fatally from urethral irritation, set going and kept up by an instrument retained in the canal in its length.

Some persons are very tolerant of tied-in catheters, whilst others, dependent on a certain idiosyncrasy, cannot sustain with impunity the simple introduction of an instrument. I saw a case in a young man which all but ended fatally from epileptic convulsions, induced by a first catheter; whilst the single introduction of a lithotrite in a man of 77 to measure a large smooth stone that had been carried with impunity for years, set up such an attack of cystitis that death ensued. I was very much impressed by a case in which a man, suffering from complete paralysis from the bladder downwards, owing to concussion of the spine, had a silver catheter tied in his bladder. He appeared sinking fast, and the most profound irritation of the bladder was established. I directed the urine to be drawn off every eight hours, and he began from that moment to amend, and ultimately recovered. Here, doubtless, the true explanation lay not in idiosyncrasy, but in the fact of the existence of disease from the injury. You may leave an instrument in the bladder for years from the perinæum, but you cannot do this with impunity and traverse the length of the urethra. Morbid sympathies become excited in connection with the urethra, which are not produced by the introduction of instruments into other mucous channels.

In what I have said, I have urged the adoption of tapping by the rectum, as affording assured relief to the most inveterate forms of stricture. And in considering the treatment of this disease, I have hitherto limited my observations to cases of stricture of the urethra *per se*, not to those complicated by retention of urine. I must equally urge it, however, as the remedy most reasonable for almost every form of retention. It is the absolute cure of spasmodic stricture: and if, in any given case arising from this cause, after one good effort has been made to obtain relief by ordinary means, there is no success, it should be carried into effect. If retention be present with an impermeable urethra from organic stricture, a double necessity supports its selection, whilst I have yet to learn that it is inadmissible in the retention of old people from enlarged prostate. I know that it can be accomplished in these cases, but of course not so readily as if the rectum had only its ordinary contents; and I am quite satisfied that far less irritation would be produced in the majority of these diseases, where death so often directly results from the effects of instrumental measures, by the presence, at the most depending part of the bladder, of a harmless tube, calculated to secure the removal of all urine secreted, and thus master that inevitable decomposition which is not overcome by any other method in use, for the simple reason that one and all fail to empty the bladder. If the membranous urethra bulge behind a stricture, or if an abscess opened in the perinæum suggest a ready path to the bladder, by all means let a female catheter effect, through the perinæum, what otherwise, I maintain, can be accomplished by the rectum.

Some years ago I asked the question, "Can the urethral canal be permanently restored whenever any complete and considerable portion of its length has been entirely destroyed?" I believe the answer must yet be "No." I had then a boy of sixteen, with at least two inches completely destroyed by burning; and, believing this, I established him with a silver perinæal tube, through which he now (aged 27) passes his urine without trouble; but there is nothing in the growth of the parts that tempts me to interfere, for I know the whole circle of the canal must be gone.

I think, however, that if only a streak of mucous membrane lingers about the part, an efficient connection can be re-established even after the lapse of many years.

I saw in the early part of this year a patient, aged 30, who had sustained, eighteen years previously, such a laceration, that two inches below the meatus was a fistulous opening into the urethra, three-quarters of an inch long. The canal was pervious from the meatus to about one inch above the bulb, where was a second small fistula; then, the canal was obliterated for an inch, and a third fistula, placed just at the commencement of the membranous division, gave exit to all his urine. For eighteen years, then, the urethra from this spot had been unused. I first closed the penile fistula, paring the edges, which looked beautifully in apposition for some days, and then came apart as usual. But by clipping the penis with a self-acting spring, on the principle of the *serre fine*, the edges were admirably united. Then I laid the lower fistula into one, dividing all the hard textures between them, and passed an eight catheter, and for forty-eight hours tied it in the bladder. After this I passed nine daily. The patient learned to pass it in a week himself; and at this time the canal is in excellent order, with the introduction once a week. Now, I do not think the roof of the urethra was destroyed here, and hence the reason of a success which I did not expect.

In reference to the repair of penile and scrotal fistulæ, I would remark that they can alone be treated satisfactorily by the urine being drained through the rectum, or, as here, through the perinæum. Even then, union by first intention is a myth; but union can be obtained by keeping the granulating edges together by some artificial means, at the same time that vivacity is maintained in them by the use of the acetum lyttae.

And now, permit me to indulge the hope that the illustrations I have been enabled to place before you of modes of practice have not been devoid of interest.

The chances are, that I shall never again address an audience characterised by qualities that belong to a representative meeting like this. I ask, therefore, your kindly reading of the motives which have induced me in what I have said to refer mainly to my own experiences. If I have any regret in having adopted this plan of proceeding, it arises—let me assure you—from the fact that I have been deprived by so doing of the pleasure of referring to the opinions, to the investigations, and to the successes of my colleagues and associates.

The British Medical Association has diffused an experience by these meetings that does away with the idea that the light of Surgery is permitted only to one man, in one place, or to any set of men in any place. Handed down to us by imperishable traditions—by names that will live as long as the world lasts: greater in its power to save life or limb than at any period of its history: so simple in its teaching—so open in its counsel—that a tyro may learn and act: Surgery stands proudly with its fellow-sciences in laying claim to having blessed mankind.

And if this be true, can it not claim also to have been the means of diffusing a blessing of a different kind? I mean the engrafting in the hearts of the men who follow its teachings such a spirit of honour and love of truth, that meanness and jealousy cannot live by its side.

I entertain the sentiment—as dear to me as life—that Surgery will cease to be what it is, when the dread anxieties that beset its practice are not softened down by the certainty of the knowledge that good fellowship prevails amongst those who may happen for the moment to be judges of what is being done.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF SURGERY,

*At the Annual Meeting of the British Medical Association,
in Birmingham, August 1872.*

BY SIR WILLIAM FERGUSSON, BART., F.R.S.,

Serjeant-Surgeon to the Queen; Surgeon to King's College Hospital; President of the Section.

GENTLEMEN,—In commencing the business of the Surgical Section of the meeting of the British Medical Association for the year 1872, and on assuming the position of your Chairman, it may be naturally expected that I shall begin our special business by an address appropriate to the work which we now inaugurate. It would indeed, in my opinion, be a great defect were such a ceremonious beginning neglected; but it would be equally inappropriate were one in my position to offer to you any semblance to those addresses in surgery to which we have been so long accustomed, from those who have been specially appointed to deliver them at each annual meeting. At our present concurrence, the Address in Surgery is to be given by one of the foremost of our surgical brethren of the day, Mr. Oliver Pemberton, whose name, as a pathologist and practical surgeon, is known wherever the history of modern surgery extends. It would therefore be as unbecoming as uncalled for were any one in my position to encroach upon the duties which belong to a gentleman so thoroughly able to do all that has been asked of him by our Association; more particularly as most, if not all, of us are honoured visitors in that town where his laurels have been won, his fame is sacredly cherished, and his fortunes are centred. There seems little before me, then, gentlemen, than to express my sincere appreciation of the honour conferred upon me by the authorities of our Association in offering me the chair which I now assume. It is assuredly the foremost place which the British Medical Association could offer to one in my special department; it is, in addition, an expression of kind and brotherly love, which I accept with the same heartiness with which it has been offered.

I am sure that I shall not be trespassing on our friend Pemberton's

department, when I offer such of you as mean to devote your energies to our Surgical Section, a presidential congratulation on the work you are about to undertake. It would be invidious in us to draw distinctions as to the merits of our different sections; but all of us here, devoted as we are to surgery, must feel that we are assembled on a noble occasion, where we can interchange thought and speech in our great department of the healing art, and when each and all can, with becoming grace, show what the last twelve months have added to the progress of the profession in which we are so deeply interested.

As your president, I cannot but anticipate that a choice repast of information is before us, and I cannot doubt that, like true searchers after knowledge, you are eager that the flood-gates should be opened at once, to permit the ready flow of the streams which have been in a manner pent up during the last year.

If I had not had a predilection for surgery, gentlemen, I should not now have been in this chair; and I am sure that my fellow sectional presidents cannot take offence, when I congratulate you on your choice of department or section in our profession.

The grandest feature in surgery is precision. In our present knowledge, and I fear it ever must be, there are doubts, hesitations, and great imperfections; yet there are accumulated stores of facts which may justly make us proud of our profession. A history of surgery would be as inappropriate from this chair as an interference with the yearly address; yet a brief glance at the results of the course of surgery during somewhat more than a generation by one like myself, who for more than forty years has been devoted heart and soul to the subject, may possibly fill the measure of expectation on the present occasion.

In my younger days, the surgeon had few sources of alarm greater than that of inflammation of veins, phlebitis as the term went. Abernethy had added greatly to his reputation by his celebrated essay on the occasional evil consequences of the operation of venesection. Every good surgeon did his best, by suggestion and action, to prevent injury to veins during operations; above all, we were restricted from putting ligatures on veins, such a step being deemed wellnigh fatal, although there was ample proof that some thirty or forty years further back our predecessors were by no means nice in excluding veins from nooses which were intended for arteries chiefly. It is doubtful if their operations were less successful than ours. At all events, we have so far changed in regard to the probabilities of phlebitis, that we, in the present day, think as little of applying ligatures to veins as to arteries, when there seems need, and we take all sorts of rough liberties with them when in a varicose state. True, we have a modern bugbear in the shape of pyæmia, for which the veins are greatly blamed, a disease about which there prevails more questionable physiology than common sense should admit. This subject is closely allied with what was called secondary deposit in former times, and this last-named condition was itself closely allied with Hunter's views and theories regarding inflammation. Any one who is watching the spirit of the times, must see that there are strange views afloat regarding Hunterian doctrines, which seem totally to ignore our great surgical philosopher—most notably in this respect, that what Hunter thought was developed by Nature from within, is now alleged to have origin in external influences and agencies which have no dependence on what has heretofore been considered life and life-like action within the frame.

Gentlemen, there must ever be theories in surgery as in medicine, and when these are propounded by men of undoubted character and consideration, it behoves us all to wait cautiously to see the influence of time in the development of facts for or against what may be called the fashionable doctrines of the day.

But, gentlemen, as I have said, one of the grandest features in surgery is its precision. This applies more to the art than to the science of our department, and one fact is worth a volume of theory. That a new operation has been added to our list of operations—that at the ankle, as developed by Syme and Pirogoff, is a fact that surgery may justly be proud of. As much may be said regarding amputation at the knee, the most recent and greatest stimulus having been given in that direction by one of the foremost of British surgeons, our respected member, Mr. Carden of Worcester. I maintain it as a fact, that even amputation itself, the direst of all surgical operations, has been largely superseded by more judicious methods of treatment. It seems a fact, that statistics of amputations are no longer so fashionable as they once were, because it has been proved by fact that a more limited use of the long knife might have greatly diminished the numbers of those operations which have been justly called the *opprobria* of surgery.

When ovariectomy was first propounded, it was little else than a theory—a rash visionary scheme for notoriety; but, thanks to the well-directed efforts of Clay, Brown, Wells, Keith, and a host of others, the proceeding is a well established fact, which ranks among the best and safest efforts in surgery to save human life.

Anæsthesia is another fact in modern surgery; perhaps, in reality, the most surprising of all. We are often told that the facts in real life are more surprising than those which the novelist delights to depict in fiction; and, in my opinion, the fact of anæsthesia, by whatever means it is brought about, by far surpasses all that has yet been done in regard to practical surgery.

Gentlemen, my mind has perhaps been naturally inclined to refer to "facts" on the present occasion, from the circumstance that, in my own professional career, I have been always more influenced by facts than by suppositions or questionable agencies; by the positive than by the speculative. I fear that it must be admitted that, despite all the skill of medicine from the earliest times to the present, the disease, stone in the bladder, must still be admitted as one of the "ills which flesh is heir to"—as a fact. We know it, however, as a fact, that our skill is such that we can combat that fact, and even assume the supremacy by surgically doing away with it. It is a matter of theory whether or not we can combat successfully with a diathesis to stone; but it is a matter of fact that we can combat manfully, aye, even successfully, with that painful enemy, when he once plainly shows his colours. Taking the surgical aspect of treatment, we can more readily, and with greater certainty, cope with this disease than with many others that come under the consideration of the surgeons.

It has been my fate, gentlemen, to have been largely engaged in this field of combat. Others in this country, of my own age, may have been more so; but, with the exception of Sir Henry Thompson's experience in lithotripsy, their labours have not been made public, or have escaped my observation. Whether my contemporaries in Britain have treated more cases of stone in the bladder than I have, I am not prepared to say; or, whether they have more proofs of experience than I can display, is also beyond my knowledge; but, anyhow, to add my humble effort to what may excite interest in this meeting of the British Medical Association, I have ventured to put on show the results of my personal work in dealing surgically with this fell malady of mankind. By a kind of prescience, as I may now call it, I, at an early period of professional life, kept, on behalf of my own surgical museum, or surgical taste, all that could serve to revive the memories of the past or illustrate the events of the passing day. Throughout my professional life I preserved any stone or bit of stone that I could secure as a trophy of surgery, and now I have the honour of laying before the present meeting of this Association between 300 and 400 specimens of this disease which have been dealt with by my own hands. Every now and then patients or their friends have insisted on keeping what might be deemed as hereditary personal property, and occasionally specimens have fallen aside; but on the whole, I must admit, that my patients or their friends have humoured my fancies and given me free possession of the results of my surgical prowess. I exhibit the produce of between 330 and 350 cases of stone, personally treated by myself—about 200 by lithotomy, the rest by lithotripsy. The aggregate of stones removed amounts to nearly 500 in number. There may be others of my own time who can speak of larger numbers; there may be those who can show larger numbers of actual proofs of what they have done in this field of surgery, and I see with pleasure the valuable contributions made in this direction, especially by Messrs. Gutteridge, Pemberton, Baker, Bracey, Bartleet, Elkington, Freer, and Jackson, which add largely in my estimation to the value of your museum display.

Most of these specimens were exhibited years ago at the Royal College of Surgeons in London, when I lectured on the subjects of lithotomy and lithotripsy, but the time for their display was so evanescent that they attracted little attention, although at that date there was not a specimen of crushed stone by lithotripsy in the Museum. A feeling seems to prevail that there is no interest in a stone broken into fragments by the lithotrite, but if it has been cut into two by a saw, after its removal from the bladder, the cut surface is eagerly looked at. No doubt the interest here has reference to the chemical composition of stone, and possibly the nucleus, although the section does not invariably make that clear. In my estimation, the fragments in lithotripsy possess an interest equal, if not greater, in every respect to the cut or entire specimens. The chemical composition of a stone can be as readily made out from fragments as from sections; so also, as regards the nucleus; and, indeed, from these fragments we can often acquire a knowledge of a patient's constitution, as regards the tendency to the formation of stone, which we cannot in any other way. We can see how in some the fragments will lie in the bladder without change of surface much longer than in others. In one case we can recognise for days, even weeks, the fragments of an uric acid stone with edges defined and surface the same as when first broken; in another, we perceive how readily and rapidly new stone deposit occurs—generally phosphatic. Then, too, we can speedily appreciate the danger of neglect or carelessness after lithotripsy is once begun, for, in place of

probably only one stone being present, there may, indeed there will, soon be many stones, for each fragment becomes a nucleus for fresh deposit, and this hastens on with greatly increased rapidity. Even the nucleus, always a centre of interest, may be as appreciable in the fragments from lithotripsy as when displayed by the saw. It has happened to me in a case of crushing, in a female, to be struck with the appearance of redness in many of the fragments; and on investigation the mystery has been revealed on confession, that the patient had been in the habit of tickling herself with a stick of red sealing-wax, a portion of which had broken off in the urethra and remained in the bladder. The fragments will be seen in the collection.

Again, I once was aware, in using a lithotrite in a male, that I had clutched something peculiar. On withdrawing the instrument, there was a black substance about an inch long between the blades. A surgeon present, who had been in charge of the case for years, immediately exclaimed, "Egad! this is the end of my gutta percha catheter." A terrible revelation, for in the *interim* the patient had undergone prolonged treatment for chronic inflammation of the bladder, and had actually gone a voyage to Madeira in search of health.

I put as much faith as any man does in the chemical treatment, if I may so call it, of the diathesis of stone; but when once a stone has formed (and in most instances it is so without marked premonitory warning), the "fact" of stone is established, and there may be room for doubt whether chemical treatment does not then make matters worse; for, whatever the quality of urine, the chances are that a nucleus being present, deposition of stone will go on with increased rapidity, equivalent to the increase of size of the stone. That there may be exceptions to this rule, I admit; and there are two stones in my collection from one bladder, which are so smoothly polished by attrition that the formation of more stone had probably ceased for many months, if not years, before they were removed.

I have referred, gentlemen, to the chemical treatment of stone in the bladder, chiefly for the purpose of ventilating a sort of heresy of my own—viz., that in our treatment of stone, and in our estimate of specimens of stone in our museums, the chemical composition has been improperly the feature most referred to as the one of the greatest importance. Stone in the bladder is essentially a surgical disease; it can be treated effectually only by the surgeon; and to him the size, or, I may call it, the circumference of the substance to be removed, possesses the most engrossing interest, whether he looks to his own mechanical work or the safety of his patient; for I hold it as a maxim, particularly in lithotomy, that the bigger the passage required for egress, the more difficult and the more dangerous is the operation. The *accoucheur* considers the size of the head, but does not trouble about its chemical qualities or composition. So should the surgeon the stone, both in regard to lithotomy and lithotripsy.

But time will not permit me to say more on such subjects; and I shall conclude by a partial quotation from one of my lectures, delivered seven years ago at the College of Surgeons;—some of my language holding as strong an impression on my mind as ever. In the collection which I have the honour to exhibit, "there are examples of comminution from lithotripsy, enough to satisfy those not much acquainted with the operation, and entire stones, the result of lithotomy; exhibiting specimens from a few grains in weight to nine ounces—from one solitary stone in the bladder to forty-two. There is the first, taken out in 1832; and the last, removed in 1872. There is a single, solitary, grim, savage-looking mulberry calculus which held possession of its vesical home for forty years; there are numbers, smooth and less formidable in aspect, yet equally painful and dangerous to the sufferers. A momentary glance can sweep over the range; but only those who, like myself, have been engaged in such work, can estimate the days, the nights, the months, the years, of anxious thought and labour, associated with the results which I now put before you."

THE HOSPITAL FOR SICK CHILDREN.—The Princess of Wales, since the laying of the foundation-stone of the new buildings of the Hospital for Sick Children, has sent the patients a quantity of fruit and toys.

POST PARTUM EXPLOITS.—At a recent meeting of the Obstetrical Society of Edinburgh, Dr. Keiller observed that he had recently witnessed several instances of extraordinary exploits on the part of women immediately after their confinement without subsequent suffering. As showing what some women can do, without any bad consequences, he stated that the other day a woman was delivered in the Old Assembly Close, no one being with her at the time. After the placenta came away, she put her room in order, and then, placing the child and the placenta in a basket, she walked coolly to the Maternity Hospital, within an hour of her confinement, to see if everything was right with her. Dr. Keiller exhibited the fetus, which was apparently about the seventh month.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF MIDWIFERY.

At the Annual Meeting of the British Medical Association,
in Birmingham, August 1872.

By EVORY KENNEDY, M.D.,

Late Master of the Dublin Lying-in Hospital; President of the Section.

As I understand, it is the duty of your Presidents to open each Section of the British Medical Association with something of an address. It occurs to me that, in place of occupying the valuable time of so many of my *confrères* with an historical analysis of the progress of our branch of medicine—the usual stock subject of all introductory lectures, and one on which you are all very likely more competent to descant than myself—I might possibly occupy your time more profitably and pleasantly by giving you a few cases of not very ordinary occurrence which I have selected from my notebooks. Be not alarmed. I shall not weary you with detail in these brief *excerpts*, but merely touch the salient points of interest in each case.

CASE I. Fatal Femur embedded in Uterus.—A lady was brought to me from the country, anæmic, wasted, and with a countenance expressive of pain and suffering. She had a constant foetid vaginal discharge, purulent, and occasionally sanious. She was said to have miscarried a year before. She complained of pelvic distress, with lumbar pains and frequent micturition. On vaginal examination, the uterus was found about double its natural size. The os was slightly patulous, and a solid hard resistance was experienced on introducing the finger. The os was gradually dilated with a two-bladed uterine dilator constructed for the purpose, and a bony substance was distinctly felt, traversing the neck of the uterus at the junction with the body of the organ. This was so deeply embedded in the walls of the uterus, that neither extremity could be dislodged. I introduced a pair of small beaked bone-forceps, constructed for the purpose, broke the bone across, and extracted piecemeal the femur of a fetus of about four months' development, which had been all the time embedded in the walls of the uterus, which was converted into an abscess by the presence of what should have been its natural occupant, thus forming an unnatural nidus in its walls in place of its cavity. The discharge subsided; and the lady recovered her usual health; but the look of health was never quite restored. She, however, bore children after an interval of some years, and the uterus appeared to have quite regained its normal condition.

CASE II. Excision of Part of Neck of Uterus.—Dr. Kitson of — brought a patient from the country, suffering from ulceration of the os uteri. The neck was enlarged considerably, and elongated; the ulcer, which impressed us both as presenting all the characters of malignancy, occupied about one-third of the neck. It had taken a rapid course, bled at intervals freely, and upon the slightest touch, and was attended with pain, sleeplessness, and marked constitutional disturbance. It was, however, circumscribed and limited to the part ulcerated; the remainder of the neck and os being healthy to the appearance and touch, although larger than natural. The lady had borne children. The part of the neck engaged extended from the posterior along the left side of the os, and the diseased structure appeared to occupy the entire substance of the wall. Under these circumstances, the case promised little or nothing from the application of the ordinary caustics, and the choice appeared to lie between the free application of potassa fusa and excision. The latter was determined on; first, because of the limited extent of the part engaged; secondly, because of the apparent malignancy; thirdly, from the difficulty of destroying by the potassa the whole diseased structure, without extending its action to the adjoining vital parts. On the other hand, the diseased structure came well within our view; the neck was long, affording facilities for the use of the knife. The patient was placed on her back. The vaginal wall and labia were distended by my four brass tractors, firmly held by Dr. Hans Irvine and Dr. Kitson. An ebony spatula, nine inches long and half an inch broad, was introduced and placed within the os. This I held firmly in my left hand, whilst I introduced the scalpel which I now exhibit, which, you perceive, has a handle seven inches long, while the blade is scimitar-shaped. Cutting from without inwards towards the resisting spatula, commencing near the point of junction with the neck and body of the uterus, above the central part of the diseased structure, by two divaricating incisions **A**, a triangular section was removed. I was prepared to draw the uterus down with the double tenaculum; but this was unnecessary, from the perfect manner in which my assistants used their tractors. This allowed me the