siren voice of procrastination—so delusive, so destructive to youthful energy.

Each session has its allotted work, and must bear its own fruit. The chronic fire-worshipper, the bane of our dissecting-rooms, will have no place in nature, as he cannot survive a second session. Again, the student is relieved of subjects in which he has attained a competent knowledge, and can devote his undivided attention to the more important departments of science, which are more directly relevant to the practice of his profession. It is to be regretted that this principle of exemption has not been even more fully carried out in our new scheme.

To the parent and guardian, it affords satisfactory protection. He can know that his alumnus has to undergo certain examinations at regular stated periods; he can see that the name of his boy does not appear in the published pass-lists along with his class-fellows, and he can ask the reason why it is so; he can be warned in time by repeated failure that his goose is no swan, that he is totally unfitted for the profession, and, before he has thrown his money and time away, may find some occupation more congenial to his tastes. This reform will thus tend to mitigate an evil which is at this moment crying loudly for redress. I understand that it is in contemplation, in order to remedy this disappointment and loss, to utilise in London a preliminary medical school, in which the aptitude of candidates for the profession may be tested before they fruitlessly invest their money and lose their time attending the regular classes. Again, money entrusted for lecture-fees cannot be now squandered in dissipation, and payment deferred until the day of reckoning comes, when the school-secretary presents his heavy demand for arrears.

Like its predecessors, this great improvement was ridiculed and derided in the class-rooms of Dublin; but the sustaining principle of truth which pervaded all these efforts at reform, surmounted all difficulties. Like the advancing tide, each receding wave returned with renewed impulse, with fresh energy, and, carrying before it every obstacle, triumphed at last as truth alone can triumph. The scheme, of course, has some defects which time and experience will rectify.

The entire system of lectures demands sweeping and thorough reformation. Respect for so-called vested interest, and the preponderating influence of teachers in our legislative councils, have too long propped this cumbersome institution of days gone by. It is simply impossible that students can derive benefit from the enormous amount of attendance on lectures exacted from them, to the exclusion of practical work. The Rev. E. Thring, in a remarkable book on teaching, has compared the modern system to a man pumping water with all his energy over a series of kettles; one or two of them have the lids carefully removed, and they are quickly filled; one or two have the lids partially removed, and a little water enters; but six-tenths of the kettles have the covers fastened down, so that, although they are plentifully splashed outside, no water can possibly enter, unless by chance a drop or two be projected into the spout from adjacent kettles. If this be, as I believe it is, a true picture of lay teaching, drawn by the pen of a working teacher, is it not a perfect photograph of our system of medical teaching? A great deal of spouting, a great deal of splashing and tiresome pumping over kettles with the lids on. Training would see that the covers were carefully removed, and that the kettles were so disposed that the greatest quantity of water would enter the greatest number of kettles.

The redundancy of lectures must be cut away by the pruning knife of reform; it is only a question of time. Lectures were a valuable means of instruction when books were few, meagre, and imperfect; when industrious research and extensive reading were confined within a narrow circle. Under such conditions, systematic lectures, and even the reiteration of them, were a necessity; but we live under very different circumstances. Year after year, fresh books, new editions, teem from the press; week after week, the latest advances in medical science are recorded, so that the student, in the still quietude of his own room, can master most of each subject, and work at it until he does master it, with better results than if he learned it from the most eloquent lecturer. Lectures cannot now be a substitute for reading, and to be of any use at all must serve some other purpose.

The delivery of a series of set orations *ex cathedra* cannot now fulfil the responsible duties which a teacher owes to his class; he must see that they are taught and that they learn. Lectures must now be demonstrations; the truths of science may no longer be enunciated as mere abstract propositions; they must be made evident to all the senses. Much jealousy has long existed between the lecturer and the grinder; but, however unwilling he may be, the lecturer must adopt the method which the grinder finds so useful.

Catechetical instruction is a valuable aid to education, and, if adopted regularly and systematically throughout the student's course

as a part of the lecture-system, would render unnecessary the baneful system of cram, and would at once indicate whether pupil and teacher were both doing their work efficiently.

The necessity for this thoroughness entails changes which are being spontaneously developed. The sciences auxiliary to medicine have become so extended, that he who would teach them efficiently must devote his entire life to them. The day is past when two or three hours snatched from a busy life of active practice will suffice for the onerous duties of a teacher of anatomy, physiology, or chemistry, as they must now be taught. He who takes up the duty of a teacher now must hope, and may fairly demand, to live by teaching, but he must be satisfied to seek some of his reward in the pleasure of pursuing his favourite study. The State in Ireland will give him no help; there are no State endowed professorships to encourage scientific work, although there are State laws to cramp and retard it; no fat sinecures for his declining years. Even our colleges do not encourage scientific progress as they should, by promoting well paid lectures on the higher branches of medicine and surgery. Recent events should warn us that existing conditions are fast bringing about a dearth of teaching power in Dublin. This must eventually be provided for by judicious concentration.

There are departments in which all the students in this city would not provide a class yielding sufficient emolument for a single lecturer—now distributed among five—at least, if such departments are to be worked properly and brought up to the standard of knowledge of the present day. We may apply to the whole of our lecture-system the advice of the Prince of Denmark: "Reform it altogether."

REMARKS

ON

TREATMENT OF IRREDUCIBLE HERNIA, AND AN IMPROVED METHOD OF ADAPTING A TRUSS IN ALL FORMS OF HERNIA.

Read before a Meeting of the Medical Society of London.

By THOMAS BRYANT, F.R.C.S.,
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I WOULD draw your attention this evening to the subject of irreducible hernia, and more particularly with reference to its treatment, since I have reason to think that surgeons, as a body, are too ready to regard this condition of hernia as irremediable, except by an operation, as well as too prone to resign its palliative treatment into the hands of mechanists.

I need hardly add that neither the opinion given, nor practice mentioned, meets with my support; for I am convinced by experience, and I trust I can show you, that many cases of supposed irreducible hernia can be made reducible by treatment, and that the majority of cases of truly irreducible hernia, including umbilical, femoral, and inguinal, can be fitted with a truss which supplies the three desiderata of such an instrument, and gives protection to the hernia, guards against its increase, and is comfortable to the wearer, and, what is more, tends greatly to make the hernia reducible.

And, first of all, with respect to the reduction of a supposed irreducible hernia, under what circumstances is such a result possible? and, when possible, by what means is its reduction to be brought about?

With reference to the possibility of reduction, I take it, we may fairly assume that every case of hernia is capable of reduction if no adhesion exist between the sac and its contents, and if the contents themselves be not matted together by old inflammatory effusions; or, in other words, that all hernia can be rendered reducible, so long as they have not been the subject of some antecedent strangulation, incarceration, or obstruction.

With these exceptions, I think I am right in saying that all hernia, recently descended, and many that have been down weeks, or even months, can be rendered reducible by treatment.

The means adopted to bring about this result are not complicated. They are the recumbent position, associated with limited diet, milk-diet being the best, and the administration of small and repeated doses of saline purgatives, together with the local application of cold to the hernial protrusion by means of an ice-bag, or one of Leister's metallic coils. By these means the bowels are emptied of their contents, and the blood-vessels in their walls are rendered less turgid. The fat that may

be in the omentum is likewise absorbed. Altogether, the hernial contents are diminished. This treatment, to be effectual, should be persisted in for days, and in some cases for weeks, and under it a good result may, with some confidence, be anticipated.

I have had many cases in which success followed the rigid adoption of these means, and some failures; but where the latter occurred I have always felt it was from a want of confidence in the result, and, as a consequence, a carelessness or half-heartedness in the application of the practice. Success has, however, often come to me by persistency and attention, soon after despair of obtaining it has almost induced me to abandon the attempt. I have, by the steady persistency of these means, continued from a few days up to nine weeks, brought about the reduction of herniæ which had been down from five up to twelve weeks; and I think it will be admitted that, where success followed the practice, it was worth the trouble; for it is to be remembered that it was brought about by means that in no way endangered life, and at the worst were only wearisome.

The point, however, to which I want more particularly to draw your attention is the second, which refers to the truss which is required for an irreducible hernia; for I feel confident that I shall obtain the support of all my medical and surgical brethren, when I say that if our present trusses for reducible hernia are not all that we should wish, we have not at present a single truss for an irreducible hernia which can be praised, or even passed as efficient.

How far the one I am now about to introduce to your notice will meet with your support, I know not; but I may say that I have used it in a sufficient number of cases—two dozen, at least—to test its value, and that in all it has proved a success; indeed, I am induced to think, from the principle upon which the truss is formed being sound, and

at the same time simple, that it is the only one upon which an efficient truss for an irreducible hernia can be expected to succeed; and I believe it to be of equal benefit for a reducible.

The practice is like in kind to that which has been laid down for rendering an irreducible hernia reducible, but it differs in degree; for the object I have in view in these truly irreducible herniæ is, to render them as small as it is possible to get them by rest, diet, and the local application of cold.

Having attained this point, I take a plaster-of-Paris "mould" of this hernia, and the parts around its neck, and from this mould make a "cast." Upon the "cast" I have a metal plate of tin or copper moulded, and covered with wash-leather, and when this has been efficiently made, I have a pad which accurately fits the hernia—whether umbilical, femoral, or inguinal—and this pad has only to be fixed to a spring or belt, to make the instrument complete.

The pad, being a mould of the hernia, forms a most efficient protection to it; and, touching as it does every point of the protrusion, it fairly guarantees no increase in its size; for a like reason, the truss keeps its place, and is really comfortable to the wearer, since it presses equally.

To illustrate these points more clearly, I have induced Mr. Krohne, of 8, Duke Street, Manchester Square, to have two of the casts of the groins of two of my patients with irreducible hernia grafted on to a

cast of the pelvis, etc., of a female figure (*vide Plate*), on the right side of which the hollow part made in the way described is fitted; on the left it has been removed from the spring, and so placed that you can see and examine it. In both the fit is perfect. Indeed, I could give you abundant testimony of the value of these trusses, but one will suffice. It was sent me in a letter, dated September 6th, 1888, from a medical friend who has had a personal experience of the instrument.

"Mrs. A. has had an irreducible umbilical hernia for many years, about the size of a closed hand. She has worn umbilical trusses, belts, and air-pads, of all kinds, but none of them gave her the necessary support, and the hernia constantly slipped out under the pad, causing much pain, and preventing her from walking. Acting on your suggestion, I kept her in bed for a few days, and, when the hernia had gone back as much as it would, I took a mould of the tumour and sent it to Krohne, who made from it a metal case, lined with wash-leather, which fits the hernia. This is attached to an ordinary umbilical belt. Mrs. A. has never before been so comfortable, is able to walk well, and she says the hernia is smaller.

"In another case," writes my medical friend, "the benefit was even greater. Mrs. F., a large flabby woman, had also an umbilical hernia. It was the largest I had ever seen, and could not be covered by both hands spread over it. The pressure of the belt had caused abrasion between the over-lapping hernia and the skin. She was confined to her room, and had not been downstairs for weeks. I kept her in bed, both to diminish the bulk of the tumour and to allow the skin to heal, and then took a mould in plaster-of-Paris, and sent it to Krohne's, as in the other case, and a moulded metal pad was returned to her. I saw her a few days ago walking. She says she is quite comfortable, and that the tumour is smaller.

"There is a little knack in taking this cast. I snip off all the hairs likely to be in the way, so that they should not adhere to the plaster, and oil the tumour. I send to a dentist for the plaster, as the commoner kind cracks and makes a mess.—Yours truly,

"Sutton, Surrey."

"JOHN WILTON."

The late Mr. Millikin, of St. Thomas's Street, was the first maker who carried out these suggestions for me about twenty years ago, and it was for a man who had a hernia with an undescended testicle, in which protection was required as much as support. The result was so satisfactory that I have followed the practice ever since. As a mode of adapting a truss for a reducible hernia, I have good reason to believe that a like practice is of equal service. I have employed it in a dozen cases with marked success, and I have done so in patients who had found it impossible to be fitted otherwise with comfort. And can this be a matter of surprise when we know that every groin has its own special shape, and that a pad which is well adapted to one is not suitable to another?

I maintain, therefore, that in all cases of irreducible hernia, this method of adapting a truss should be followed where it can be, and that, in all cases of reducible umbilical, femoral, and inguinal hernia, the only perfect truss is one in which the pad has been moulded on a cast of the seat of hernia of the individual sufferer.

For the public generally, this perfect instrument cannot probably be made, but for those who want comfort with efficiency, it is strongly to be advised.

In London and the large towns, there will never be any difficulty in obtaining a cast of the affected part. In country practice, our medical friends must learn to make the mould, if not the cast, themselves, when any good instrument-maker can readily make the metal moulded truss-pad, and fix it to the spring which is to hold the pad *in situ*.

When plaster is not at hand for the mould, a piece of gutta-percha, dipped into hot water and softened, may be used for the purpose; and it is possible that this method may prove to be the most useful, since a hard mould is secured by this method which is not likely to break.

I need hardly add that the practice advocated in these papers is applicable to other cases than hernia. I have already used it in examples of spina bifida, and for the protection of outgrowths; but I believe its general applicability to surgical cases will be at once acknowledged.

AN EXACTING PUBLIC.—A provision dealer, at Wimbledon, was recently, at the Wandsworth Police Court, fined £10 and 12s. 6d. costs for selling as butter a yellow fatty material which contained only 15 per cent. of butter. As the "butter" was sold at 1s. 2d. a pound, and as, at the highest known retail price 2½ ounces 15 per cent., of real butter would only cost 3½d., the profits of this kind of trading must be considerable, for 13½ ounces of butterine do not cost more than fourpence at a liberal calculation. The defence was that "the public would have the price," and that it was not sold as butter. Unfortunately for him, the dealer had forgotten to say so.