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