nature of disease is, indeed, so obvious, that there can be no doubt of the fact, whatever opinions may be formed in regard to its causes. How seldom do we now meet with those cases of acute inflammatory disease that formerly caused us so much anxiety, and required such repeated venesection for their cure! Even very severe cases of acute gout are, I believe, of less frequent occurrence now than formerly. "When, and where," says Dr. Symonds, "do we witness that terrible blood-shedding which was once so familiar to us, and to which we were once so callous? Why have so many lancets grown rusty?" Those who have recently entered the profession, and have witnessed only the present type and character of disease, and the present mode of treating acute complaints, in which nutritious diet and cordials in moderation are not entirely withheld from the patient, may suspect, as there is a fashion in medicine, as in all other things, that the former sanguinary and starving treatment was to be attributed, in some degree, to the prevailing medical doctrines of the day. Without at all denying the change of character in disease, we may admit that there is

some ground for this suspicion. Towards the end of the last century the celebrated Dr. Brown published his "*Elementa Medicinæ*," in which he introduced a doctrine, and recommended a practice, subversive of the prevailing theory and practice of the time. Peculiar circumstances gave wide notoriety to Dr. Brown's opinions. His quarrel with Dr. Cullen, whose system he vehemently attacked, enlisted personal feelings in a discussion, in which mutual abuse and recrimination were more conspicuous than sound argument and fair reasoning. Dr. Brown was not distinguished for a practical knowledge of his profession; but he wrote Latin with great facility, and was much employed as a translator, and sometimes writer of original theses for idle and ignorant students; and this occupation naturally led to a knowledge of the various doctrines that had at different times prevailed in the medical schools. The pernicious and, sometimes, fatal consequences of the highly-stimulating treatment of the Brunonians in acute diseases could not, however, be concealed by their adherents; and the errors of their doctrine, and the dangers of their practice, were eagerly exposed and ably refuted by their opponents. Thus Dr. Brown's theory shone like a meteor for a time, then vanished, and was succeeded by the doctrine denominated "Determination of Blood." In the third volume of *Medical Memoirs*, is inserted Dr. Parry's Essay "On the Effects of Compression of the Arteries in various Diseases, and particularly in those of the Head, with Hints towards a New Mode of Treating Nervous Dis-

eases.”* In this paper will be found the basis of that theory which its ingenious author, some years afterwards, communicated to the world in his well-known “Elements of Pathology and Therapeutics.” Dr. Parry had attained such celebrity as an experienced and scientific physician, that every production of his pen was sure to meet with a favourable reception from the profession; and, indeed, the numerous and valuable facts which his works contained won the admiration even of those who dissented from some parts of his theory. In this city, however, where he was so well known and so deservedly esteemed, not only for his vast experience and sound judgment as a physician, but for the excellence of his private character, and for that honourable and liberal conduct which he invariably evinced in his intercourse with his professional brethren, his doctrines and opinions had an influence on the practice of his friends and admirers that has continued, probably, in some degree, to the present time. Although Dr. Parry did not publish his entire system till long experience and extensive observation had convinced him of its truth, yet his position, as leading physician in Bath for several years, and at a time, too, when that city was frequented annually by a large number of invalids from all parts of the kingdom, led to such an extensive correspondence with the profession, that his opinions were widely disseminated and generally known. The doctrine of “Determination of Blood” became, in fact,

*Dr. Parry's paper was read at the meeting of the Medical Society on January 19th, 1789.

the prevailing theory of the day, and though maintained by numerous writers, without mentioning Dr. Parry's name, yet the merit of reviving, if not originating, the system, was generally acknowledged to be due to him. In 1813 and 1814, Dr. Barlow published in the widely-circulated pages of the *Edinburgh Medical Journal*, "Pathological and Practical Observations," in which he ably stated the influence of the vascular system in disease, and it is well known that few carried the treatment inculcated by this doctrine to a greater extent than that eminent physician; though, in the latter years of his life, he modified his practice, and bled much less profusely than formerly.

In accordance with the pathological doctrine of "Determination of Blood" is the theory which ascribes fever to local inflammation of some important viscus. This opinion was maintained by Drs. Clutterbuck and Armstrong. The theory naturally suggested its appropriate treatment. Accordingly, blood-letting, general and topical, calomel, in large doses, (Dr. Armstrong gave ten grains of calomel, and repeated the dose, with opium, four or five times in twenty-four hours,) cold affusion, and other active means were adopted, by some to a great extent. Depleting treatment in fever was, indeed, the general practice of the day, as will appear by reference to the works of the authors I have mentioned, and to those of Sutton, Mills, and Welch, as well as to various communications in the early volumes of the *Edinburgh Medical Journal* from the pens of different writers

employed in naval, military, and private practice. There never was a period, I believe, when medical men were more independent in their practice, and less governed by the prevalence of a fashionable doctrine, than in the present day. In former times, it is probable that the extensive influence of the theories I have stated, led sometimes, to a more copious blood-shedding than was absolutely necessary; but the great change, in this respect, the very moderate and unfrequent use of the lancet now-a-days, can have resulted only from a positive alteration in the character of disease. Cases seldom occur now in which bleeding is required. Mr. Macilwain, in his "Memoirs of Abernethy," says,—
 "In a large institution, relieving several thousand patients annually, and in which, a very few years before, scarcely a day passed without several persons having been bled, nearly a month elapsed without a single bleeding having been prescribed by either of the three medical officers." The experience of most hospital physicians and surgeons would, I believe, be in accordance with this statement. Four or five years ago, I met, in London, a party of army medical men at the house of an old Egyptian friend of mine. As may be supposed, battles were fought over again. We talked of olden times and former practice. One gentleman, an inspector of many years' service, had, a few years before, been at the head of the medical department at Gibraltar, and he said he did not believe that, in the course of a year, more than thirty ounces of blood were withdrawn in the whole gar-

rison, which consisted of four regiments, besides
 artillery. How different this from the practice in
 military hospitals fifty years ago. My friend and old
 fellow-student, Mr. Guthrie, in his excellent work on
 "Gunshot Wounds," gives an interesting account of
 some circumstances that occurred on his first joining his
 regiment in 1801. He had to combat severe inflam-
 matory disease that required very copious blood-
 letting for its cure, and on subsequent occasions, in
 North America, and in the Peninsula, he was
 obliged to adopt this practice to a great extent. His
 statements are too long for quotation, but they are
 well worthy of perusal, as illustrative of the efficacy
 of the treatment, and of my friend's energy and
 promptitude. In 1801 I was an assistant-surgeon
 with the army in Egypt. The diseases from which
 our troops suffered in that country were of an inflam-
 matory character, and the wounded were treated on
 the antiphlogistic plan. In less than a fortnight
 after our landing, three great battles were fought,
 and till sufficient hospital accommodation could be
 provided on shore, many of the sick and wounded
 were sent to the fleet. I was in a transport in charge
 of wounded and sick of my own regiment, amongst
 whom were three wounded officers. In corroboration
 of my statement about the tendency to inflammation
 on that occasion, I will read part of a letter I received
 four days after the last battle from my friend, the late
 Sir John Webb, then a staff-surgeon. Mr. Webb
 was very intimate with the officers of my regiment,
 and knowing the interest they felt in the fate of

their wounded comrades, and considering, also, that I was then a very young assistant-surgeon, he very kindly stated to me what had occurred to him in regard to the wounded who remained with the army. "My anxiety," he says, "for the recovery of our poor friend Ross (a lieutenant whose arm had been amputated in the field on the 21st of March), makes me take the earliest opportunity of communicating to you what I have observed respecting our patients who have been amputated, and kept on shore. The symptoms of inflammation have run much higher than I have ever seen in England, and I have found not only the strictest antiphlogistic regimen necessary, but even repeated blood-letting." A few years ago, on looking over old papers, I found Mr. Webb's letter. It naturally reminded me of bygone times. I thought it a relic worth preserving, and I now value it as a memorial of friendship and kindness from one who was deservedly esteemed by all who knew him.*

As a contrast to present notions, and as a matter of curiosity, I shall cite a few statements regarding the opinions formerly entertained on blood-letting, and the extent to which the practice was sometimes carried. One of the ablest advocates of the practice of bleeding was the celebrated Dr. Rush. In his "Account of the Yellow Fever, as it appeared in Philadelphia, in 1793," he says, "Bloodletting, when used early on the first day, frequently strangled the disease in its birth." Again, he says, "Where bleeding had been omitted for three days it was seldom

* The letter was produced.

useful; where purging had been used, it was sometimes successful." "In those cases," he says, "which ended fatally, blood-letting restored or preserved the use of reason, rendered death easy, and retarded the putrefaction of the body." In reply to those who thought he had bled too copiously, he says, "I did not lose a single patient whom I bled seven times or more in this fever. As a further [proof that I did not draw an ounce of blood too much, it will only be necessary to add that hæmorrhages frequently occurred after a third, a fourth, and, in one instance, after a sixth bleeding had been used; and, further, that not a single death occurred from natural hæmorrhages in the first stage of the disorder. A woman, who had been bled, awoke the night following in a bath of her blood, which had flowed from the orifice in her arm. The next day she was free from pain and fever. There were many recoveries from similar accidents, also some recoveries from copious natural hæmorrhages in the more advanced stages of the disorder, particularly when they occurred from the stomach and bowels. One patient, who had discharged at least four pounds of blood from her stomach, without a pulse, and with scarce a symptom that encouraged a hope of life, was, the next day, out of danger." Dr. Rush afterwards published "A Defence of Blood-letting,"* in which he says, "An ignorance of the quantity of blood which has been drawn by design, or lost by accident, has contributed very much to encourage prejudices against blood-letting. Mr. Cline

* Medical Inquiries, and Observations Vol. IV., Page 235.

drew 320 ounces of blood in twenty days from a patient in St. Thomas's Hospital, who laboured under a contusion of the head. But this quantity is small compared with the quantity lost by a number of persons whose cases are recorded by Haller.* I shall mention a few of them. One person lost nine pounds of blood, a second twelve, a third eighteen, and a fourth twenty-two, from the nose, at one time; a fifth lost twelve pounds by vomiting in one night, and a sixth twenty-two from the lungs. A gentleman, at Angola, lost between three and four pounds daily from his nose. To cure it he was bled ninety-seven times in one year. A young woman was bled 1,020 times in nineteen years to cure her of plethora, which disposed her to hysteria. Another young woman lost 125 ounces of blood by a natural hæmorrhage every month. To cure it she was bled every, or every other, day for fourteen months. In none of these instances, he says, was death the consequence of these great evacuations of blood. On the contrary, all the persons alluded to recovered." After this, let not Le Sage be deemed a libeller of the profession, when Sangrado took six good porringers of blood from the priest at Valladolid, repeated the operation in three hours, and again the next morning. But extraordinary as these statements are, we must remember by whom they are recorded, and the respect due to the high authority of Haller.

* Dr. Rush refers to Haller's *Elementa Physiologiæ*. Vol. IV., page 45, but I found these statements in Vol. II., pages 4 and 5, in the edition printed at Lausanne in 1760.

If time allowed, I could give other quotations from Dr. Rush. He is so agreeable a writer that I know few authors from whose works so much amusing and interesting matter might be selected as from the five volumes of this American sage.

Dr. Dovar (whose name is well known in association with the powder that has preserved its reputation down to our time), published in 1733, a book, entitled "The Ancient Physician's Legacy to his Country, being what he has collected in forty-nine years' practice." He was a sailor, as well as a physician, and accompanied, if he did not command, a plundering expedition to the South Seas. He gives the following account of his practice on that occasion. "When we took the two cities of Guaiquil, under the Line, in the South Seas, it happened that, not long before, the plague had raged amongst them. For our better security, therefore, and keeping our people together, we lay in their churches, and likewise brought thither the plunder of the cities : we were very much annoyed with the smell of dead bodies. Those bodies could hardly be said to be buried ; for the Spaniards abroad use no coffins, but throw several dead bodies one upon another, with only a draw-board over them ; so that it is no wonder we received the infection. In a very few days after we got on board, one of the surgeons came to me to acquaint me that several of my men were taken, after a violent manner, with that languor of spirits that they were not able to move. I immediately went among them, and, to my great surprise, soon discerned what was the matter.

In less than forty-eight hours we had in our several ships one hundred and eighty men in this miserable condition. I ordered the surgeons to bleed them in both arms, and to go round to them all, with command to leave them bleeding till all were blooded, and then come and tie them up in their turns. Thus they lay bleeding, and fainting so long that I could not conceive they could lose less than an hundred ounces each man." The result of this was that they lost no more than seven or eight men; and even these, he says, "owed their deaths to the strong liquors which their messmates procured for them." Dr. Dovar was an advocate for the internal use of crude mercury, and gave it in almost all diseases. In nephritis he gave one ounce of quicksilver every morning, but he also prescribed "the inmost coat of the gizzards of pigeons, finely powdered, one scruple, to be taken night and morning, in a glass of white wine." He was a great traveller, and he tells us that "the Indians at the Molucca Island, and the ladies at Smyrna, often take quicksilver as a remedy against barrenness." His book is full of curious statements, and will afford amusement to those who delight in this kind of reading. I have, however, wandered from the subject of blood-letting; but at the risk of exhausting your patience, I shall give one more extract from this author to show his mode of treating fever in this country. "The case," he says, "of John Dineley Goodeere, Esq., of Charlton, in Worcestershire, near Evesham,* was very remarkable. Some years ago, when he was in London,

* Page 108.

he was seized with a violent fever ; he was unwilling that Sir Edward Goodeere, his father, who was in town at the same time, should know any thing of it ; so that he was, as it were, *in extremis* before his father was acquainted with it. He ordered me immediately to be called to his son, whose eyes were set in his head, his jaw fallen, his tongue directly black and hard, his face as black as an Indian, with round drops upon it as big as pease or pulse. The apothecary being present, I asked him if he bled. He told me, yes ; and accordingly got everything in order for it. I bid him take care to make a large orifice, which he did. He asked me how much blood he must take away. I answered I could not tell. He said he had taken off twelve ounces. I said, let the patient bleed on. The apothecary now told me he had drawn twenty ounces. Then I discerned something of a pulse coming on in my patient. In the conclusion, he bled to forty-eight or fifty ounces. The sweat went off, and his face came to its colour. Whilst he was bleeding, I got a cool tankard of Rhenish wine, water, and lemon, which held near three quarts. I raised him upon his pillow, and gave him about a pint glassful, and immediately after he began to move his eyes and close his jaws. In a very short time after I gave him a couple of glasses more. He then fixed his eyes hard upon me, put his hand out to me, and said, "Is it you, my dear friend?" I asked him if he could drink. He answered, "the ocean." I made those about him rub his head with dry cloths, and then asked how he found himself. He answered in a strange confused condition. In one hour, or there-

abouts, he flung the clothes off the bed, put his feet in his slippers, called for his nightgown, walked to the other side of the room, set himself down in a two-armed chair. "Now, my dear friend," says he, "we will have one flask of claret together." I told him I would drink a flask of claret, but that he must stick to his cool tankard. The next morning, when I came to wait on him, he was down in the stable, amongst his horses, without a cap, having nothing on but his nightgown and slippers. I asked him how he did. He said, never better in all his life. This was in the month of March. Now this is termed a desperate way of practice ; but then they who condemn it should give an instance of any one I have lost by such methods." Dr. Dovar lived many years at Bristol, but I know not if he died there.

In 1712, Dr. White published a work, entitled, "*De recta sanguinis missione; or new and exact observations on fevers, in which letting of blood is shewed to be the true and solid basis of their cure.*" This author was a surgeon in the navy, and practised six years in Portugal. He bled to a great extent; but the Portuguese physicians, he says, took away ten pounds of blood in fevers, where he found five or six pounds sufficient ; yet more of their patients recovered, he states, than of those treated by the English physicians.

Time will not allow of too many of these quotations ; I shall, therefore, conclude these statements with the following, recorded by Sydenham. In his chapter on pestilential diseases, he says, "Amongst the other calamities of the civil war which afflicted

our unhappy country, the plague made, in many places, its ravages. Amongst others, it attacked Dunster, in the county of Somerset. It had been introduced from without; some of the common soldiers it killed at once, plague spots having suddenly broken out. Others also it attacked. There was a certain surgeon, who had returned from a long travel in foreign parts; he was then serving as a common soldier; he earnestly entreated the Governor to let him do his best for the relief of his fellow-soldiers who were seized with this terrible disease; the Governor gave him leave. He bled the patients straight off the moment the disease seized them, and before any tumour appeared. He took an enormous quantity of blood, keeping on until they were unable to stand on their feet; they stood whilst they were bled; it was done in the open air. There were no vessels to catch or measure the blood: the soil served for basin. He sent them, after this, to lie down in their tents; he used no remedy beyond bleeding. He treated a great number in this manner; and, strange to say, not one died. I had this from a man of equal probity and truth—Mr. Francis Wyndham, captain in the army, and governor of the castle, being my informant.”*

I fear I have wearied you with these long stories. I am aware that the works of former authors are out of fashion. Nothing is much regarded in this utilitarian age that is merely curious and amusing. That only is esteemed which is conducive to practical utility. I confess, however, that I often derive amuse-

* Sydenham Society Edition, vol. i., page iii.

ment from these quaint old narratives ; and I think the Sydenham Society is rendering us a great benefit by their publication of works calculated to encourage a taste for the ancient literature of our profession. Their edition of Hippocrates, translated by Mr. Adams, is so readable and agreeable, that the works of the sage of Cos may now be perused with interest by those to whom, in their original language, they would be a sealed book.

The next change in practice to which I shall allude is the comparative disuse of emetics in the present day. When I was a pupil, it was customary to commence the treatment in ordinary cases of febrile or catarrhal ailment with an emetic. To the best of my recollection, very few patients were seen to whom an emetic was not given, whatever might be the nature of their complaints. The emetic consisted of tartarised antimony and ipecacuanha wine, to be worked off with chamomile tea, and sometimes a packet of chamomile flowers was sent with the emetic. It was thought useful to clear out the stomach with an emetic, just as, in after time, it became the routine practice to clear out the bowels with a purgative before the use of other remedies. I cannot exactly tell why or how this change of practice took place ; but Dr. Hamilton's book probably very much contributed to that general exhibition of purgatives which, for many years, superseded the use of emetics. I am not satisfied, however, that the change of practice is altogether judicious ; and I am sure that, in abandoning the employment of emetics, we often omit to avail ourselves of a very powerful and efficacious remedy. There is

scarcely any disease for the cure of which emetics, at some period, or some stage of the disorder, have not been recommended. I recollect, at the Birmingham Hospital, an emetic was often given in cases of *Hernia Humoralis*; and Mr. Hunter, in his "Treatise on the Venereal Disease," says that he has known a vomit remove the swelling of the testicle almost instantaneously.* In ophthalmic complaints emetics have been extensively employed, and with great advantage. I once attended a gentleman who was suffering severely from Gonorrhœal Ophthalmia. The ordinary remedies were unsuccessfully used. He said, "I don't think I shall get well without an emetic. I have suffered twice in this way before, once in India, and an emetic was the only thing from which I derived benefit." I gave him an emetic, and he speedily recovered. Sir Henry Holland has written so ably on the use of emetics, that I refer you to his "Medical Notes and Reflections," for much valuable and practical information on this subject. After the emetic, it was customary, in my early days, to give nitre in cases where saline draughts would now be exhibited. The old Pharmacopæias contained a formula, called "*Decoctum Nitrosum*," which consisted of nitre half-an-ounce, white sugar two ounces, cochineal one scruple, water two pints and a half, boil down to two pints. This was given with an equal part of camphor mixture. James's Powder was given at night; and sometimes, as a diaphoretic, the compound powder of contrayerva. The stethoscope was then

* Woodall, in his *Surgeon's Mate*, a very curious and amusing work, published in 1639, recommends emetics in *Hernia Humoralis*. Page 308.

unknown, and minute distinction between inflammation of the pleura and of the lungs was not much regarded. All cases of inflammation within the chest were treated by bleeding, blistering, Decoctum Nitrosum, and James's Powder, with spare diet. Cough was relieved by a linctus composed of conserve of hips, syrup of poppies, and oil of almonds, sometimes acidulated with vitriolic acid. Instead of this linctus a spermaceti mixture was often prescribed. Spermaceti was thought useful in severe contusions, and, in my early days, was often given by accoucheurs after delivery. Shakspeare said, "the sovereignest thing on earth was parmacity for an inward bruise;" and Dr. Denman says, "It was by some believed that a woman lately delivered ought to be treated as if she had been injured by a concussion, or violent bruise of some internal part, and that spermaceti, the most popular medicine given to women in childbed at the present time, was originally advised, because it was esteemed of sovereign efficacy in the case of an internal bruise."*

Fifty or sixty years ago, it was customary to give decoction of bark during convalescence in most cases of acute inflammatory or febrile disorders. Tonics were deemed necessary to restore strength, and the process of throwing in the bark, as it was termed, commenced as soon as acute symptoms had subsided. Quinine was unknown, and the enormous quantity of bark then consumed would astonish an inquirer of the present day. Amongst remedies now obsolete, I am old enough to remember the use of millepedes

**Treatise of Midwifery*, vol. 2. 1795. Page 468.

(wood-lice). There was a formula called wine of millepedes regularly kept, and I have known it given in cases of scrofula and glandular swellings.

Fractured limbs form a large portion of the casualties admitted into hospitals, and there are few branches of surgery in which greater improvement has been effected in modern times than in the treatment of these injuries. In old surgical works there are descriptions and plates of mechanical contrivances, of great ingenuity, for reducing, and afterwards retaining, fractured limbs in their proper position. Some of those machines were, I believe, often used in this country, till about the middle of the last century, when Mr. Pott's publication on fractures led to their less frequent employment, and tended to simplify the treatment of those accidents. Mr. Pott acquired very deserved celebrity in his time, and his name will ever stand high in the list of those to whom we are indebted for practical improvements in our art; but there are few surgeons in the present day, I think, who will fully assent to his principles or his practice in the treatment of fractures. He attached so much importance to the relaxation of the muscles that he invariably placed patients suffering from simple fracture of the thigh on their side. "The position of the fractured os femoris," he says, "should be on its outside, resting on the great trochanter; the patient's whole body should be inclined to the same side; the knee should be in a middle state between flexion and extension, or half bent; the leg and thigh on their outside also." This position was adopted in those cases at the Birmingham Hospital

when I was a pupil. Strips of linen, spread with soap plaister, were placed round the limb, the eighteen-tailed bandage, and short splints applied in the usual way, and, though most of those cases eventually did well, yet the instances of deformity, or shortening of the limb, were more frequent than we meet with now-a-days. As a general rule, there can be no doubt that the present mode of placing fractured thighs in a straight position is far preferable to the plan pursued by Mr. Pott. It is evident, indeed, that the broken ends of the bone cannot be kept in such complete apposition when secured by short splints only, which are necessarily limited to the thigh, leaving the leg and foot moveable and unsupported, as when the whole limb is protected by apparatus reaching from the hip to the toes. I am aware that some surgeons consider the flexed position as most suitable in certain cases of fracture of the thigh; but in such instances this position can be adopted, and the whole limb effectually supported by the use of the double-inclined plane, the patient lying on his back. Simple fractures of the leg were formerly treated in the same way as those of the thigh; the patient and limb being placed on the side, and the knee bent. Mr. Pott's plan is less objectionable in these fractures than in those of the thigh, and was generally successful; but this position, of course, admits only of the use of short splints, reaching from the knee to below the ankle. It is gratifying to witness the neatness and precision with which fractured limbs are now put up, compared with the slovenly way in which the short splints were

applied in my youthful days. Nothing in surgery, indeed, is more perfect than the present mode of treating fractures of the lower extremities ; the broken ends of the bone being kept in complete apposition, and the whole limb effectually supported by apparatus reaching from the hip to the toes. Mr. Pott's remarks on fractures are valuable, and will ever be held in high estimation ; his principle of the relaxation of the muscles is important, and should be kept in view, though it was not found so efficacious in practice, when carried to the full extent of his recommendation, as it was plausible in theory. To the French surgeons, and particularly to Desault, we are chiefly indebted for practical improvement in this department of surgery.

Numerous cases of compound fracture were admitted into the Birmingham Hospital during the five years that I was a pupil at that institution, and a majority of them terminated fatally, whether the limbs were amputated, or attempts made to save them. Mr. Pott's directions were again our guide in the treatment of these injuries. The limb was placed in the same position as in simple fracture ; if a portion of bone protruded through the skin, and could not be returned, the wound was enlarged, and if the broken ends could not then be brought into apposition, they were sawn off, all detached fragments were picked away, a light dressing was applied to the wound, and supported by the eighteen-tailed bandage, the leg deposited between two splints, and carefully placed on its outside. In those cases in which the fracture extended into a joint, and in which all the

soft parts were much crushed, and the great vessels wounded, amputation was obviously necessary, and was performed as soon as possible after the admission of the patient. Mr. Pott's directions for the treatment of compound fractures are very judicious, but his bias in favour of amputation in these cases was carried too far, and sometimes occasioned the removal of limbs which, in the present day, would probably be saved. The generally fatal result of those cases, in which attempts were made to save the limbs in the London Hospitals, at that time, appeared, indeed, to justify Mr. Pott's practice; and his example was followed by most hospital surgeons. In private practice, however, and in the country, his doctrine did not meet with general concurrence. Dr. Kirkland, of Ashby, an excellent practical surgeon, published "Observations upon Mr. Pott's Remarks on Fractures, in Three Letters to a Young Surgeon intending to Settle in the Country."* In these letters he cautions his young friend against adopting Mr. Pott's practice, and tells him that compound fractures in the country, where the patient has the benefit of pure air, with proper attendance, terminate very differently from those cases treated in a crowded hospital; that amputation is seldom necessary, unless the parts are so destroyed as to be evidently irrecoverable, and that the attempts to cure seldom fail. "Country practitioners," he says, "do not take off more than one limb in twenty which has received a compound fracture, nor do they, upon an average, lose more than one in ten of those they attempt to cure without amputation."

* London, 1770.

It is remarkable, that two such distinguished surgeons as our Percival Pott, and Ambrose Paré, the father of military surgery, should both have suffered from compound fracture. Mr. Pott's case is mentioned by Sir James Earle in his life of that eminent surgeon, and is well known. Ambrose Paré's case has been briefly alluded to by John Bell, and by Hennen, in his invaluable work on Military Surgery; but the original account of the accident is so graphic and minute, that I shall give its most essential details in Paré's own words, for the purpose of shewing how compound fracture was treated three hundred years ago:—

“John Nestor, Doctor of Physick, Richard Hubert, and I, went together to visit a patient at the place of the Frier Minorites, wherefore, intending to pass over the Sein within sight of the place, I endeavoured to make my horse take boat, and therefore switched him over the buttocks. The jade, maddened herewith, so struck at me with his heels, that he brake both the bones of my left leg, some four fingers' bredth above my ankle. Then I, fearing some worse mischief, and lest the jade should double his blow, flew back, and as I fled back, the broken bones flew in sunder, and breaking through the flesh, stocking and boot, shewed themselves, whereby I felt as much pain as it is credible a man was able to endure; wherefore I was presently carried into the boat, so that I might be carried to the other side of the water to be dressed; but the stirring of the boat, as they rowed, almost killed me with bitterness of pain, for that the sharp fragments of the bones were rubbed against the flesh

which lay next them. Being ferried over, as I was conveyed into the next house, my pain was much increased, whilst lifted by the hands of divers persons, one while up, another down ; sometimes to the left side, other whiles to the right, with my whole body, and all the parts thereof. When at the length I was laid upon a bed, I was somewhat freed from the bitterness of my pain, and had time to wipe off the sweat which ran down over all my body. Then was I dressed with such a medicin as the time and place would afford ; we composed it of the white of egg, wheat flour, soot of a chimney, and melted butter. For the rest, I entreated Richard Hubert that he would handle me as if he knew me not, neither that, moved for love of me, he should remit anything of the severity of art, but chiefly, that he would stretch my foot straight out, and, if the wound were not sufficiently wide, that he would enlarge it with his incision knife, that so he might the more easily set the broken bones in their due place ; that he would with his fingers (whose judgment is far more certain than the best made instruments) search, whether the splinters which were in the wound were quite severed from the bone, and therefore to be taken forth ; that he would with his hand press forth the bloud, and the clods of bloud which were in a great quantity concrete at the mouth of the wound ; that he would bind up and place my leg in that site and manner as he thought best ; which is, that he would have three rowlers in a readiness, the first whereof he should cast directly upon the wound, so that he should begin his ligation at the wound ; also he should put splints

about it, some three, but others two fingers' breadth, of the length of half a foot, somewhat depressed and hollowed, whereby they might be the more easily put about the leg, more straitly at their ends, and a finger's distance each from other, which at the last he should bind with fillets, like those wherewith women use to bind up their hair; yet so that the binding might be more straight upon the wound; and that he would fill the cavity of the ham, and of the ancles with bouldsters made of flax wrapped in linnen cloths; that he would fortifie the sides of my legs with junks made of bents or little sticks, and lined with linnen cloths, stretched from my heel to my groin, and bound over in four places, so that the straight figure of the leg might scarcely be perverted by any force; that he would gently and smoothly lift up my leg to an indifferent height; and lastly that he should arm it from the violence of external injuiriēs, by putting it in a box or case."*

After Paré got home, six ounces of blood were taken from his arm. For six days the wound was dressed with *unguntum rosatum*, and the bandages occasionally moistened with *oxycrate*, or rose vinegar. For nine days he took only twelve stewed prunes, six morsels of bread, and a pint of sugared water daily. His bowels were kept open by cassia and rhubarb, and sometimes a suppository of Castile soap. Notwithstanding this spare diet he got fever on the eleventh day; abcess formed, and loose scales of bone came away, partly, he thought, from the loose binding,

* The Works of Ambrose Paré, translated by Johnson, London, 1678.

as he could not bear straight binding. One night violent contraction of the muscles displaced the bones, and they were obliged to be re-set. Three months elapsed before the bones were perfectly knit, and another month before he could go upon his leg without the help of a crutch.

The judicious treatment, and successful result of this case are creditable to the surgery of the 16th century. Indeed, the principle observed both in the setting of the limb, and the after-treatment of the case, in essential matters, is in accordance with modern practice.

The period at which amputation ought to be performed in injuries rendering that operation necessary, was long a point on which different opinions were entertained; but the great wars, in the early part of this century, gave to army surgeons such extensive opportunities of observation that their experience has settled the question. It is true that a wounded soldier on the field of battle is very differently situated from a person severely injured in private life; and it may be expedient to remove the limb of a soldier, exposed to the privations of war, in an injury that might, probably, be cured in a person enjoying the comforts and consolations of home and domestic life; but as concerns the physical state of the patient, the principle of treatment is the same in both. My friend Mr. Guthrie has written so ably on the result of primary and secondary amputations, and has given cases so illustrative of the danger of performing the operation too soon, while the nervous system is suffering from the first shock of the injury,

and of delaying it too long, after reaction has taken place, that I refer you to his valuable work for full information on this subject. And here I cannot refrain from offering my humble meed of praise to those army surgeons who, with zeal, unabated by the dangers, privations, and miseries, inseparable from real war, have recorded, amidst those disadvantages, the result of their experience; and in the war, in which our country is now engaged, the works of Larrey, Guthrie, Hennen, and others will be of inestimable value to those to whom the honourable duty of superintending the health and lives of our defenders may be entrusted.

When I began to prepare this Address I intended to carry this kind of retrospect into other branches of practice, and to make extensive quotations from old medical and surgical works, for the purpose of comparing former with present modes of treatment. I then intended to revise and condense my materials, so as, if possible, to bring the whole within a reasonable compass, in the hope that such a statement would afford some interest to those who do not habitually pay much attention to, or greatly value, the obsolete doctrines and practice of by-gone times, but more profitably employ themselves in acquiring a knowledge of the important discoveries and improvements that modern science is almost daily contributing to every department of medicine. I find, however, that it is impossible to fulfill my original design. The attempt would monopolize the whole time of the meeting, and tend to deprive you of the benefit you will derive from the more practical and

useful communications with which we may this day be favoured. I will not, therefore, detain you longer than to congratulate you on the flourishing state of the Branch, and to express my conviction (in which, I am sure, you will concur) that, for our success and prosperity we are mainly indebted to our worthy and excellent Secretaries,* who, on all occasions, have performed the duties of their office with that zeal and ability which entitle them to our warmest and most grateful acknowledgments.

And now, Gentlemen, I would apologize for the imperfections of this address, did I not anticipate your admission of my claims to indulgence, when I recollect the generous allowance always made for imbecility at the 75th year of life, and that the other usual concomitant of age—garrulity—is also tolerated, I have abundant proof in the patience, kindness, and attention with which you have listened to me; for which I beg you will accept my sincere and grateful thanks, and, with them, my fervent wishes that your Society may long continue to flourish, and that, collectively and individually, you may enjoy many, many years of uninterrupted health, happiness, and prosperity.

* Mr. Bartrum, of Bath, and Mr. Leonard, of Bristol.