CONCLUDING LECTURE

OF A

WINTER COURSE ON CLINICAL SURGERY.

*Delivered in the Royal Infirmary of Edinburgh.*By JAMES SYME, M.D.T.C.D., F.R.C.S.Eng., Irel., and Ed.,
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UNLIKE the other departments of medical education, clinical surgery has not an end as well as a beginning, since its subject is inexhaustible, and limited only by the time allotted for its study. As the present session has now come to a close, I must follow the example of my colleagues, and bid you adieu; but, before doing so, I have a few words to say with regard to the business in which we have been engaged.

As the most important subject of our attention, I may first mention the antiseptic treatment, which, if it have not already done so, is certainly destined in no small degree to revolutionise the practice of surgery. Having witnessed the effects of this principle when employed in cases of compound fractures, incised wounds, and abscesses, you will be proof against the sophistry of those who reject the germ-theory of M. Pasteur, and also against the unworthy attempt to withhold from Mr. Lister the merit of originality on the ground that the agent he selected for carrying out his views had been previously used as a disinfectant. The confusion and uncertainty thus produced have seriously impeded the reception of truths most important to the interests of society, and led many of our brethren to suppose that, by applying carbolic acid to sore surfaces, they were adopting the antiseptic system. Your personal observations, when communicated to friends at home—that is, every part of Great Britain—will, I trust, tend to counteract the erroneous ideas on this subject which have been so industriously promulgated and so generally entertained. In addition to the effects directly proceeding from it, the antiseptic system has been of great benefit by extending the use of torsion for the suppression of hæmorrhage. I have always employed this method when the circumstances prevented any risk of blood or serum being accumulated between the cut surfaces; but, when such was the case, I have deemed it expedient to use ligatures, in order that they might allow the fluid to escape, and prevent the bad consequences of its decomposition when pent up in the cavity through closure of its orifice. There being now no longer any ground for apprehension of this kind, you have seen that, in all the operations performed in your presence during the present course, no ligature has been applied, except to the femoral artery; while in all the amputations of arms, legs, and feet, the excision of joints, the removal of tumours, and other operations, during the same period, there has not been a single fatal result. Whatever difference of opinion there may be with regard to other means of repressing hæmorrhage, there cannot, or at least ought not to, be any hesitation in preferring that which accomplishes the object without leaving any foreign substance in the wound; and I therefore confidently expect that torsion, which has already been very extensively adopted, will soon supersede all the other methods that have been proposed for the purpose in question. It should be recollected, that the essential feature of this procedure closely resembles the process by which torn vessels are prevented from bleeding. That they do not bleed must have been always known, but was not satisfactorily explained until I accidentally noticed that, when a portion of dead artery was forcibly extended, the internal and middle coats gave way before the external one, which, when the rupture was completed, collapsed in a conical form round each of the new orifices. Suspecting that this state of matters might account for the absence of hæmorrhage from vessels torn asunder by violence, I took every opportunity of ascertaining their condition in such circumstances, and constantly found it precisely as had been anticipated. But, if so slight a resistance as this is sufficient to prevent the escape of blood even from the largest arteries, it is not surprising that the change resulting from torsion should be equally effectual.

The cases treated during this session have been so numerous and various, that any general retrospect of them would be quite impossible. In Edinburgh there are, fortunately, no fistula infirmaries, cancer hospitals, or orthopædic institutions; and there are, consequently, in a clinical course, abundant materials for illustrating every department of surgery. With regard to the derangements brought under your notice, I have constantly discharged my duty to the patients as the first object, and then endeavoured to make their cases useful for your instruction, so far as possible without injury to either feelings or persons. The

senseless clamour that we so frequently hear for "bedside teaching" would make it seem as if patients could not be examined with advantage unless when lying in bed; and that, when placed upon a table or seated in a chair, they no longer presented any features of interest; while, on the contrary, it is certain that, in a crowded ward, there cannot be any satisfactory demonstration or full explanation of principles concerned in the treatment, or, in short, anything better than the elementary remarks suitable for an infant-school of surgery.

The great evil of modern medical education is, that it has become a preparation, not for discharging the duties of a profession, but merely for passing examinations which, for the most part, imply neither an accurate knowledge of facts nor the possession of sound principles, being simply affairs of memory loaded with dry terminology, to be thrown overboard at the earliest opportunity. I am happy in knowing that the time we have spent together has not been devoted to such an unworthy purpose, since your attention has constantly been directed to the subjects most promising of service in the course of your professional lives. It has afforded me great pleasure to see that so many of you have been diligent in taking notes—having reason to believe, from the experience of your predecessors, that they will prove very useful in practice. Indeed, it is only when the principles which it has been my earnest endeavour to impress are put to the test of trial, that you will be able to appreciate their value. And as it has always been my object, in teaching, to acquire permanent regard, rather than to afford temporary satisfaction, you will, I hope, have no occasion to regret the time spent here. Your attention has been directed not so much to the great operations, which few of you, comparatively, will probably be required to perform, as to the cases that will constitute the chief business of your surgical practice. For the treatment of these, you will carry with you many means of remedy and modes of procedure not in general use, but which, having stood the test of long experience, may be regarded as trustworthy, and will give you no small advantage over those of your brethren who have either jogged on in the dull routine of established error, or have rashly adopted the foolish proposals of would-be improvers. Sincerely wishing that you may all be able to practice your profession honestly, diligently, and successfully, I now bid you farewell.

CASE OF BRIGHT'S DISEASE CONSEQUENT
UPON AGUE.

By J. B. BRADBURY, M.B. Cantab., M.R.C.P. Lond., Cambridge.

DR. ROBERTS of Manchester, in his excellent treatise on *Urinary and Renal Diseases*, states that he has not met with any case of Bright's disease occurring as a sequela to ague. He also mentions the fact, that Becquerel and Frerichs assert that "in dropsies following intermittent fever, they had never found evidence of kidney-disease."

In the following case of Bright's disease, there was a clear antecedent history of protracted ague, to which the kidney-disease was in all probability due.

W. B., aged 36, married, farm-labourer, living at Upnell, was admitted into Addenbrooke's Hospital, under the care of Dr. Paget, on September 8th, 1866.

Previous History.—He was quite well till about twelve months ago, when he had quartan ague, since which time he had done very little work. The ague lasted for five or six months, and reduced his strength a great deal. Soon after the ague left him, his legs and feet began to swell, the dropsy gradually extending to the scrotum and abdomen. He was under Dr. Latham as an in-patient in the summer, and left the hospital at his own request before he was quite well. Shortly after returning home, he caught cold, and his legs and feet began to swell again. Sickness and severe headaches came on, and he lost his appetite. For seven weeks previous to his admission, he had been confined to his bed.

State on Admission.—There were pallor and puffiness of the face and dropsy of the legs, scrotum, and abdomen. The tongue was clean, but pale. Pulse 90, very feeble. The urine was about normal in quantity; of specific gravity 1017; it almost became solid with heat and nitric acid. It contained hyaline, granular and fatty casts. He complained of pain across the loins. There was no cardiac or pulmonary disease. After his admission, he had four or five attacks of ague of the quartan variety, each fit lasting three or four hours.

He was at first treated with half-drachm doses of compound jalap powder every other morning, and five minims of tincture of perchloride of iron three times a day. On the supervention of the ague, the iron was changed for quinine in three-grain doses. Under this treatment, there was very little diminution of the dropsy; so on September 27th his legs were punctured. He subsequently took quarter-grain doses of

extract of elaterium every other morning for a week. Although the elaterium acted very freely on the bowels, the abdomen did not become much softer, so on Oct. 8th he was ordered the following diuretic.

R. Potassa bitart. gr. xx; tinct. digitalis, ℥x; aque juniperi ℥iss. *M.* Sumat bis quotidie.

After he had taken this mixture for a short time, there was considerably less oedema of the legs and scrotum, and he got smaller in girth. The urine became more abundant, but the quantity of albumen did not alter.

He became so much better towards the end of November that he was allowed to be made an out-patient. Dr. Paget informs me that the patient has presented himself from time to time at the hospital, and that the last time he saw him the dropsy had quite disappeared and the man was able to work.

I have described the case somewhat in detail in order that it may appear clear that there were no symptoms indicative of Bright's disease previous to the occurrence of the ague; and also to show that as soon as the first attack of ague left the patient unmistakable evidence of kidney mischief set in. The case is also instructive as showing that, when purgatives and tonics have failed to be of service in Bright's disease, it is quite legitimate to resort to diuretics to get as much work as possible out of the kidneys.

ON PUERPERAL CONVULSIONS.

By ROBERT DYCE, M.D., F.R.S. Edin.,
Professor of Midwifery in the University of Aberdeen.

THERE are few more frightful accidents which can happen to a pregnant woman than the occurrence of puerperal convulsions. The suddenness of the attack, the alarm of the friends, and, it may be, the indecision of the medical attendant—all give a threatening aspect to the disease. Yet, although puerperal convulsions must always be looked upon as a disease of a most dangerous character, still, in a great majority of instances, happily the patient recovers well. In these days, when we hear so much of the change of type in disease, with the consequent dread of bleeding, the minds of many in the profession may perhaps be startled by my recording the following cases where bleeding and other lowering remedies were so fearlessly carried out in the treatment of this alarming disease. I have the satisfaction, however, of stating that every case without exception terminated favourably. It will be observed that in whatever class of patients the disease occurred—whether in the nervous and irritable, whether in the plethoric and robust female, or at whatever period of pregnancy or labour the attack appeared, the same practice was pursued, and with the same unvarying success. It will also be specially noticed that in some albumen was ascertained to be present, while in others, though not looked for, its existence was strongly presumptive, from the extent of oedema, not only in the limbs, but in the face and body generally, yet no essential difference in the treatment took place.

These cases show not only the value of bleeding as our sheet-anchor, but also the great extent to which it may be carried, whatever be the period of the attack, and whatever the constitutional character of the patient; and this, too, without any interference with the rapid convalescence of the patient, and her ultimate usefulness as a nurse to her helpless infant. These facts have strongly impressed me with the belief that there must be some special provision made in the parturient female, to admit of such a great loss of blood, not only when these losses are so enormous as on some occasions follow ordinary parturition, but also in cases where it may be deemed necessary to remove blood, such as in those now under consideration; for assuredly such a loss at any other time, under ordinary disease, could not be borne without entailing serious, almost irreparable mischief.

Whatever may be looked upon as the primary cause of puerperal convulsions, whether blood-poisoning from so-called retention of uræa, or solely congestion of the brain, the same remedy I consider to be equally demanded. The chief danger is in the brain. The cerebral circulation must be relieved—lessened in all cases; and it is by this remedy only that the brain can be preserved from serious injury. But, to attain this end, there must be no half measures; the remedy must be fearlessly practised, and repeated as required, from the moment of the attack; and I cannot doubt that equal success will follow this practice in the hands of others. This is no new observation; it has been

strenuously urged by our predecessors, and its success proved; and, though the use of bleeding is now by many in the profession still admitted, it is also by not a few very eminent men ignored altogether, or to such an extent as to be nearly absolutely useless in saving life. I think that we are too apt to despise antiquated notions, and too ready to adopt novelties, without regard to strict philosophical reasoning, and thus to lose sight of the main point at issue. I think, also, that too much weight has been attached to the mere presence of albumen, if taken as a prognostic of eclamptic fits; for I have detected albumen in pregnant women, and yet they went through all the stages of labour and childbed without fits; and others have met with cases in which albumen has been consecutive upon convulsions.

There is one fact in reference to the following cases worthy of notice; viz., that the recovery in every case was complete, was rapid, and that in no case did coma, or even a half-conscious state, remain beyond a very short time after a permanent impression had been made on the system by bleeding; whereas, if the patient be bled sparingly, the coma may be prolonged for days, the convalescence rendered tedious and uncertain; nay, even death may be the result.

I might refer to numerous cases which have been recently published as strongly confirmatory of these facts. I only mention three recorded by Dr. Donkin of Durham, as strikingly confirmatory of my views and treatment. Two were fatal. One of these, however, seemed more like an apoplectic than epileptic convulsion, as there was only one fit, and consciousness never returned. The second case was bled sparingly, and died. The third case was largely bled; coma was not continuous, and perfect consciousness returned in twelve hours. Dr. Suckling of Birmingham records a case of recovery from convulsions where there was no evidence of albumen, though looked for. The patient remained incoherent on the third day. Another very similar case I met with some months ago, to which I was summoned to the north of England in consultation. The patient, who was in the seventh month of her first pregnancy, was seized with convulsions from eighteen to twenty hours before I saw her. They had continued to recur, and she remained in an unconscious state for forty-eight hours afterwards. Bleeding was so strenuously objected to by the gentlemen attending, the views of the day in regard to albumen being urged in confirmation, that I was very unwillingly induced to give way. At length, a few leeches were permitted to be applied, not to the head, but to the loins—I presume, on the supposition that pressure upon the renal vessels, and consequent congestion of the kidneys, had been the cause of the convulsions and albuminous urine. As might be expected, little good resulted. She, however, gradually came round, and was delivered of a dead child a week after the first convulsion, and with no untoward symptom. This patient made a very tedious recovery. I think, however, that, if she had been more actively treated, even after I saw her, her restoration to perfect consciousness and health would have been more rapid; and I am free to confess that, had the result been otherwise, I would have for ever felt that I had been aiding and abetting in her death.

Although my chief reliance is placed on the free use of the lancet in all such cases, it is not to the exclusion of other very important remedies. Still, all of them, I consider, are but auxiliary and conditional remedies, and only to be employed subsequently to, or in conjunction with bleeding. Thus, the free and immediate use of the cold douche, with purgatives, is essential; so also opium, if given judiciously and with the restrictions so well pointed out by Collins, may often supersede the necessity of farther depletion; but, if given injudiciously at the outset, and without previous bleeding, opium in any shape will be absolutely and positively injurious.

Again, chloroform is a very important adjunct, especially if it be necessary to hasten and conclude the labour. Its administration will allay the great restlessness and tossing about of the patient, and thus admit of the application of the forceps without the fear of any injury, a circumstance always to be dreaded in operative midwifery under such circumstances. After bleeding, on any indication of an approaching fit, marked by rigidity of the limbs, a staring fixed expression of the eyes, and increased restlessness, chloroform should be freely given, and the effect kept up until these symptoms subside, and quiet sleep is induced; the pulse being especially watched (on which I solely depend). But, if it fail in arresting or shortening the fit, it should be discontinued, or given with more caution, and recourse again had to the lancet. By these means, the risk of fatal oppression of the brain or extravasation will be prevented, and the convulsions lessened.

But there is another, and a very important part, in the treatment which remains to be considered. The patient is suffering from a disease dependent upon the state of the uterus, which state, it is believed, can only be got rid of by terminating the labour. What, then, are the principles that should guide us regarding delivery in these difficult cases? In short, will it be proper to interfere with the progress of gestation or par-