AN ORATION

DELIVERED BEFORE

THE HUNTERIAN SOCIETY,

February 9th, 1870.

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WHEN this Society was instituted, fifty years ago, "for the promotion of medical and chirurgical science"; its name, "Hunterian", selected; and the motto chosen, "Ratio Societatis vinculum"—its founders had clearly before them, as leading practical truths, that the practice of our profession should be based on science; that it should be pursued in the spirit which animated the immortal John Hunter; and that its claims upon public estimation should be mainly those of reason. They saw the value of cooperation in the pursuit of these high objects, by feeling its wants; and they consequently gave it effect. They started with a high principle to guide them, and invoked the spirit of the great physiologist and surgeon, John Hunter, to help them to compass their ends; and they bound their small professional society together, as they deemed the larger society of mankind should always be bound together, by the immutable and godlike, because god-begotten, power—the bond of reason.

The objects were noble, and deserved success; and the means employed for carrying them out seem likewise to have been judicious. Let us now, therefore, on this the first general meeting of the Society after the lapse of the first fifty years of our Society's existence, stop, ere we start again on our onward course, to inquire what success has attended our efforts during the long years that have passed—in what points weakness has been displayed, and in what strength; to take stock, as it were, of our professional capital, to see what we have gained and what we have lost, in order that we may form a just conception of the work which we have in hand, and gain some hints as to the paths into which our future labours should be directed.

And surely, in doing this, we can but be carrying out the practical objects for which this annual oration must have been founded; for we have it on the authority of our first president and orator, Sir W. Blizard, that this Society was established, "not in the spirit of liberal opposition; not for the proud display of knowledge; not for the acquisition of prevailing eloquence by the suppression of modest feeling; not for the cultivation of the sophistical art of veiling error in the garb of truth; not for any purpose but the promotion of medical and chirurgical science by oral communications of recently ascertained facts, ingenuously and simply stated, and by perspicuous written comments on truths which have not been duly cultivated." And it is but just to believe that this oration was established to inquire into the value of the facts which have been ingenuously and simply stated, and to enforce still more powerfully the value of such truths as have not been duly cultivated.

On the present occasion I propose, therefore, to inquire what advance surgical science and art have made during the last fifty years; to trace, where I can, the causes of that advance, and sum up its substance—drawing my illustrations mainly from the well-kept records of this Society; making the history of "the past a factor to buy up experience for the present, and enabling the purged eye to look into the seeds of time."

To do this, I have spent some very instructive and amusing evening hours; for I have read, in the *Transactions* of this Society, abstracts of, and discussions on, papers which were written by men who have been magnates in our profession, and whose names are still venerated, and authority acknowledged. I found, *at one time*, these great men gravely discussing subjects of the highest magnitude, feeling their way towards truths that are now recognised by all, and forms of practice that are now established; whilst, *at other times*, these same men were as gravely occupied in detailing cases with their treatment, and discussing questions that excited not only a smile of amusement, but a feeling of astonishment that such things could have been within the memory of living man. To check these feelings, I consequently threw my mind back for half a century, and recalled the fact that, fifty years ago, physiology was little understood; and pathology, as a science, was unknown—it was only a name. Organic chemistry had not yet been applied to man, healthy or diseased. The microscope was a toy. The

stethoscope was not in general use. The laryngoscope and ophthalmoscope were undiscovered. Orthopaedic surgery was unknown. The lithotrite had not been invented. Plastic surgery was practised to a very limited extent. Bleeding was general after all serious injuries, and for most diseases, to prevent inflammation; and calomel to salivation was given recklessly, to check it. Tobacco-injections, purgatives, calomel, and bleeding, were not only commonly employed in all stages of hernia, but operative relief was put off till death was imminent. The treatment of aneurism was not settled. Excisions and partial amputations were hardly known. Quinine and morphia were not introduced; and chloroform, with all the improvements in practice that are clearly traceable to its introduction, had not been given to the world. The recollection of these facts—for such they must be called—threw a fresh light upon the acts of those about whom our *Transactions* are so rich. I may add, it produced a revulsion of feeling; the surprise that was at first caused by the ignorance that was apparently displayed being rapidly overcome by a feeling of admiration at the acumen which these scientific observers of disease displayed in clinical observation, with the help of but feeble scientific aids, and at the boldness with which they carried out their practical views.

I will now proceed to give you a few extracts from your records to support the observations which I have made, taking at first such as illustrate the backward condition of the surgical art when this Society was founded, and subsequently others in which, I think, we can trace the dawn of a better science and an improved practice, which has in our time passed into the day of pathological inquiry which we now enjoy, and let us trust a more reasonable, because more scientific, practice.

At one of the earliest meetings of the Society, on May 5th, 1819, Mr. Armiger, the first secretary, read a paper on Paracentesis Abdominis, in which he recommended the use of a small trocar, and the puncture to be made in the median line. On July 14th, Mr. Dunglison read a paper on the employment of the Moxa in the cure of many diseases. On December 29th, Sir W. Blizard stated the result of his experience in the treatment of Aneurism to be in favour of one ligature. Had these gentlemen lived, Mr. Armiger would have seen his suggestion respecting tapping the abdomen generally followed; Mr. Dunglison, the use of the moxa exceptionally employed; and Sir W. Blizard would have found his opinion on the value of the single ligature in aneurism universally accepted.

Strangulated Hernia.—On June 28th, 1820, Mr. P. Delagarde read a case of Strangulated Inguinal Hernia operated on at St. Bartholomew's Hospital, in which bleeding to forty ounces was performed a few hours after operation, and repeated to twenty-five ounces five hours later. Calomel and antimony were given at the same time; yet the patient recovered. In the discussion that followed the reading of this case, Mr. Callaway looked upon the tobacco-injection in strangulated inguinal hernia as of no use; in femoral, it was our sheet-anchor. In support of this view, he read, on December 15th, 1824, four years later, a case of strangulated inguinal hernia in a patient aged 52, in which bleeding was performed to forty ounces; purgatives were given; the tobacco-enema used; cold locally applied; the enema of tobacco repeated in the warm bath; and taxis used—all without success. I need hardly add, that the patient died unrelieved. It is interesting, however, to read that, in the discussion that followed, the value of the bleeding was questioned; and it was thought that the use of purgatives under such circumstances was rather questionable. The question of operating was apparently never entertained. It was clearly put off as long as possible—in fact, till all other means had failed; for I find that, so late as 1836, Dr. Babington, senior, inquired the experience of the Society in the use of cupping-glasses to reduce herniæ, even when there is stercoraceous vomiting.

Treatment of Gonorrhœa.—On April 19th, 1820, the treatment of gonorrhœa was brought forward. Sir W. Blizard gave it as his opinion, that bleeding in the acute form of the disease was very useful; and that mercury might often be given with advantage, although not to the extent to which that medicine was administered in chancres.

Retention.—On October 20th, 1835, fifteen years later, when Mr. Travers brought forward a case of gonorrhœa and retention of urine on the second day, Mr. Key stated that he had never seen retention so early in the disease; and that, under such circumstances, he preferred the practice of abstaining from the use of the catheter, and giving mercury and henbane till the gums became tender. Imagine a modern surgeon bleeding for gonorrhœa; and, in a case of retention of urine from urethritis, giving mercury to salivation.

Bleeding.—Discussions on bleeding were very frequent and interesting. On October 31st, 1821, Dr. Conquest read a paper entitled *Practical Remarks on Blood-letting*—the chief design of which was to show the evil consequences which arise from excessive and indiscriminate blood-letting. Nine years later (December 15th, 1830), Dr. Ashwell related a case showing the inefficacy of bleeding in some

head-affections. On November 15th, 1826, Mr. Langstaff had observed very small bleedings to have been beneficial to the old people in a large workhouse. On January 21st, 1835, Dr. Babington, junior, related a case of a lady who had been bled ninety-three times in three years, and died from disease of the spleen—anasarcous. At one period, this lady had been bled every week to ten or twelve ounces. Mr. Aston Key also related a case of a medical man who lost three hundred ounces of blood in six weeks; and, strange to say, he (the medical man) attributed the preservation of his life to it. So late as 1841, Dr. Lever (then Mr. Lever) related a case of dislocation of the head of the humerus downwards, from muscular efforts, in a man aged sixty. He saw the man soon after the accident; gave nine grains of tartar emetic in two hours to no purpose; he then bled him to thirty-six ounces. The dislocation was then reduced with the heel in the axilla. From these extracts concerning bleeding, how slow it seems even good men are in throwing up the prejudices of their early education, and how long a time it takes to upset any prevailing practice.

Lacerated Perinæum.—Let us now turn to another subject—that of the lacerated perinæum. On November 23rd, 1823, Dr. Conquest said there were three or four cases on record in which sutures have been successful, but that sometimes they were irritating. He related a case in which the foetus had passed through the lacerated opening in perinæo, the sphincter ani and vagina being perfect. Dr. Burne, on the same occasion, related a case in which the foetus passed into the rectum and was delivered at the anus. He considered sutures to a lacerated perinæum unnecessary. Nine years later, on March 14th, 1832, Mr. Key had only seen one case of ruptured perinæum—in that he put in a suture. Since those days plastic surgery has made much progress, and operations for lacerated perinæum are not only comparatively frequent, but very successful. I must give you some few more quaint extracts from our records, for they cannot fail to be interesting, referring as they do to men whom many of us who are present knew well, and the names of whom all respect. The following is probably the most curious. The extract is as follows.

Operation of Tocolosi for Tetanus.—On June 16th, 1830, Mr. Aston Key read a paper on Tocolosi, an operation for tetanus, in which a seton was passed down the urethra through the perinæum and moved to produce bleeding. A case of recovery after it was read. The operation is described by Mariner in his account of the Tonga Islands. Fancy the grave Aston Key relating such an operation, and the members of a learned society taking it into their consideration!

Ovarian Dropsy.—With respect to ovarian dropsy, I find that Dr. Davies, on November 3rd, 1830, related a case of ovarian dropsy which was cured in six or eight months after taking, with occasional intermissions, a drachm of cream of tartar with some ginger. On November 3rd, 1838, Dr. Ramsbotham had never seen a case of ovarian tumour cured or arrested. He stated that Dr. Hamilton of Edinburgh recommended the tumour to be beaten by an instrument constructed for the purpose, which was sold in Edinburgh. This instrument was made of steel, and had five prongs, with a brass ball at the end of each. With this the patient was directed to strike the part for three or four hours at a time; and by this means the doctor supposed the tumour had been arrested.

It is difficult for us to picture the scene here indicated. A learned physician—the immediate predecessor of Sir James Simpson in Edinburgh—solemnly hammering the abdomen of a woman with such an instrument as I have described—which, by the bye, is very like the discharging rod of an electrical machine—under the idea that good could accrue from such a practice! Possibly here and there a cyst might have been ruptured.

Egg Pessary.—One more quaint extract for the physician-accoucheur will conclude this series. It has reference to a pessary which, on June 30th, 1830, was recommended by an eminent physician; it was an egg. The only inconvenience found in its use was its occasional breaking.

These extracts, sir, are interesting, if not instructive. They have been given as some of the curiosities of the literature of the Hunterian Society. Richer ones, however, remain to be related; for, amongst our stores, I can assure you, golden curiosities are to be found by all who look for them. In our possession we have subjects to amuse, instruct, and suggest. I have given you some selections from the first, which I trust have been acceptable, and will now proceed to bring out of the vast storehouse before me some of the good things which have been given to us by those who have gone, and which ought not to lie hidden, and bring to light more of the hidden treasures which years of labour have brought together. Cases of interest will claim our first attention; and I propose to quote them as they have been reported. I have, however, placed together several contributions of the late Mr. Aston Key, for they are all of interest.

Premature Puberty in a Child.—On June 11th, 1828, Mr. Callaway exhibited an instance of premature puberty in a boy under four years of age. The child was three years and eight months old only. He was born a small child, but at nine months he underwent a sudden development of the signs of puberty. He was, when shown, three feet ten inches high, and weighed four stone nine pounds; his voice was hoarse and manly; he had not shed any of his teeth; his countenance was manly; his whiskers were pretty strong, and he had some beard; he was well formed and strong in muscle; his genital organs were fully developed; the pubes was covered with hair; he had frequent erections, and had shown venereal propensities; he was not, however, so sharp as children of his age usually are.

Double Nipple.—On April 6th, 1831, Mr. Roberts exhibited the model of a female breast with two nipples. They were a quarter of an inch apart, and the woman was able to suckle by either. Two nipples are not so uncommon; but I know of no instance in which both communicated by ducts with the same gland.

Excision of Scapula.—On November 12th, 1828, Dr. Ramsbotham related a case in which Mr. Luke had excised the whole of the scapula for fungoid disease in a girl aged 14. The operation had been performed on October 15th, and the girl was well.

Spleen Torn from Position by Vomiting.—On January 7th, 1829, Dr. Babington, senior, related a case of a young lady whose spleen was torn from its position by vomiting. The viscus was found after death lying in the pelvis. The illness did not occupy more than two or three days.

Neuralgia from Foreign Body.—On December 12th, 1832, Dr. Babington, senior, related a very instructive case: it was that of a lady who had severe pains in the head. He first saw her seven years previously, and had treated her ever since, but she had experienced only occasional relief. She had been blistered, shaved, bled, setoned, and for twelve months deprived of all animal food, without avail. On November 21st, something sharp was detected in the roof of the mouth, and a piece of wire nearly two inches long was removed. At first it could not be accounted for; but she at length recollected that in 1815 (seventeen years before), the operation for fistula lacrymalis had been performed, and she wore the style for ten years. At that time it went out of sight, and was quite forgotten. It was at this period that the pains in the head appeared; the pains were generally in the back of the head. The wire came down in the palate on the side corresponding with the canal into which it had been introduced; and since its removal the pains had much abated.

Aneurism Treated by Pressure.—The next case is one of aneurism, in which the treatment by pressure was employed. It was brought forward on April 20th, 1821, by Mr. Leese and Mr. Key. A man aged 42, in November 1828, had a pulsating tumour in the ham of the size of a walnut. On December 30th, he went into Guy's Hospital, when a similar tumour was detected in the abdomen. No operation could, therefore, be performed. Pressure, by means of a ring and screw, was, however, made on the femoral artery, but it was discontinued on account of the pain. He was then enjoined rest. By November 1830—two years after its detection—the popliteal tumour had acquired a large size, and burst. The man fainted; hæmorrhage was arrested by compress and bandage; and the man lived till January 31st, 1831.

Metallic Sutures in Operation for Cleft Palate.—The next case is one in which metallic sutures were used. It is recorded as follows. On March 14th, 1832, Mr. Key related a case of operation for the union of the divided soft palate, in which success followed. It was in an officer aged 22. The peculiarities in the operation consisted in the use of metallic ligatures, which Mr. Key thought had great advantages over the silk. One advantage was their not requiring tying; but the principal was, their having less tendency to cause ulceration. When the parts in this operation could not be brought together readily, Mr. Key advised that an incision should be made through the soft palate on each side.

Remarkable Case of Constipation.—On October 3rd, 1832, Mr. Key read the history of a remarkable case of constipation which had occurred in the practice of Mr. Haviland of Fareham. At one period, seven months passed without relief. A female patient, aged 73, at the age of 23 or 24, always required purgatives. At length, medicine lost its effects; and intervals from two to seven days, and from seven to thirty, occurred without any unpleasant symptoms, except flatulence, etc. For the last five years, she had relief only once in two months. A medical man about this time attended her for constipation of four months and eight days' duration. His treatment succeeded; and she said she must have passed a bushel. After this, seven months passed without action or the use of means. Some weeks before death, she struck the abdomen over the colon, and inflammation resulted, followed by gangrene of one spot of the size of a crown, from which fæces had escaped into the abdominal cavity.

Post Mortem Examination.—The body was like half a hogshead—as hard as a drum; the skin was tense and polished; the muscles were absorbed; the skin and peritoneum were transparent and as thin as a wafer; the large intestine was much distended; the sigmoid flexure lay across the abdomen; it measured nine inches in diameter; the lower part was ten and a half inches; the head of the colon was nine inches across; the small intestines were empty; their muscular coats thickened.

Injured Hernial Protrusions.—On January 23rd, 1833, Mr. Key read a paper on Injured Hernial Protrusions. He adverted to the mischievous consequences that sometimes ensue from endeavours to return a hernia after a blow upon it. A man in a struggle was kicked on the scrotum. Pain came on in the lower part of the belly; and this was followed by the usual symptoms of peritonitis, and he died in forty-eight hours. He denied having had a rupture; but the *post mortem* examination proved that he had been ruptured, for the lower part of the ileum was found lacerated, and the whole internal surface of the intestines inflamed.

Another man was brought into Guy's Hospital having a hernia, in which he had been struck two days before. He had vomiting, etc., which justified the performance of an operation; but, when the sac was laid open, it was found to contain pus, and not intestine. Two days afterwards, there came down an immense quantity of fecal matter; the intestine had clearly sloughed. The discharge continued for three days, and the patient recovered. Death, said Mr. Key, in these cases, does not arise from strangulation, but from extravasation.

Hernia, with Gangrenous Bowel.—Again, on December 14th, 1836, Mr. Key read a case of femoral hernia in a lady aged 45, in which the bowel was gangrenous. Mr. Key divided the stricture, and left the mortified bowel uncut in the wound. In six weeks the patient recovered, the feces taking their natural course. Mr. Key had seen this plan succeed in four other cases. He had departed from prescribed rules in this case, because persons usually died after a gangrenous bowel had been opened, which by itself produced extreme prostration. Also time was given for new adhesions to shut out the gangrenous bowel from the peritoneum, for adhesions brought the bowel and sac together long before gangrene took place, and the knife was not employed—perchance to destroy those adhesions and cause fatal extravasation.

What splendid surgery is indicated in these cases; how far in advance of the time in which they were related!

Wound of Abdomen.—On March 26th, 1834, Dr. Babington, junior, narrated a case of a woman who stabbed herself so high up in the abdomen that the contents of the stomach passed out of the wound. She was in a state of collapse afterwards, though sensible enough to be alarmed at her own act. Total abstinence from food and medicine were directed for thirty-six hours; and at the end of the second day she took castor-oil. The woman recovered.

Fractured Thigh in an Old Man.—On the same day, Mr. Curling related a case which Sir W. Blizard had described, of fractured thigh in a person 108 years of age, in which union took place.

Removal of Loose Cartilages.—On June 15th, 1834, Mr. Key reported that he had removed loose cartilages from the knee-joint four times, keeping the knee quiet for eight or ten days. No danger resulted.

Dislocation of Knee.—On January 21st, 1835, Mr. Key related the following case of injury to the knee. A man had his knee injured by the leg being turned outwards till the foot touched the trochanter. All the parts, except the skin, were torn through. By pressure and manipulation, the parts were replaced; and, nine months afterwards, the man was well, with good motion of the knee. A second case like it was recorded.

Tracheotomy in Scarlet Fever.—On January 8th, 1834, Dr. Whiting related a case of tracheotomy by Mr. Mackmurdo, in a patient of his, with scarlet fever, aged two years, in which recovery took place. He knew of no other case in which the operation had been performed for glandular swelling, etc.

Absence of Testes from Scrotum.—On December 24th, 1823, Dr. Hamilton was well acquainted with a gentleman who, though the scrotum contained no testes, was the father of a numerous progeny. I would commend this case to Mr. Curling's attention.

Ruptured Urethra.—On November 1st, 1826, Mr. B. Travers related the case of a boy, aged 14, who had rupture of the urethra from accident. He inquired whether any case of similar injury could be adduced in which the patient had survived the injury, and had become a father. He was of opinion that it would prove an instance of distressing impotence, in consequence of no erection taking place owing to the situation of the injury, it being just anterior to the bulb.

Fracture of Spine.—On June 6th, 1838, Mr. Adams read a case of fracture of the odontoid process of the second vertebra. It was in a man, aged 30, who walked into the London Hospital on May 17th, and reported that, as he was descending a ladder, he fell a few feet, and pitched upon the back of his head and neck. There was no external

mark of injury. After the fall, he became deaf; and, when admitted, he was still so. He was stupid, and spoke with reluctance. The pulse was slow; the pupils acted freely. He was cupped, with relief. On the 18th, or day following, he was loquacious. On the 19th, he was delirious and required restraint. Towards night, he became unconscious. On the 20th, stertor came on, and death occurred at 10 p.m. After death, the brain was found congested, and excess of serum existed. The odontoid process was in position, but it was completely separated from the remainder of the vertebra.

Extension in Fracture of the Spine.—On January 12th, 1842, Mr. Luke stated that extension of the spine was frequently followed with marked relief of local pain. He brought forward the following case as an example. A carpenter received an injury about the sixth and seventh cervical vertebrae, in consequence of which, the arms were paralysed. On moving his head from side to side, Mr. Luke fancied he detected fracture at the seat of injury. On the next day, the man stated that what he had done had cured him; whilst his head was being rotated, he felt something snap and return to its place, and the use of his arms was restored to him.

Trephining for Head-Injuries.—On December 18th, 1844, the subject of trephining was brought on, when it was reported that Sir A. Cooper, at the latter period of his life, believed that in cases of head injuries, where the edge of the fractured bone was thrown beneath the line of the other bone, he would recommend its being raised, although the injury was not attended with any symptoms; indeed, he had often been sorry that he had not operated, though he never had occasion to regret having done so; and the reason assigned was that, though the patient might recover, yet the after-consequences were often of a very serious nature.

[To be concluded.]

TWO CASES OF COMPLICATED LITHOTOMY.*

By EDWIN MORRIS, M.D., F.R.C.S., Spalding.

IN the whole range of operative surgery, there is no operation more telling, or which shows forth the triumph of surgical science more, than that of lithotomy. Under ordinary circumstances, the operation itself is simple enough in the hands of a surgeon who is thoroughly conversant with the relative anatomy of the parts implicated. There is, however, something more necessary—that the operator should be calm and collected; and, should any difficulty arise, he should never for a moment lose his self-possession, or be hurried, but face the difficulty with great composure and confidence. And I would here remark that, when once the operation is commenced, not a word should be said or remark made to the operator—as to do so mystifies, confuses, and is trying to the surgeon—unless he himself make an appeal to those around him. I have witnessed several lamentable failures, owing entirely to the suggestions and remarks made by the bystanders. Those gentlemen who are present and are accustomed to perform this and kindred operations, will readily understand this. For a provincial surgeon, more than my share of stone-cases has fallen under my care; and, up to the present time, I have never lost a patient. The ages of my patients have varied from three to seventy-three years; and my practice has extended over a period of twenty-six years. I have, however, in two cases met with considerable difficulty during the operation; and in one I failed altogether to extract the stone. It is these two cases that I wish briefly to bring before the notice of the members of this Association, and thus make practical experience available as a guide and encouragement to others who may be, in the course of their surgical career, placed in a similar position.

The first case is that of John Sirkett, aged 34, who, a few years previously, had received a severe kick on the perinæum from a sheep which he was shearing. For some time afterwards he had pain deep in the perinæum, and difficulty in passing urine. For several years his life had been one of misery. During this time he had tried a variety of remedies, all of which had a charlatanic origin. There is one person who professes to have discovered a water capable of dissolving stones in the bladder and of relieving gravel; it is sent out in wine-bottles, and is very clear. I do not know its constituent parts, but this I do know, that it considerably relieves the suffering of the patient; but, as you may suppose, fails in every instance to dissolve the stone. It has gained great notoriety in our neighbourhood, and is much used. When Sirkett first consulted me, I had no difficulty in finding a stone, and advised an operation. When the man was bound upon the table, I observed a bulging of the perinæum which was very unusual. I passed the staff,

* Read before the Midland Branch.