AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF SURGERY,

*At the Annual Meeting of the British Medical Association,
in Manchester, August 1877.*

By EDWARD LUND, F.R.C.S.,

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THE AFTER-HISTORY OF SURGICAL CASES.

GENTLEMEN,—My first duty in taking the chair as President of the Surgical Section, at this the forty-fifth annual meeting of the British Medical Association, is a very pleasing one; it is to thank, with all sincerity, the Committee of Council for the honour they have done me in selecting me for this office, and to ask your help in carrying out successfully the responsible duties which it involves. I am quite aware that in making this selection the names of many surgeons have been passed over, who are not only my seniors but my superiors in this branch of our profession. I allow myself, nevertheless, to hope and believe that the honour thus conferred upon me is an expression of your conviction of the deep interest I take in the prosperity of our Association, and more particularly in this special department of it, as well as of my readiness at all times to bear my share in all that will tend to increase its general usefulness.

The first of these annual meetings which I had the pleasure to attend was held at Canterbury in the year 1861; and from that time to the present I have rarely missed the yearly gatherings, contributing sometimes to the list of papers, and joining in the discussions arising upon them. I am thoroughly convinced that it is only by such means as these that we can hope to sustain amongst our body a true sentiment of brotherhood, and create a bond whereby the hopes and fears of the few shall be enlarged and dispelled by the many; that knowledge, likewise, shall be diffused amongst us, and the results of experience matured and perfected, so that in our mutual intercommunications we may verify the remark, "Next to the pleasure we derive in the acquisition of knowledge, is the delight which is afforded us by communicating it to others." And I trust, gentlemen, that our discussions during the next few days will show that truth is to be alone reached through freedom of thought and freedom of discussion, in minds unbiassed by unyielding prejudices.

It is my intention to detain you but for a very short time to-day with introductory remarks on the business which we have before us. The list of papers for reading in this section is creditable to their authors, as regards both the number and the nature of the communications. It was part of the scheme suggested by the excellent secretaries of this Section, that we should select certain definite subjects for consideration and discussion; and I believe among these, excision of the knee, anti-septic surgery, and urethrotomy were specially named. I do not know how far it will be found practicable to work out this plan; and I will not anticipate what may possibly be done, but will pass on to the few remarks I have to make upon a subject which, I think, you will agree with me is in perfect harmony with the practical character of our meeting, and which in its nature is almost indefinitely expansible. I refer to the one great question from the thoughtful study of which much benefit may accrue, namely, the *after-history of surgical cases*. We know that surgeons engaged in general practice, who are linked, so to speak, to their patients by various ties of personal regard and social intercourse, and who have constant, indeed, I may say, daily opportunities of noting their habits of life, their hereditary and acquired peculiarities, are in many respects better able to form a correct prognosis as to the reparative powers and tenacity of life in individual cases than, all other things being equal, a stranger can be; and if this be true in what I may call the incipient stage of disease, before the climax is attained, that which justifies direct surgical or operative interference, it is also true that the general practitioner, or the constant surgical attendant in any given case or series of cases, if he will observe for himself and reason out his observations, will be able to testify to the permanent good effect of certain operations or modes of treatment which may have been inaugurated or suggested by a consultant, or practised in a hospital as a brilliant operation, startling in its originality, but possibly, as the after-history may show, questionable in its results. I fear that we, who revel in opportunities for operative interference, are too apt to forget the old adage that "the operation is but the beginning of the treatment". Our patient leaves the hospital with a healed stump

or a closed cicatrix, but who will tell us what shall be the fashion and utility of the former six or twelve months hence, or whether the tumour removed to-day is but the advance-guard of an enemy of far more deadly import? In excisions of joints, in all their varied forms, with or without permanent mobility,—in the best form of stumps after amputation,—not as they appear when they leave the operating table, nor even when the patient's name is struck off the hospital roll, nor yet at a slightly more advanced stage than this, when consolidation of the new tissue has been fully established, but months and years afterwards, is the proper time at which to say whether due regard was given, and sufficient thought bestowed, on the possible after-effects of muscular retraction and atrophy of tissue; for it is by such changes as these that many a comely stump, on which the operator justly prided himself, has shrunk up and become distorted, until, as far as being suitable for bearing the weight of an artificial limb is concerned, it shall be next to, or even worse than, useless. Now here, the after-history, if honestly scanned, will read its own lesson, and will be far more frequently watched by those in general practice than by surgeons of large hospitals. It is, in fact, in hospital practice a great drawback that we are unable, as a rule, to follow up our cases after they have left our care; for, with superior opportunities for so doing, we could, indeed, learn the best of all lessons, the experience taught by failure rather than by success. The same remarks will apply to the after-history of such surgical subjects as lithotomy *versus* lithotomy, tenotomy in orthopædic surgery, excision *versus* amputation in disease of the knee, and urethrotomy, as the expression of the more modern method of combating the advance of stricture.

In some degree to illustrate and confirm these remarks, I am able to bring before you to-day—at least, before such of my audience as like to examine for themselves, in an adjoining room where they can be seen, half a dozen very interesting surgical cases, all of which have been operated on at distant periods, and in which the permanent benefits or permanent defects are at once apparent. They are these. A case of excision of the knee was performed in the year 1870 on a man then aged about 22 years, now, therefore, 29 years old. This case was described by me in the *Manchester Medical and Surgical Reports*, after the publication of which the paper was reprinted. Here you will have an opportunity of noting the condition of the limb and of hearing from the man himself what he can do, and then it will be for you to consider how far his present state and capacity for walking and working may be said to compensate the long illness and treatment, which I am bound to say were very tedious, and which I do not believe could have terminated as successfully as they have done had the patient not been watched with scrupulous care by my old pupil and friend, Mr. John Parks of Bury. My second case is one which I mention with some diffidence, and to which I am glad to refer now in the presence of so high an authority in his own speciality as my dear friend, our Vice-President, Mr. William Adams. It is the case of a little boy from whom, in the year 1872, I removed both astragali in order to correct severe double talipes, in the previous treatment of which much patience had been expended, and, as it seemed to me at the time, to a hopeless degree. I am pleased to show this case to-day, if for no other reason than that I may thank my friend for behaving so generously as he did when I read the particulars of the case at our meeting in Birmingham, in not at once condemning the course I had pursued as unjustifiable, but merely hinting, in the most considerate manner, that possibly, in such a case, a less heroic method of treatment might have secured equally good results. The third case is an instance of double section of the neck of the thigh-bone, done in the months of March and May 1876—Adams's operation, the credit of which is his own, in the special form in which he designed it, *namine contradicente*. You will now see, reviewing the past and recent history of this case, at a fair interval of time, how far this operation was justifiable, and how far it has been successful.

Next, I would invite your attention to a case of amputation of the hip-joint, performed in 1872, in which an excellent recovery was made. The chief interest in this case consists in the contemplation of the wonderful way in which the patient can walk and get about after so severe a mutilation as that of not less than one-sixth part of his entire body, and of some interesting physiological problems which might be worked out upon it as to the action of the steadying muscles of the hip and loins, whereby the balance of the body is still preserved.

I have also ready for your inspection two cases of partial removal of the ulna, in each of which an excellently useful hand is preserved, with power of rotation by pronation and supination, to a remarkable degree. In one case, which was operated upon about eleven months since, the lower third of the ulna was removed, and all healed well. In the other, only just the extreme end was excised. It is an operation upon which I cannot refrain from dwelling, because it shows that

not only in infancy, but even in our student days, early impressions are imprinted indelibly on our memory. I had the good fortune to be one of the first set of dressers for Mr. Hilton when he was appointed one of the surgeons to Guy's Hospital, about the year 1845. No one at that time was more ready or more able to apply correct anatomical knowledge to surgical practice than he. It was his delight, as his *chef d'œuvre* on *Rest and Pain* will fully testify. At this time he had under treatment a young woman with necrosis of the lower part of the ulna, without, as was then thought, any present disease in the carpal joints. Mr. Hilton said, "How would it do to take away the diseased bone, and not destroy the integrity of the carpus, by carefully leaving intact the triangular fibro-cartilage which intervenes between the end of the ulna and the cuneiform bone?" This was done, and a perfect recovery resulted. The fact thus presented to my mind was never forgotten. I referred to it from time to time in my anatomical demonstrations, as a possible operation. It was not until quite recently, however, that I had a precisely similar case to treat, one in which, as you will observe, I have removed the lower inch of the ulna without disturbing any of the carpal joints. Recovery has followed, and now, after nearly fifteen months, you may see for yourselves what an useful hand the patient has. But yet there is danger to be averted, as possibly only the after-history of such a surgical case could foreshadow. The two ulnar muscles, the flexor and the extensor, unrestrained by the resistance of the shortened ulna, are now beginning to show a tendency to draw the hand towards the internal side of the fore-arm, and in spite of all I can do, I fear I must admit that, without the use of some mechanical apparatus, the hand will become less serviceable, by permanent fixed adduction.

The lessons to be learnt from the after-history of these cases will, I hope, be as interesting as I believe they might be made instructive; and I trust that the present condition of these patients will convince you that, in many instances of surgical disease and surgical treatment, careful study of the after-history of each individual case will prove an endless source of accumulated experience.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OBSTETRIC MEDICINE,

At the Annual Meeting of the British Medical Association,
in Manchester, August 1877.

By W. O. PRIESTLEY, M.D., F.R.C.P.,
President of the Section.

THE HISTORY OF OBSTETRIC MEDICINE IN MANCHESTER.

GENTLEMEN,—When I was honoured with an invitation to accept the Presidency of the Obstetrical Section at the present meeting of the British Medical Association, it struck me that it would be interesting to look back on the part which Manchester has from time to time taken in the advancement of obstetric science, and to recall some of the great names who have contributed to its literature.

Manchester, indeed, has had its school of obstetric medicine as well as its school of politics. It has made its mark both in the present and preceding century, and it seems to me a happy coincidence that the Address in Obstetric Medicine, which is given once only in three years, should be delivered in Manchester, a town so much identified with the progress of the science and art of midwifery, and the Association may be congratulated that the address is to be delivered by so competent an authority as Dr. Barnes.

So long ago as 1773, Mr. Charles White, a pupil of William Hunter and Surgeon to the Manchester Infirmary, wrote a treatise on the *Management of Pregnant and Lying-in Women*, which went through three editions; and, in 1784, he issued a work on the *Nature and Cause of Swelling of the Lower Extremities which Sometimes Happens in Lying-in Women*. This work also appeared in three editions, and was remarkable as one of the first scientific attempts to unravel the pathology of the disease called "phlegmasia dolens" by a careful study of the anatomical changes taking place in the limbs. Mr. White gave a very accurate description of the affection, and adopted the view that it depends on "obstruction, detention, and accumulation of lymph in the limb".

In 1800, Dr. Hull published an extended treatise on the same subject; and, from his introductory remarks, it may be gathered that he first bestowed the term "phlegmasia dolens" on the inflammatory swell-

ing of the legs observed in puerperal women, and assigned it its place in the nosology of Cullen. He expresses a fear lest some of his readers should be puzzled by the new name. He regarded the disease as an inflammatory affection, producing suddenly a considerable effusion of serum and lymph into the cellular membrane of the limb. Whatever may be thought of the pathology of these two authors in view of the more recent researches of Dr. Robert Lee, Dr. Mackenzie, Professor Virchow, and others, there can be no doubt that both Mr. White and Dr. Hull made most important contributions towards elucidating the nature of phlegmasia dolens, and deserve great credit.

Probably no single locality in the United Kingdom has contributed so much as Manchester and its vicinity to the discussion and elucidation of the subject of Cæsarean section. In 1769, Mr. Wood here performed the operation upon a woman whose pelvis became greatly distorted by mollities ossium after she had previously borne children naturally. This case led to a discussion, in which Mr. Simmons, Mr. Ogden, and Mr. Tomlinson of Manchester, with Dr. Sims of London, took part; and out of this controversy came the excellent treatise by Dr. Hull entitled *A Defence of the Cæsarean Operation*, etc. In this work, Dr. Hull entered most intelligently into the nature of the cases requiring the operation, the best method and the proper time for performing it, the sources of danger, and the subsequent treatment of the patient. This book besides gave much information on the subject of pelvic distortions. If, with the light of later experience, exception be taken to some of Dr. Hull's positions, his book may be said to have formed the groundwork of information on Cæsarean section for British practitioners, and to this day it is regarded as containing sound opinions and good practice.

The promulgation of Dr. Hull's views was unfortunately mixed up with a most rancorous controversy between him and Mr. W. Simmons, in which Mr. Simmons charged Dr. Hull with being "little acquainted with the decencies common among authors, and ignorant of the language and manners of a gentleman". The contention in bitter personality inevitably recalled the celebrated combat between Susannah and Dr. Slop, graphically described by Sterne in *Tristram Shandy*, and its occurrence is much to be regretted.

In 1801, Dr. Hull translated and published M. Baudelocque's two memoirs on the Cæsarean operation, thus giving English practitioners further information on the subject; and the history of the operation is still further identified with Manchester through the much respected name of Dr. Radford, who delivered the first obstetric address before the Provincial (now named British) Medical Association at Manchester in 1854. Dr. Radford then selected Cæsarean section for the subject of his address, and subsequently published a more extended memoir with an appendix of cases. From this memoir, it appears that, up to a certain period, the greatest number of cases, relatively speaking, in which Cæsarean section had been performed in Great Britain and Ireland had occurred in this city and neighbouring districts. Of fifty-five cases in England and Wales collected by Dr. Radford up to 1865, no fewer than twenty-five had occurred in Lancashire. The occurrence of this large proportion of Cæsarean operations in Lancashire was, no doubt, in a great measure, due to the pernicious influences surrounding the occupation of young girls and women in factories. Cogent evidence of this is to be found in the fact, which I have on good authority, that, since the introduction of the Factory Act, which prohibits girls being employed in factories before a certain age, and limits the hours of work both for women and children, such deformities of the pelvis as necessitate the Cæsarean section have become much rarer, and Lancashire is losing its unhappy pre-eminence in this respect. This, one of the indirect ways in which the Factory Act has ameliorated the condition, and lessened danger and suffering for poor working women in parturition, deserves to be recorded, and must furnish a source of gratification to Lord Shaftesbury and others who were concerned in passing this beneficent measure.

Looking still onward, we learn that to Mr. Kinder Wood of Manchester is probably due the first suggestion that the placenta should be detached from the os and cervix uteri in certain embarrassing cases of placenta prævia, where the severity of the hæmorrhage places the patient in peril, and immediate delivery is difficult or impossible. Sir J. Y. Simpson developed this question more fully later, and impressed upon it, as he did on all subjects he handled, the imprint of his genius. Sir James evidently was not aware, when he made his first communication on this subject, that Mr. Kinder Wood had before him adopted this plan of treatment, or had recognised the fact that complete separation of the placenta would arrest hæmorrhage in cases of placental presentation. Becoming informed later, he made a full acknowledgment, and expressed himself as having "great and sincere pleasure in rendering posthumous justice to the memory of a man of distinguished professional attainments".