tion of the life of the Jew is forty-nine years; of the Christian it is only thirty-seven years. Hence it appears that the life prospects of the Jew are nearly twenty-five per cent. more favourable than those of his Christian fellow-townsmen. The vitality so characteristic of the descendants of Abraham can be traced to very simple causes. In their sobriety and cleanliness, both domestic and personal; in the care they bestow on themselves and on all dependent upon them; and in their forethought and prudence, we find the true explanation of their remarkable longevity and superior resistance to disease. These statistics concerning the Hebrews are fraught with instruction to every Gentile nation among whom they dwell. The Christian labours for the conversion of the Jew. May not the Jew, in his turn, well desire the reformation of the Christian?

I will assume, then, that you are well content with the promises held out to you by your profession. Are you equally satisfied with the school you have selected? Many young men are impressed with the notion that every department of medicine may be most profitably studied in the great metropolis. Are there valid grounds for this opinion? Where, I would ask, do you find laboratories and appliances better calculated to aid you in your work than those contained in these buildings? What London students can boast of a library equal to that which is accessible to you? Here, too, the most important chairs connected with medical education are held by professors whose undivided energies are devoted to your instruction. The best portion of their day is not set apart to the exacting requirements of private practice, but is bestowed on you. The "scarcity of subjects" also, which often retards the London student in his course of anatomy, is never experienced by you. Moreover, the manner in which you have acquitted yourselves in the various examinations for which you have competed, plainly testifies that the young practitioner educated in this College can challenge conclusions with the youth trained in any school in the country.

Nor need you look alone to the present—the future also is full of hope. There are good grounds for expecting that, before many years are past, this College will obtain its charter, and thus be raised to the more exalted rank of a northern university. You are aware that this question has of late been mooted in the public press. Many weighty organs of public opinion have treated the project with a considerable degree of favour, while distinguished men of science have extended to the scheme their hearty approval. Whenever this change does come, as come it assuredly will, the medical faculty of our future university must be of paramount importance. In no country in Europe has the medical profession been so persistently slighted by the national universities as in England. Moreover, these learned societies, though doubtless well fitted for abstract subjects of study, are altogether unadapted for such a calling as medicine. In comparatively small towns, like Oxford and Cambridge, practical surgery and clinical medicine never can be successfully cultivated. The scattered population of a midland county, engaged in agricultural pursuits, supplies no extended scope for the surgeon's art. The University of London, as a degree-conferring Corporation, has doubtless, by the varied range of its examinations, stimulated many in the pursuit of knowledge. But the whole London system is more analogous to the Oxford and Cambridge Middle Class Examinations than in harmony with the accepted signification of the word "university". In the one case, a degree is conferred on the successful competitor; in the other, a certificate. But neither the recipient of the degree, nor he on whom the certificate is bestowed, derives his education from the university which rewards him. In a new university such an anomaly would never be repeated. No university is worthy of the name which, while defining its own curriculum, does not also provide an adequate staff of able professors, complete courses of instruction in the various faculties, and ample facilities for the prosecution of original research.

An university in the North of England would prove a great boon to many of you. Residing as you do within easy reach of Manchester, the severance of home ties and home associations would not be required for the successful prosecution of your university course. Your period of instruction would thus be prolonged, and, at the same time, rendered very much more complete. You would then be enabled to affix to your studies that coping stone which many of you now find it impossible to obtain. I have lectured in this school for the last fourteen years; during that time, I have enjoyed ample opportunities of estimating the industry and intelligence of the students whom it has been my privilege to address. My experience, therefore, is considerable; and that experience teaches me that many of our ablest and most diligent young men are unable to obtain university degrees. Students who have gained prizes, and distinguished themselves at the competitive examinations, have expressed their regret at being prevented, by want of means, from pursuing their studies for an additional year in Scotland or in Ireland; for, remember, that nine-tenths of the medical degrees held in this coun-

try have been obtained beyond the Tweed or on the other side of St. George's Channel. Had the relatives of such meritorious students resided within easy access of an university, their case would have been widely different. At the present time, young men without means are compelled to limit their aspirations to the membership of the College of Surgeons or to the licence of the Apothecaries' Hall. Yet, a degree does tell in after life, not only in the competition for public appointments, but in the less ambitious struggle of every day work. It certainly does seem a crying injustice that the fortunate possessor of one of these easily obtained degrees should, in later years, be preferred to his less wealthy, though often more talented, fellow-student. This injustice can be remedied only by the establishment of one or more universities in England, where the course of study shall be practical and thorough; and where degrees shall be conferred upon those only who have earnestly qualified themselves to deserve them.

History teaches us that the nations which attain greatness are those that wisely avail themselves of their opportunities. Individuals also, if they would leave their mark behind them, must be on the alert to profit by the occasion. What is true of nations, and what is true also of men, is equally applicable to cities and to towns; they likewise have their day, when, if only they appreciate the significance of passing events, they grow prosperous and renowned. The enterprising among their citizens amass wealth; the studious and literary cultivate their taste for learning and for the arts; while the poor are cared for in their seasons of sickness. The town in which this College stands—this city of Manchester—has, on the whole, been alive to its opportunities. It has grown rich and populous. Its Exchange is the largest in the whole world. Manchester is the acknowledged commercial nucleus not alone of the five hundred thousand persons who dwell immediately around its City Hall, but of four or five millions of the most industrious and most enterprising inhabitants of these islands. In former days, the political agitation which had so important a bearing on the destinies of this country originated in this town, and from here radiated to every village in the land. At the present time, political agitation is at a discount; politicians search, and search in vain, for a party rallying cry. But, if politics are lulled in slumber, social changes and domestic reforms are urgently needed. Above all, facilities for the acquisition of knowledge—in a word, a higher system of education—must be provided for the great middle class of this country, who form the very backbone on which the whole fabric of modern society is supported. It is to the advancement of such an enlightened system of education that Manchester should now devote her energies and a portion of her wealth. As she has been the political centre around which, in former times, the great towns of the north of England rallied, and on which they rested, as she is now the commercial centre, so let her for the future aspire to become the intellectual centre. If she have these aspirations, and would fain desire to press onward in the paths of mental activity, let her be mindful that she has in this College a secure trysting-ground. Here the arts and sciences have taken root; here they have flourished for a quarter of a century; and here, if fostered and encouraged, they will attain to still more goodly proportions. If these sentiments be the sentiments of the people of Manchester, let us all endeavour, each according to his capacity and means, to promote the interests and extend the influence of the Owens College. The corner-stone of our future University is already laid. Let our motto, as fellow-citizens, be, "Union is strength". Let us remember henceforward that every stone added to the superstructure will hasten the proud day when the name of "Owens College" shall be merged in the yet nobler title of "The University of Manchester".

THE PHOSPHORUS PILLS OF THE *BRITISH PHARMACOPEIA*.

By G. OWEN REES, M.D., F.R.S.,
Consulting Physician to Guy's Hospital.

THERE has lately been much discussion on the best method of compounding pills with phosphorus, and, among other plans, there is one proposed from the laboratory of Messrs. Savory and Moore, in a communication made to the *Pharmaceutical Journal*. It is there stated, that the phosphorus pills of the *British Pharmacopœia* are apt to become sufficiently hard to escape solution during passage through the alimentary canal. The above fact was observed by me in the case of a gentleman who had my prescription dispensed by Messrs. Savory and Co., and who brought me the pills, retrieved from his stools, quite round, hard, and unaltered. I had previously used phosphorus pills made at Messrs. Savory's establishment by a process which produced an easy soluble pill, and had done so with great advantage in

cases of neuralgia and of diabetes mellitus, and I am sincerely glad that the imperfection of the *British Pharmacopæia* pill has been so early shown.

Among the propositions made for modifying the present pill, I find the suggestion that soap should be added to the mass to render it more soluble. This I trust will not be done, as the alkali in the soap will form a compound with part of the phosphorus, and, to say the least, render the preparation uncertain in strength. I shall be glad if you can find room for this note in your JOURNAL, as the *Pharmaceutical Journal* does not reach the hands of the profession generally.

CURE OF A LARGE IRREDUCIBLE FEMORAL HERNIA BY OPERATION.*

By JOHN CHIENE, F.R.C.S. Edin.,
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My object in reading this note of the cure by operation of a large irreducible femoral hernia, is to illustrate the value of antiseptic treatment in a class of cases on which surgeons, as a rule, hesitate to operate.

I might have detailed several examples of irreducible herniæ, both inguinal and femoral, which I have had under observation, and in which I have used palliative measures, following the rules laid down in surgical text-books. Such cases are by no means rare; and, as all present have, I doubt not, had ample experience of examples, I will pass at once to the narration of the case in which I operated successfully for the relief of the irreducibility.

A. R., aged 43, domestic servant, was admitted to the clinical surgical wards of the Edinburgh Royal Infirmary on May 24th, 1876, suffering from a large swelling in the right groin, which had existed for four years. It had gradually increased in size, and seldom gave much uneasiness except after severe exertion. She had never been able by pressure to reduce its bulk, and says that it had rapidly increased in size of late. She was now unable for her work as a housemaid, and was anxious that something should be done for her relief; all palliation had failed to prevent its increase. She had always enjoyed excellent health.

There was now a fluctuating tumour in the right inguinal region, measuring vertically six inches, transversely four inches. It occupied the greater part of Scarpa's triangle. On palpation, it was partly fluid and partly solid. It was either an irreducible femoral hernia or a cystic tumour. Pressure made no diminution in its size. As the history gave no assistance in coming to a conclusion, the swelling was punctured on May 25th with a fine trocar and cannula under antiseptic spray. Eleven ounces of a clear straw-coloured fluid were drawn off. It was impossible to remove all the fluid. After its withdrawal, hard masses were distinctly felt, which were either hardened masses of omentum or solid portions of a cystic tumour. Pressure was applied by means of cotton wadding and an elastic bandage. The fluid, on examination, was highly albuminous, and the sediment consisted of bodies similar to white blood-corpuscles.

The fluid having reaccumulated, chloroform was administered on June 4th, and an incision made in the long axis of the tumour as far as possible from the middle line, so as not to interfere with the antiseptic management. The cyst was then easily separated from its connections, except in the region of the crural canal, where the existence of a distinct neck showed that the case was one of hernia. The sac was then laid open, and the hard masses previously mentioned exposed to view. They were found to be condensed masses of omentum, adherent to each other and to the inner surface of the sac wall. In consequence of inflammatory changes and adhesions, none of the contents could be returned into the abdominal cavity. The omentum, as it passed into the sac, was firmly adherent at the neck anteriorly; posteriorly, there was a communication with the peritoneal cavity; and, by dragging on the omentum, more could be withdrawn from the abdomen. There was no bowel in the sac, and no strangulation of its contents. The masses of omentum were now carefully separated, and the adhesions to the inner surface of the cyst cut across after ligature. The pedicle of the omentum was then ligatured in small portions by ligatures of chromic-acid gut. In all, fifteen ligatures were applied. The sac was then cut away, and carefully stitched with chromic-acid gut over the remains of the omentum. Two drainage-tubes were then inserted, and the wound stitched with catgut. Protection was applied over the wound, and a large sponge squeezed dry out of one to forty carbolic lotion laid over the protective to soak up the discharge. The usual antiseptic dressing was then ap-

plied, which was kept in position by an elastic bandage. The operation was performed under the spray.

The patient's progress was uninterrupted. The pulse never rose above 80, and the temperature was once 101 deg. on the day after the operation; it then sank to the normal. She never had any uneasiness in the wound. One drainage-tube was removed on the fourth day, the other on the eighth day; on the eleventh day, the superficial stitches were removed. On the twenty-first day, the wound was firmly healed. A small hard lump was then to be felt in the region of the crural canal. This was, in all probability, the remains of the sac. There was no impulse on coughing. She went to the Convalescent Hospital on July 3rd, one month after the operation. She was supplied with a weak Salmon and Ody truss, which she is to wear as a precautionary measure. Six weeks after the operation, she expressed herself as perfectly well. There is now nothing abnormal at the seat of the operation, and no impulse whatever on coughing.

REMARKS.—Percival Pott says, of irreducible herniæ, that "such cases are capable of no relief from surgery but the application of a suspensory bag". These words, written many years ago, still express the opinion of the majority of surgeons. Lawrence says "an irreducible hernia may be left in great measure to itself". Birkett, in Holmes's *System of Surgery*, says "irreducible crural rupture, of course, requires a hollow pad, whether epiplocele or purely entrocele". Palliation in one form or other is at present the rule in surgery; and in Syme's words we may sum up the treatment of such cases: "By strict attention to the state of the bowels, by abstinence from all violent exertion, and by the support of a bag truss"; it is preferable to palliate the complaint "than to endanger life by trying to effect a radical cure with the knife".

Irreducible herniæ contain either bowel or omentum, or both bowel and omentum. The case I now record contained omentum only. I am aware that in some rare cases it may not be possible to complete the operation if the irreducibility be due to adhesions between the sac and the bowel, so firm that they cannot be overcome. The patient should, therefore, be informed of this possibility, because the exact nature of the contents cannot be foretold with certainty. The probability, however, of such adhesions is, I believe, comparatively rare as the primary cause of the irreducibility, which, as a rule, is due to an increase in the size of the omentum, and to its condensation following inflammatory attacks and to inflammatory thickening of the neck of the sac; causes which can be relieved by such an operation as I now propose. In those cases in which the operation cannot be completed, the necessary exploration with antiseptic precautions can be performed with such safety that I believe it justifiable in all cases in which the hernial tumour interferes with the usefulness of the patient, and in which the usual means by evacuations, starvation, and long continued rest in bed have had a fair trial without success.

The importance of being able to cure by operation such cases has a very important bearing in relation to insurance. No cautious medical man will recommend for insurance anyone suffering from irreducible rupture; if these cases can be cured by operation with safety, then many will submit to the operation in order that their lives may be accepted at the usual rates, a matter often of great importance to their families.

The result of this case encourages me to give the method further trial. Mr. Syme, in speaking of irreducible hernia, says: "Operations have occasionally been performed, but their almost uniformly fatal result ought to deter all prudent surgeons from repeating such attempts." These words, I beg to submit, have, by the use of antiseptic precautions, lost their significance; and I trust that I have shown that a change will soon be accomplished in the treatment of irreducible hernia.

ON A NEW METHOD OF CURING PHYMOSIS.

By G. DE GORREQUER GRIFFITH, M.D.,

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SOME years ago, a patient came to me with a very slight stricture of the foreskin. I did not then perform any of the usual operations, but dilated the aperture in the prepuce by means of a forceps something like the ordinary uterine dressing forceps. The pain was very trifling.

My next patient was a young schoolmaster who had contracted gonorrhœa or balanitis, or both together, I was unable to decide which, as the preputial orifice was so small that I could not see that of the urethra for some time, and till I had subdued the inflammation. Then through the exceedingly narrow opening in the foreskin I got a glimpse of the entrance of the urethra. It was of importance to him to get well quickly as he was about to be married, but he had a very

* Read before the Surgical Section at the Annual Meeting of the British Medical Association in Sheffield, August 1876.