tributed something to the common stock of information, this meeting will not have congregated in vain. The British Medical Association may be the instrument of disseminating a valuable mode of curing disease, and thus give proof of its utility as an association, by adding a powerful remedy to our *Materia Medica*, and enlarging the number of all those means and appliances the great object of which is the welfare of mankind, in the alleviation of human suffering, and the extension of longevity.

Clinical Lecture

DELIVERED AT

KING'S COLLEGE HOSPITAL,

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BY

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Introductory: with some Remarks on the Statements made in a recent Review of Dr. Todd's work "On the Treatment of Acute Disease."

GENTLEMEN,—As this is the first Clinical Lecture which I am called upon to deliver this session, I propose in the first place to call your attention to one or two general points connected with clinical observation and the treatment of disease, and afterwards to allude briefly to the cases in the Hospital under my care. You are probably all aware that only a small number of patients are allotted to me; but you must not therefore conclude that little is to be learned by watching them from day to day. Depend upon it, you will gain more real information by carefully studying one case thoroughly than by subjecting a great number to cursory examination. My class is, as you know, a voluntary one, and meets at nine o'clock. As the cases are limited, we shall have time to go into matters of detail with reference to diagnosis, which are not less interesting than important.

You will, I think, find by and bye, that the degree of confidence you yourselves feel as to having pursued the right plan of treatment in a case, will be much influenced by the confidence you feel in having made a correct diagnosis. When inquiring into the nature of a case, do not try to find a name for the disease, and then ask yourself what physic is good for it; for if you pursue this course, you will never gain that sound judgment and discretion which alone will give you confidence in yourself, and enable you to gain the confidence of those who consult you.

When you examine a patient, try to make out everything in which he differs from a healthy man; and, if possible, ascertain the causes of the difference. See if his heart, and lungs, and liver, and intestinal canal, and skin, and kidneys, act as they should do in health; and ascertain if his muscular and nervous organs perform their offices properly. Make these inquiries in a definite order, and arrange the information you receive according to a well considered plan.

I shall endeavour to assist you in every way that I am able; and we shall from time to time go through the detail of taking a case, in order that you may have an opportunity of seeing the practical use of an artificial method, the object of which is to prevent us from omitting some important points which might be passed over if our inquiries were not made in a methodical order.

With regard to the subject of treatment, let me warn you against accepting this or that plan as the right one, because it is stated that a small per centage of deaths or a large per centage of recoveries is recorded in its favour. If you observe the cases which come under notice in the wards, you will seldom find two which exactly resemble each other in their origin, course, and results. We all possess certain individual peculiarities, require different quantities of food, are influenced differently by the same causes, and, although we may be exposed to the same conditions, we shall not all be affected in the same way. It does not follow that, because we may be

suffering from a similar disorder, we shall therefore progress favourably under precisely the same treatment. One will be weaker or stronger than another; certain organs will be more affected in one person than in others. Of a number of persons who have lived too freely, and under nearly similar circumstances, for the same number of years, you will find that some live to a good old age; others die early, of some acute disease; many get kidney-disease; some die of a contracted and wasted liver; some lose their nutrition, and get pulmonary affections; others get diseased arteries, and die of aneurism or heart-disease, or of apoplexy resulting from softening of the brain, or of general paralysis. All these conditions, and many others, may result from one cause acting differently in different individuals. Now, there is no one plan of treatment which can be laid down as suitable for every case you may meet with of any particular malady.

It will be more useful to examine most carefully into the nature of all these changes, to consider the circumstances which give rise to them, how they may be retarded, and how life may be prolonged if the organic changes are past reparation, than to hunt out of books a certain number of cases of fever, or bronchitis, or disease of the kidney, tabulate them according to the treatment employed, and use the results you obtain for your future guidance in practice. This last, gentlemen, is not, I need scarcely tell you, the way to make yourselves honest, unprejudiced practitioners, capable of acting with sound judgment in emergencies that will arise. You must observe for yourselves the changes which take place in the patients you see and watch from day to day in the hospital; and you must think how you can influence those changes by altering the conditions under which life is carried on. You must study the influence of heat and cold, diet, and the various plans of treatment at our disposal, upon the healthy organism, and upon persons whose healthy actions are more or less deranged.

And now I must notice some erroneous conclusions, founded upon data which I shall show you are incorrect, that have been lately put forth by an anonymous reviewer, with reference to the results of the treatment pursued by the late Dr. Todd in cases of fever and in other cases of acute disease. I will not allow these numerical statements to go forth to the profession without saying a few words in explanation of the results which have been obtained; and I feel that there is no place in which it would be so appropriate to offer these remarks as this theatre, in the presence of some who, with better opportunities of observing the actual effects of the treatment than the reviewer seems to have had, have watched from day to day the course of many of the cases under Dr. Todd's care.

Anonymous reviewers who commence their observations with expressions of the peculiar sense of responsibility which attaches to their remarks, and proclaim their high respect for the opinions of those with whom they are most reluctantly compelled to differ in every essential point, are perhaps peculiarly liable to imagine that certain statements which really emanate from themselves, and which they proceed straightway to refute by every possible argument, are articles of general belief. These assertions, often quite unimportant in themselves, by a little skilful handling on the part of the reviewer, are at last made to assume proportions sufficiently large to render it worth his while to attempt to demolish them.

It is much to be regretted that this sort of verbose assertion, invented apparently for the mere purpose of subsequent contradiction, often forms a considerable part of what is known as a "review"; and there are not a few critics who seem to think it necessary at least to commence in this manner. In many of our journals, articles are admitted in which satire is made to take the place of argument, and sharp writing fills up pages which should be occupied by honest analysis and temperate examination. As long as this fashion lasts, we cannot attach much importance to the opinions advanced, or feel confidence in the truth of the facts appealed to by these anonymous writers. Surely an important question of treatment might be fairly discussed by one who was opposed to it, without the necessity for such remarks as "that it has been contended by many of Dr. Todd's disciples that he was the originator of a new system of medicine"; and that "the writer has even heard it stated on more than one occasion that Dr. Todd's views on treatment were more than a century in advance of the age in which he lived." (*Medico-Chirurgical Review*, No. LX, Oct. 1860, p. 325.) Had the author known Dr. Todd, he would have been aware that he frequently referred to those who had employed with success a similar plan of treatment before he commenced practice, and to many of his contemporaries who had been led to

the same practice from independent observation, and from their own private experience. Dr. Todd acted upon this plan, as he would have acted upon any other, because he had obtained sufficient evidence to convince himself that it was right. Why too, I would ask, should a writer who has been called upon to review an important work, go far out of his way to annoy his readers by offering what almost amounts to an indirect insult to two distinguished physicians who are not in any way connected with the question at issue?

But, gentlemen, we must not pursue this part of the question further. We may hope that the time is not far distant when medical literature will no longer be degraded with this sort of writing; and I trust you will all uphold, on every opportunity, the propriety of discussing difficult questions freely and earnestly, but calmly and dispassionately, and show that you are not influenced by those who enforce an argument by sarcasm and ridicule, when reasoning fails to convince, and facts are on the opposite side.

The author of this review in one single sentence contradicts observations based upon careful work, accumulated with anxious care, and confirmed by the statements of several independent witnesses. He sets at naught observations in clinical wards spread over a period of thirty years, and proceeds to deny the truth of the facts upon which a great clinical teacher founded the principles which he taught for nearly a quarter of a century,—principles which have been practically acted upon, and the truth of which has been confirmed in the course of a most active professional career. And if the statements of this reviewer be received, the conclusion is forced upon us, that Dr. Todd was totally deceived in the results of his practice, misled by his observations, mistaken in his views, and prejudiced in favour of a doctrine which was not supported by facts; or we must accept another alternative which is only ungenerously hinted at, because it is well known to be contradicted by facts, and to be inconsistent with what is known of Dr. Todd's whole career.

I would ask, was it likely that a man who considered himself to be, and worked till the last at his profession, as a student, was so utterly mistaken in his views, and so completely deceived in the results of his treatment, and wrong in his judgment, as this reviewer concludes? Were those house physicians, and clinical clerks and students, who watched during a period of more than twenty years his practice in this Hospital, and the practitioners in this country who act upon principles similar to those on which he based his practice,—are all these, and they must number many hundreds of some of the most inquiring minds in our profession, so utterly mistaken in their impressions, that a quick weak pulse becomes slower and stronger under the influence of alcohol; and that delirium increases as a patient's strength fails, and diminishes when his strength is upheld? Is it likely that these phenomena, which could be observed again and again by any unprejudiced person who worked for six months in the wards, were in reality merely due, as the reviewer suggests, to the accidents of the malady, and not to the influence of the alcohol? Did the large quantities of alcohol which many of these patients took exert no effect whatever on the pulse?

This gentleman comments on Dr. Todd's conclusions thus: "We have no hesitation in declaring, as the result of considerable investigations into this subject, that the rate of mortality of Dr. Todd's fever cases was much in excess of any other hospital in the United Kingdom?" If this were all, it would not have been necessary to notice the review, as the experience of most readers would prevent them from giving implicit credit to a general statement of this kind, made anonymously. But, armed with the formidable artillery of numbers, he produces facts in support of his assertions which few would be inclined to contradict; and he draws conclusions from the facts which the ordinary reader would not fail to accept. He says that, "about a year before his death, Dr. Todd handed over to him his case-books from the year 1840 to the year 1858, for the express purpose of analysing the results of his treatment."

It is unfortunate that these books should have fallen into the hands of one so well able to analyse, and so unfortunate in his efforts to extract the truth. After making a most laborious analysis, he makes out that the deaths of typhus, typhoid, and relapsing fever, amounted to 18.29 per cent., while in other hospitals the mortality never exceeded 14 per cent. The deaths of Dr. Todd's cases of typhus fever reached 26 per cent. Now, I shall have no difficulty in showing you that all this calculation has been worse than useless, because it has caused the reviewer to propagate a most unpardonable error. His analytical work doubtless is right; but his conclusions are utterly wrong, for

the simple reason that the facts upon which his calculations were based are incomplete. He assumes, what he ought to have ascertained before he began his inquiry, that the case-books he analysed contained reports of all the fever cases admitted under Dr. Todd in the above mentioned period. It is hardly credible that so simple a point was not at once determined by questioning those who were familiar with the manner in which the cases were recorded.

[To be concluded next week.]

Original Communications.

TEN YEARS OF OPERATIVE SURGERY IN THE PROVINCES.

By AUGUSTIN PRICHARD, Esq., Surgeon, Clifton, Bristol.

II.—OPERATIONS ON THE ABDOMEN AND LOWER INTESTINE.

THE second subdivision of my cases includes operations upon the abdomen and the lower part of the alimentary canal; that is, hernia of various kinds, tapping the abdomen, and operations for fistula in ano, hemorrhoids, and fissure of the anus.

Hernia. In narrating the cases of strangulated hernia requiring operation, I shall arrange them according to their kind, namely, femoral, inguinal, and umbilical; describing under each head, first the successful, and then the fatal cases. Of the large majority of cases which were reduced by the taxis, I have no note. A few instances of the operation for the radical cure will be added afterwards.

Femoral Hernia. CASE XLII. F. H., aged about 30, had been the subject of femoral hernia of the right side for two years, the tumour having appeared suddenly one day whilst kneeling at church. Strangulation came on without any very marked effort, but pain and vomiting commenced at once. Calomel and opium were administered, and the patient was bled before I saw her. The loss of blood made her easier, and appeared to lessen the sickness. The tumour was as large as an apple. I operated about thirty-six hours after the strangulation occurred; and, finding that I could not pass the finger-nail or director under the margin of Poupart's ligament without opening the sac, I punctured it, and let out a considerable quantity of bloody serum. The intestine was very dark, but firm and polished. After dividing the stricture upwards, and exercising a little gentle pressure and manipulation, it was returned. I used two sutures, and a compress and bandage. The patient was relieved of all distressing feeling directly the stricture was removed; and she recovered without a bad symptom of any kind, and was quite well in ten days. There is nothing especially worthy of notice in the case, for everything was plain and straightforward, as if the descriptions in the surgical and anatomical books had been taken from one in every respect similar. It was my first operation for hernia, performed at night, at some distance in the country, away from surgical support; and I was therefore very thankful to meet with no unusual difficulty.

CASE XLIII. D. C., aged 59, never wore a truss to relieve a hernial tumour of the right side, from which she had suffered for ten years, and which went back at first, but for the last few years had become permanent. The protrusion increased and became strangulated upon making a violent effort, and severe symptoms began at once. Attempts of various kinds were made to reduce the swelling, but without avail; and when I saw her, about sixty hours after the accident, the tumour was as large as an orange, hard, firm and tense, red, and very painful and oedematous. The pulse was rapid, and vomiting incessant. The case had indications of having undergone quite enough manipulation in the way of taxis, and I therefore operated; but, owing to the oedematous and tense state of the skin, I was unable to draw it together into a fold as usual. The sac was opened, and the stricture divided upwards and inwards. The contents were, besides a small quantity of dark bloody fluid, a coil of intestine quite black, but smooth and polished, and a considerable portion of omentum, some of which was hard and thickened, having obviously been in the sac for a great length of time. After returning the intestine, I tied the omentum in strips, and cut off the thick part of it, leaving the ligature hanging out of the wound, which was