ficial effects. And if, in spite of, or because of, an imperfect application of such measures of hygiene, these and similar blood-diseases still occur sporadically, does this mean that active measures of this kind are of no use? Does it not mean rather that hygienic and preventive activity should be redoubled?

The miscarriage of precautions, in some instances, may deter the young surgeon from attempts to improve his treatment by careful experiment, and may tempt him to rest contentedly upon the old ways, and to leave chance and the laws of Nature to settle his patient's matters between them. This fault is natural. It is human. It may almost be said, in some instances, to be humane.

To add more to the already long list of antiseptic applications may, to some, seem superfluous; but we have by no means reached finality. Cases differ, both minutely and widely, and what suits one case may not do equally well for another. The medical practitioner, to be successful, must have a well filled pharmacopœia; and he is obliged, above all things, to be eclectic.

It may happen, on the other hand, that some successful cases have occurred consecutively in his practice. He may form upon them crude conclusions, which come under the category of views; and he may be in haste to publish them, in order to obtain the benefits of priority. This may so influence him that he scarcely takes time or pains to ensure his results, or to know the results of others. Each experimenter may be striving his utmost to avoid the fate which overtakes the hindmost. The dangerous epigram of the French surgeon, "L'audace, toujours l'audace," prompts him, with the immense aid afforded by anæsthetics and antiseptics, to risky achievements. He does not, perhaps, keep before his mind that this audacity has its sober limits, as well as its unlimited tendency to mischief.

It is not difficult to be brave at the expense of one's patients. If, in search of notoriety, Empedocles plunged into the crater of Etna, such a foolish act was at least more to his credit than if he had thrown one of his friends into the vortex of a burning question, to decide a point as to the limits of resistance of the living human body to dissolution by cremation.

Sanguine expectations of good results do not justify the imposition of the great risk, incurred by their failure, to the life of the patient, who must necessarily trust implicitly, and who is ignorant of the real amount of the danger which faces him. But, notwithstanding all these considerations, I am not the less assured that the area of surgical relief to human suffering has been enormously increased by the use of anæsthetics and antiseptics.

And while I equally believe that the patient has a vastly preponderating chance of escaping the dangers of blood-poisoning, under a careful and well planned combination of hygienic and antiseptic precautions, I do not think that these will absolutely, necessarily, and in all cases, prevent its occurrence. Still less do they render desperate operations justifiable. And yet, I have but little sympathy with the state of mind which sees the chief value of a thing in the fact that it has been, and is, and therefore should continue to be!

Progress is good, if it be sound progress. That it should be good and sound, is pre-eminently a desideratum in the art of healing. This deals with the health and the life of a man, and is of infinitely more value to him than politics or trade. Such proceedings as may lead the public to believe that the surgeon experiments upon the living body of his patient, as the physiologist is thought to do upon that of animals, without due respect for the sanctity of life, and without the authority of necessity, must ultimately produce a deplorable reaction from the high respect and reverence which the medical profession bids fair to obtain in the future, above all other professions. And this cannot but be disastrous, both to the welfare of society and to the influence of the profession upon society.

From the foregoing, among many other considerations, it appears to me that the relative efficiency of antiseptics in different hands, and under varying circumstances, is very difficult, if not impossible, to estimate by the statistical method. Cases vary much; scarcely two are exactly alike. The influences which surround, and act, directly or indirectly, upon them, in other ways than by dressings, render the comparison apt to be variously determined by different minds and from different points of view. Each surgeon will do best, I believe, with the means at his disposal, to compile his own statistics for his own guidance, from his own experience, and from his own standpoint. He may be confident that the wisest questioning will bring the wisest and most direct answer; that his results will depend most upon the care bestowed upon his patient, the exactitude of his record, and the accuracy of his judgment, and that his time will be better spent upon these things than by wrangling over his comparative statistical success with his fellow-labourers upon the same lines. The army of workers in science and art may be compared to a compound amœboid creature,

putting forth feelers in all directions into the mass of Nature's pabulum in which it is involved, and working with slow strivings its way to the light. The feelers will be often withdrawn without the desired result, while another trial will meet with more compensation. Let each strive to find the best and shortest way through this perplexing region, thankful to anyone who can guide us to a better way. We may often find ourselves in a *cul-de-sac*; and we may, as we have seen in the foregoing brief review, sometimes have to retrace our steps; but we shall get upon the right road at last, and even then our horizon will be always in advance of us. Many devious labyrinths and apparently hopeless obstructions will delay us in our progress, and we shall not fail to be reminded many a time of the truth of the celebrated Hippocratic aphorism, "Life is short; but art is long, the occasion fleeting, experience fallacious, and judgment difficult."

The President has reminded me of the fact that in the month of December, 1785, John Hunter first tied, at St. George's Hospital, the superficial femoral artery for the cure of popliteal aneurysm. Two preparations, which occupy a prominent place in the museum which bears his name, were made, according to Sir E. Home, from the first and fourth cases in which he performed that operation, to show the collateral circulation, as it was found after the death of the patient some years subsequently. It seemed but a small thing to shift the site of the operation from the popliteal space close to the aneurysm, where it had been done many times before with fatal results, to a few inches further up the thigh; and yet how great the difference in the success of the operation! And what important principles were enunciated with respect to the safer establishment of the channels for the blood-nutrition of the limb, to the more healthy condition of the artery at the selected point, and to the easier performance and bloodless character of the operation! We, who in this College are surrounded on all sides by the proofs of his industry and genius, and who esteem his memory so highly, cannot let pass the first centenary of this important event, which constituted an epoch in the history of surgery, without giving due honour to one of our greatest men. The difficulties of scientific investigation which we have before us were felt by Hunter and his contemporaries even more; and the moral of the observance will best be found and honoured by patiently and stoutly dealing with them, so that haply we may overcome them as successfully as Hunter did, with more imperfect means and appliances, in his day and generation.

A CLINICAL LECTURE ON RECENT ADVANCES IN ABDOMINAL SURGERY.

Delivered before the Pupils of the Medical Department of the Yorkshire College, October 28th, 1885.

By C. G. WHEELHOUSE, F.R.C.S.,
Consulting Surgeon to the General Infirmary at Leeds.

(Concluded from page 1100.)

By an easy transition, we pass from the surgery of the alimentary canal to that of its appendages; and though I have nothing novel to say of the liver or pancreas, I cannot pass over the gall-bladder, concerning which I have a good deal to tell you. Practically, surgical interference with this organ is of very recent date; and I say practically because, though it is only of recent date that its diseases have come systematically under the knife of the surgeon, such operations have not been unknown in former times. So new an operation is cholecystotomy, that I am very anxious to give you thoroughly reliable information concerning it, and concerning the history of its rise and progress. To do this, and to do it very satisfactorily, I have only to refer you to two sources of information; first, to the *American Quarterly Review* for the current year, in which you will find, in very full detail, all the statistical information that could be given concerning the results of the operation to the time of publication; and, secondly, to a very able article on the subject published by Mr. John Taylor, of Birmingham, in the *BRITISH MEDICAL JOURNAL* of January 31st last. In that article, Mr. Taylor says "the operation of cholecystotomy is one of the latest additions to the art of surgery."

Although mentioned as having been formerly performed, and in one instance, successfully, as far back as 1825, in Good's *Study of Medicine*; as being advised, in suitable cases, by Dr. Thudichum in

1850, and actually performed with success by Dr. Bobbs in America in the year 1867, it was not until 1878 that it became a practical matter seriously engaging the attention of surgeons, when, under the name of cholecystotomy, Dr. Marion Sims published a case of partial excision of the gall-bladder. This was followed the next year by the inauguration of an unbroken series of successful cases by Mr. Lawson Tait, and cholecystotomy became a recognised operation of surgery.

Mr. Taylor then goes on to give the details of his own case, a successful one, not only so far as the operation was concerned, but as concerned its ultimate recovery also; and follows its detail by a series of remarks which, to the student of abdominal surgery, are full of interest and of practical suggestions. To those remarks I must refer you, as containing matter which will abundantly repay you for their thoughtful perusal, and which will be of real value and service to you in after-life.

But let me now tell you of some of the conditions for which this operation may become necessary. The gall-bladder is liable to become enlarged or distended in various ways. By inflammatory swelling of the cystic duct, the mucous membrane may be so thickened as to prevent the free ingress or egress of bile; and, at the same time, the addition to the bile contained in the gall-bladder of the products of inflammation from its own inflamed mucous membrane, may give rise to distension sufficiently great to cause a perceptible swelling or "tumour." Such swelling is generally temporary in character; and its formation is attended by so much of fever, of constitutional disturbance, and pain, as not to lead to the suggestion even of cholecystotomy. Time and appropriate treatment generally suffice to effect a cure. If, however, the inflammatory symptoms run high, such cure may not take place till suppuration has occurred and a true empyema of the gall-bladder has been developed. Even then, if the ducts be not permanently occluded, the pus, on the cessation of the inflammatory thickening of their coats, may find its way into the intestine, and so relief may gradually be obtained.

In former works on surgery, I am inclined to think that such cases were frequently classed with abscesses of the liver, and treated like them, as recommended and practised by the late Sir Dominic Corrigan, by escharotics, followed by incision and evacuation; and often, if not generally, with an unfavourable issue.

But much more commonly, in addition to the inflammatory occlusion, the duct of the gall-bladder becomes blocked by biliary calculi; and then the obstruction becomes much more serious and permanent in character, and calls for aid by more decided surgical procedure. This, by the operation of cholecystotomy, we are now able to afford; and, so far, so great has been the success which has attended the operation, that it may now with propriety be considered as a recognised surgical proceeding. Mr. Lawson Tait, of Birmingham, to whose labours, in many directions, in the cause of abdominal surgery we owe a heavy debt of gratitude, may very truly be regarded as the pioneer by whom this new procedure has been conducted to the successful issue of general recognition. I do not know what number of cases may, up to this time, have passed through his hands; but, in his last publication on the subject which I have seen, he gives the details of sixteen consecutive and invariably successful ones. His lead has, I know, been followed by others in his own town; and his example is not likely to have been overlooked in any large surgical centre.

In Leeds, up to the present time, I have the records of six cases before me in which the operation has been performed in this hospital; and I know of one other which was in the hands of Mr. Robson in private, and as to the propriety of operation in which he did me the honour to take my opinion. So far, unfortunately, we have not reached the measure of Mr. Tait's success; for, of the seven cases to which I refer, death has occurred in three; but, of these, two were hopeless from the first, and the third would probably have been better had it been left untouched (table of cases exhibited). Considering, however, that the operation is of such recent development, and that we have yet to learn almost everything concerning it, except how to perform it, it is not unreasonable that we should expect many failures at first, but failures which, as time goes on, we may hope to learn how to avoid. Thus, we shall presently collect material enough from which to judge as to the best time at which to operate, whether early or late, whether during the presence or otherwise of jaundice; and whether or not to interfere when the disease in the gall-bladder is only part of a greater complication of disease.

One case tending in this direction has already happened to myself, and is worth placing on record.

A female, with an abdominal tumour, was under my care in this hospital last year, and it was very difficult to determine what the

nature of the tumour was. At the time it was before us for consultation, three different opinions were advanced. By some, it was thought to be an enlarged and diseased kidney; by some, as more likely to be a malignant disease of the omentum; and by some, the suggestion was offered that it might be an enlarged and distended gall-bladder. At any rate, one conclusion was alike arrived at by us all, and that was, that the only way to clear up the difficulty was to perform abdominal section, and be guided by what was found as to what should be done further.

This I accordingly did; and, finding a huge mass of cancer intimately and closely adherent to an extensive surface of the abdominal wall, the removal of which, with any prospect of success, seemed to us all to be impossible, I simply closed the wound again, feeling that nothing more could be judiciously attempted. The incision healed by first intention; the operation appeared to have in no way influenced the patient's condition. She made a good recovery so far as the operation was concerned, and left again for home, apparently in just the same condition as that in which she came to us. But, after all, from the story of the sequel, which has been given me by her medical attendant at home, the gall-bladder must, I think, have been in some way involved in the heap of cancer; for one night a portion of the wound was found to have opened up again; her bed was saturated with discharge, and ten or eleven gall-stones were found in it in the morning.

Now this leads me to the question of diagnosis, which is often a matter of extreme difficulty. The size of the tumour is often very misleading. Thus, in Ziemssen's *Encyclopædia of Medicine*, vol. ix, p. 646, Professor von Schueppel mentions one case "which occupied almost the entire abdomen," and had grown to that size in eight months. Another, reported in the *Lancet*, March 16th, 1878, p. 383, reached the iliac fossa in a downward direction, and two inches beyond the linea alba in the transverse; and a third, an empyema, is spoken of as being "as large as a man's head." Size, therefore, is clearly very little to be depended upon. The feeling communicated by the tumour is also very deceptive, seeing that it is sometimes very hard, at others very soft, sometimes "fluctuating," sometimes "elastic;" and the shape is almost as unreliable, for though at first it is necessarily pyriform, yet as the distension advances it loses more and more of that characteristic, until it may be quite globular, or even irregular, in shape and outline. Some patients remember that it was originally pear-shaped, but the patient's statements on this head cannot often be relied on with any certainty. Position is said to afford a more trustworthy guide; and on this head I quote again from Mr. Taylor, of Birmingham, who writes on it to the following effect.

"In many cases of distension of the gall-bladder, there is no difficulty. The history of biliary colic, and the passage of calculi, together with the physical signs, make the diagnosis easy; but, in some cases, especially those in which the obstruction is due to a single calculus, or some other cause, there is evidently very great difficulty. An important aid to diagnosis will, I think, be found in the recognition of the diagonal line in the direction of which the gall-bladder enlarges. This is to be traced from the normal position of the larger end of the gall-bladder (near the tip of the cartilage of the tenth rib on the right side) to the opposite side of the abdomen, crossing the middle line slightly below the umbilicus. In the direction of this line, a distended gall-bladder will, I believe, naturally lie." (BRITISH MEDICAL JOURNAL, January 31st, 1885, p. 221.)

Another guiding line that has been given is a line drawn from the acromion process of the right shoulder to the centre of the pubes. Which of these two, or whether either of them, will eventually prove of practical utility, I cannot say; nor should I have mentioned them, seeing that I am unable practically to confirm either of them, if it had not been that Mr. Taylor speaks confidently of the former one, and that, in an operation so novel as that of which I am speaking, we may have reason, from time to time, to be thankful for all the help we can obtain.

There is yet one other point in connection with this operation to which I must refer, before I dismiss it from consideration. In the great majority of cases in which you will see it called for, you will find that the distension has been due to the presence of gall-stones. These, up to almost any number, you will extract with perfect ease; but let me advise you not to close the opening you have made until, by every reasonable search that you can institute, you have satisfied yourself that you have left none remaining. This is very difficult to do for several reasons: 1, they are very apt to become "sacculated;" 2, in consequence of the peculiar "spiral" anatomical construction of the neck of the gall-bladder, they are very liable to lie concealed in the folds of the membrane forming that spiral neck; and lastly, they may have passed so far on their way along the ducts as

to be beyond reach of the searching finger. Remove, however, all that you can find; let instruction be given to those in attendance that diligent search be daily made of every dressing used; and occasionally, let me advise you to probe the cavity of the sac. By these means, in properly selected cases, we have reason to believe that another operation, of infinite promise for the future of surgery, has been added to the list of those available for the relief of abdominal diseases.

In no portion of the domain of abdominal surgery has greater progress been effected than in that of renal surgery. For "floating kidney," for circumrenal cysts, for "abscess of the kidney," for "calculus" impacted in the kidney, for cancer of the kidney, we have now surgical aid to offer; and I do not doubt that, as time goes on, all such means as we now possess will reach stages of higher perfection, that others will be added to the list, and that the kidney will come to be considered as fully subject to the surgeon.

There have been those, and notably Mr. Lawson Tait, who have not hesitated to avow an entire disbelief in the existence of any such condition as "floating," or movable, or "loose" kidney; but even Mr. Tait would now, I think, admit that he has been mistaken in this opinion. That such a condition does exist, is no longer denied, and few surgeons of experience have any doubt upon the matter. At any rate, I have seen the loin laid open, a wandering kidney pressed back into its place, and secured in its normal position by suture, greatly to the relief of a patient, whose life, for no other reason, had become a ceaseless burden.

I have, during the course of my professional career, seen many cases illustrative of the condition; and were one such which I regarded as in any sense extreme now to come under my care, and were the subject otherwise a favourable one, I should not hesitate either to recommend, or to perform, the operation.

It has happened a few times in my life that I have seen cases of what, for want of a better name, we have called "peri-renal cyst"—cases, that is, in which the cellular tissue of the renal region has become converted into a cyst, and has become charged with many pints of fluid, clear, straw-coloured, and closely resembling urine in physical characters, but differing essentially from it in those of a chemical nature. These have generally been the result of accidents, involving heavy and protracted squeezing of the loin—producing, as I have thought, a condition of chronic inflammation, not only of the cellular tissue, but probably of the kidney also; and developing a lining membrane which, like the pyogenic membrane of an abscess, has both a secreting and an absorbing power. To the fluid secreted by this lining membrane there has probably been added, by endosmosis, some of the constituents of the urine, though by no means all. By gradual enlargement, and by pushing all the abdominal viscera forward in front of itself, the cyst makes room for its own advance, and for the accumulating fluid. Such cysts it was formerly our practice to evacuate by trocar; and this proceeding almost invariably converted them into abscesses, even if it did not excite such an amount of constitutional irritation as to end in death; and I can call to mind no single case of ultimate recovery. Of late years, I have not seen such a case; but, if I should do so in future, I should have no hesitation in treating it by free incision and drainage; and, all being conducted under rigid antiseptic precautions, I should look for, and be disappointed if I did not attain, complete success.

Of abscess in the kidney, we have all seen many examples. Few of us are unacquainted with the train of miserable and exhausting symptoms to which they give rise; the wearying, ceaseless agony of pain in the back, the rigors, the high temperature, the constant recurrence of painful micturition, night and day alike, and the slow but steady exhaustion that follows in their train; and I fear you will have many an opportunity of seeing how we now treat them by permanent opening and drainage, under rigid antiseptic precautions. Sometimes you will see that we go further, much, than this: that we proceed to the complete excision of the kidney itself, or so much of it as remains. This is often but a wasted sac, from which all trace of true renal structure has long since been worn away, but which, so long as it is permitted to remain *in situ*, will keep the whole train of mischiefs up, and will wear the patient certainly, though it may be slowly, into the grave.

Fortunate, indeed, it is that the advances made by modern surgery enable us to do this, even if only in the case of the kidneys, as "double" organs; for it gives us the further encouragement, when either kidney is the subject of malignant disease, to sweep it in similar manner away; and thus, though we know that we are powerless either to eradicate or cure the disease, to enable us, at any rate, to stave off death for a while, and to add a little, if only a little, to the span of an afflicted life.

BRITISH MEDICAL ASSOCIATION.

FIFTY-THIRD ANNUAL MEETING.

PROCEEDINGS OF SECTIONS.

ACUTE INFLAMMATION AND ABSCESS OF THE UNIMPREGNATED OVARY: RECOVERY BY ABSORPTION.

Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Cardiff.

By GEORGE PADLEY, L.R.C.P. Lond., etc.,
Consulting Physician to the Swansea Hospital.

THE first case I have to bring before you is, I think, one of much interest—in the first place, from its rarity; and, secondly, from the course it pursued, and its termination in ultimate recovery. Although extending over many months, its history, in all essentials, may be comprised in a comparatively small compass.

The patient was a lady of very spare habit and great constitutional delicacy. She was about 45 years of age, married, and had had two children; the catamenia appearing with tolerable regularity, but attended with more or less acute suffering. She was attacked somewhat suddenly with acute pain in the right iliac region, followed by some resistant swelling, the part being acutely tender under moderate pressure. The symptoms were referable to the right ovary; and the attack was, I believe, traceable to some exposure to cold and wet during a menstrual period. It was accompanied by febrile symptoms, and the case was diagnosed as one of acute inflammation of the ovary. The swelling increased; the tenderness became greater; and, in course of time, the affected part, which was at first somewhat dense and resisting, became softer, and at length fluctuation was distinctly detected. The swelling became still larger in area, and more prominent, so that it attained the size of a large orange; and the fluctuation became more marked. It was believed that suppuration had taken place (which the sequel proved to be correct); and that there was, in fact, an acute ovarian abscess. It is needless to occupy time with the details of the treatment adopted in the first instance. It was such as was obviously indicated by the symptoms, having regard also to the delicate constitution of the patient.

The swelling became still more prominent; and it was hoped that, adhesion to the abdominal wall having taken place, the abscess would point at the surface, and admit of evacuation in that direction. Vaginal examination failed to reveal any tendency to point there, or to offer any encouragement to expect an opportunity of opening the abscess through that channel. The fear was that the sac might burst into the peritoneal cavity, although there was room for hope that it might make its way into the bowel. The serious, probably fatal, consequences, however, which would necessarily follow the former event, made the case one of great anxiety. At this time, I had the advantage of a consultation with Dr. Priestley. He confirmed my diagnosis as to the case being one of acute ovarian abscess; and, as there were evidences of some adhesion of the sac of the abscess to the abdominal wall, he advised an exploratory puncture, after waiting a reasonable time to see how far it would make its way towards the surface, to which it apparently tended.

As, however, it made but little if any advance, resisted no doubt by the abdominal aponeurosis, I decided to wait no longer, and, relying upon the due amount of adhesion having taken place, I proceeded to make the puncture. Gentle pressure at the margin was used to make the sac more prominent, and the integument more tense; but just as the puncture was being made, the sac seemed suddenly to collapse. I at once withdrew the instrument without entering the sac, which had evidently given way under the slight pressure, and the contents discharged. This was shortly followed by a good deal of abdominal pain and constitutional disturbance, and much anxiety was of course felt as to the issue. These symptoms, however, were much mitigated the next day, and gradually subsided, the general tranquility assuring my mind that the pus had discharged itself in a safe direction, probably into the bowel, and if so, most likely into the ascending colon. Of this, on the second day, we had evidences, from the result of a little castor-oil and an enema, purulent matter having appeared in the evacuations. This shortly disappeared entirely, and the abscess remained for a considerable time apparently inactive, there being but little return of the swelling. The sac, how-