This Association having done so gloriously for us in the past in many ways, could she not still further extend her powers to help us forward in matters for which at the present time we have to seek help elsewhere? If she, with her admirable organisation, could spread her wings yet a little wider, so as to cover those parts that are still unprotected, it seems to me the majority of the members of the profession would feel a greater sense of security in being attached for all purposes to the one powerful organisation.

THE SPIRIT OF QUACKERY WITHIN THE PALE OF THE PROFESSION.

Delivered at the Annual Meeting of the Midland Branch.

By J. WEST WALKER, M.B.LOND.

[ABSTRACT.]

AFTER referring to the characteristics of quackery in its barest and most uncompromising forms, Dr. Walker proceeded to inquire whether or no the enemy—quackery—had gained an entrance within the profession. He animadverted upon the tendency on the part of certain dealers to advertise proprietary preparations with an amount of elaboration which appeared to him to be quite uncalled for.

He then turned to the attitude of consultants with regard to treatment, taking occasion in the first place to pay a high compliment to the diagnostic skill commonly exhibited, and frankly admitting that assistance in treatment was often obtained from them. But, he added, when I send to a consultant I invariably ask myself what novelty shall I have to procure, and this, notwithstanding it is the rule to have my surgery well supplied with most of the established therapeutic agents. The recently-born mineral water or proprietary dietetic, the endless variety of the carbon derivatives with their break-jaw names, the latest importation from America, some form of course of antiseptic, the newest tabloid, capsule, or cachet, some drug, it may be, not to be found in the *Pharmacopœia* nor the usual trade lists, but only to be obtained from a particular chemist; these and such like form a tempting catalogue of choice novelties from which selection may be made according to fancy. I make it a point of honour scrupulously to carry out the consultant's plan of treatment, but if the case be chronic, say of cardiac or renal mischief, I soon find that one by one these addenda are dropped and that the general management of the case falls back upon the original adviser. He has to bring into play all the skill and judgment he may be possessed of to meet the various and varying symptoms as they arise, aided and supported by the line of right principle which he has received from his professional brother. But more, our patients usually return to us loaded with minute instructions as to diet and regimen.

Unfortunately, especially in the matter of diet, these instructions are by no means uniform. Different advisers give different advice. *Quot homines tot sententiae*. The old adage that "what is one man's meat is another man's poison" seems to be completely lost sight of, and anyone whose inclination prompts him to do it can easily ride his hobby to death among the intricate bypaths of dietary tables. Exact details, both as to quantity and quality, of the fish, of the flesh, of the vegetable which only are to be allowed; nice distinctions as to what beverages may be swallowed; careful directions as to the time for the infusion of tea; explicit rules as to meals, exercise, and habits generally; these and similar minutiae are laid down and enjoined with great exactitude. If the patient can be induced to have faith in this dogmatism and obey it, if he adhere strictly to the diet and regimen laid down for him, if he become afraid of the taunts of kind friends on the least infringement of the doctor's orders, benefit to health will generally follow. If the patient who is in the habit of dining off half a dozen courses and of making his other meals proportionate, who freely partakes of beer, wine in variety, and whisky-and-soda—if such a patient can be induced to forsake his gustful yet disgusting diet and daily to take instead four pints of hot water and sundry messes of minced beef, it is easy to see

that good will be done by the change, at any rate for a time.

And since the end is usually greater than the means, and since the end of professional effort must ever be the patient's good, something may be said in favour of means which conduce to such a desirable end even though they be a wee bit irregular. May it not be well, however, to ask ourselves and fully realise the answer to the question, How far are these good results the positive effects of what we cause our patient to do, and how far the negative effects of what we cause him not to do? The removal of some vicious habit, some worrying occupation, or some unhealthy environment may really be the cause of good, and our remedies only contribute to bring about the result by the oblique rather than by the direct method. As before hinted, the oblique method may have something to commend it, and the practice of it may even, like homicide, be, under circumstances, justifiable. Let not our eyes be dusty. If we strip this line of practice of adornment, and look upon it in its nakedness, we in too many instances recognise so many of the family features that if we would call a spade a spade we can designate it by none other than the family name. It may be that stratagem in medicine, as in war, must still be occasionally resorted to: be ours the care lest we award to the victory won by it glory in amount equal to that which we bestow upon the result of a hand-to-hand encounter.

Returning again to the subject of new remedies, Dr. Walker observed that a new drug which was really useful required little advertisement. Of this the history of the introduction of chloral and cocaine was sufficient proof. He protested against the abuse, not the use, of advertisement; while condemning credulity, he would not favour its opposite—a dogged scepticism, which in an inexact science, such as medicine, was perhaps even more harmful than credulity.

In conclusion, he uttered a note of warning as to the practice of prescribing mixtures in strong form, to be taken in doses of 1 or 2 drachms or of so many minims. To prescribe concentrated mixtures of strychnine, of arsenic, or of mercuric perchloride, and direct them to be given in various degrees of dilution was, he considered, a custom fraught with danger. To place side by side on the nurse's table, often in a dimly-lighted room, two bottles of equal size—the one containing sulphate of magnesia to be given in doses of two table-spoonfuls, the other containing chloral to be given in doses of one teaspoonful—was a risky procedure, and one which, were the directions never so explicit, paved the way for that terrible catastrophe—poisoning by misadventure.

ON FIVE CASES OF HYDROCELE IN THE FEMALE.¹

By LLOYD G. SMITH, M.D.,
Surgeon to the Tottenham Hospital.

HYDROCELE in the female, also called hydrocele in the labium majus, hydrocele of the canal of Nuck, is a condition, although of some rarity, still of great practical importance, owing to its resemblance to hernia and to its predisposing to that affection.

The more modern textbooks on gynaecology contain annotations on the subject, and all are unanimous in describing it as rare; but I am inclined to agree with Mr. Osborne, of the Soho Hospital, who remarks, when reporting some cases in the *BRITISH MEDICAL JOURNAL* for 1887, that hydrocele in the female is not so rare as is supposed, but not so frequent at general as at special hospitals.

During rather less than four years we have operated on five cases in the Tottenham Hospital, and, when we take the number of cases treated as in-patients during that period to be 3,200, we get an approximate idea of its relative frequency. The condition is due to an abnormality; the vaginal process of peritoneum which surrounds and accompanies the round ligament through the inguinal canal is formed at the third month of intrauterine life, and extends to the mons veneris; this process of peritoneum ought to become obliterated at or

¹ Read at a meeting of the Northern Division of the Metropolitan Counties Branch.

soon after birth, and failure of this obliteration may lead, when absolute, to the formation of hernia, while if the communication with the peritoneal cavity is wholly or partly occluded, and the rest of the vaginal process remains unobliterated, we get a hydrocele, the wall of the cyst so formed taking on a secretory action.

The two conditions are analogous to congenital hernia and hydrocele of the cord in the male. When the amount of fluid is small and can be reduced into the inguinal canal, we can easily see how this state may lead to little inconvenience. It may be entirely ignored by the patient, unless injured or irritated, when acute symptoms supervene owing to the increase of the secretion and the sudden occlusion of the communication with the peritoneal cavity. Or the swelling may be confused with hernia and treated by wearing a truss. I have frequently met with slight protrusions in this region which caused no inconvenience, and I have no doubt we may place in this category some of the cases operated on for the radical cure of inguinal hernia in young girls, as well as those cases in which an abscess forms over the so-called hernia after wearing a truss.

The ordinary signs and symptoms are well shown by the fourth case that presented herself for treatment here:

The patient, a girl, six years of age, was first seen in the out-patient department. The swelling complained of was the size of a hazel-nut, situated above the left labium majus. It was freely movable, and had a thin cord-like prolongation upwards. The inconvenience caused by it was inconsiderable, and as the condition could with certainty be diagnosed, she was advised to leave it alone; but two weeks later—that is, one month after she first noticed the swelling—she again applied. The tumour had increased to the size of a walnut, and was painful on stooping. Accordingly, on February 4th, 1892, chloroform was administered and the cyst shelled out, after ligaturing the long narrow neck. It was thin-walled, and contained serous straw-coloured fluid. The wound healed by primary union.

It can easily be understood how hydrocele in the female might be mistaken for hernia, and the cases I record, as well as numbers of published ones, testify how common this confusion is. Fortunately it is not of great importance to the patient provided we treat the case as I suggest. Mr. Bryant, in the *Medical Times and Gazette* for 1861, says that in similar cases to his, that is, cases sent into hospital as suffering from strangulated hernia, provided an operation is performed, no harm is done, and the diagnosis is cleared up; while if the operation be delayed, and the tumour prove to be a hernia, the delay will have been to the woman's detriment.

The first case was that of a woman, aged 63, who suffered from asthma and heart disease. The swelling complained of, situated over the left external inguinal ring, appeared two weeks before admission after a bout of coughing; it was the size of a pigeon's egg, hard, semi-elastic, and tender, no impulse on coughing; it had increased recently, and the patient had vomited several times. She was supposed to be suffering from a strangulated hernia by the medical gentleman who sent her in, as well as by all who saw her, until the cyst was fully exposed at the operation. The sudden onset, the sickness, and the tenderness not permitting of manipulation, along with the look of distress, were a sufficient justification for the error. On August 29th, 1890, chloroform was administered and the cyst enucleated; it was thin-walled, translucent, and contained straw-coloured serous fluid, and shelled out easily. The wound healed by primary union.

The second case was that of a woman, 38 years of age, who had suffered from pain in the back and abdomen for two days, and then an increase of pain and the appearance of a swelling in the right groin without apparent cause. The swelling extended for about 3 inches up and out from the labium majus, and somewhat resembled a large femoral hernia, extending up over Poupart's ligament; but it had no distinct neck, it felt nodular, there was no impulse on coughing. On October 14th, 1891, under chloroform the cyst was removed; it ruptured during removal, the contents were straw-coloured serous fluid and a clot of dark fibrine the size of a hazel-nut attached to the upper part. The wound healed by primary union.

The third case is probably of the greatest interest. She was admitted under the care of my colleague Dr. Hooper May, to whom I am indebted for allowing me to make use of it. The patient, aged 48 years, stated that she had had a rupture on the right side six years ago; an abscess formed over it, and was opened (the linear cicatrix was visible, and she still wore a truss for that side). A swelling had existed in the left groin for some time, and six days before admission it became painful and tender, and her medical attendant administered chloroform and attempted to reduce it, thinking it was a hernia. She was then sent in for operation. The swelling was the size of a walnut, and was situated immediately above the left labium majus; no impulse on coughing; a narrow continuation could be detected passing up into the inguinal canal; there was no sickness nor constipation. On December 30th, 1891, the cyst was removed under chloroform; it was dark-coloured, shiny, thin-walled, and lobulated; it ruptured during removal, and gave vent to dark-coloured watery fluid, and at the upper part there was a dark clot of fibrine. On drawing down the pedicle what looked like the ovarian fimbriae came into view; no doubt we had hold of the round ligament. The wound healed by primary union.

The fourth case I have already referred to.

The fifth case is of quite recent occurrence. A woman, aged 53, com-

plained of a swelling in the left groin. It had existed twenty years, but until two weeks ago she was able to press it back; it never caused inconvenience. On admission, the tumour was as large as a hen's egg, situated at the outlet of the left inguinal canal, above Poupart's ligament, external to the spine of the pubes, irreducible, no impulse on coughing, no pain; the continuation up into the inguinal canal was quite narrow. On January 4th of this year, under chloroform, the cyst was removed. It was completely shut off from the peritoneal cavity, and contained several smaller cysts attached to the wall, exactly similar to an encysted hydrocele of the cord in the male. These collections of fluid amounted to about 3 drachms, and were of a straw colour and serous in appearance. The wound healed by primary union.

The above cases, as well as recorded ones, show that the difficulty of diagnosis is a real one. Some writers would rely on the transmission of light, others on the results of puncture with an aspirating needle, but there is no symptom which accompanies hernia which may not be found in these cases; probably the most reliable is pressing the cyst down and defining the upper border, when the continuation upwards will be found to be too small for a hernia. This, again, may be impracticable if, as in my first case, the tumour is tender. Consequently the safest procedure is to operate on all tumours in the hernial regions when we have any doubt, and thus aid our diagnosis by the treatment. At the Tottenham Hospital we have always exposed the cyst by a linear incision, and after ligaturing the neck (in case the peritoneal cavity is not completely shut off) enucleated the cyst, and closed the wound by superimposed layers of continuous sutures of juniper gut; boric acid and iodoform powder are dusted on the wound, and cyanide gauze and absorbent wool complete the dressing, which is changed in a week, when the sutures will have separated and the wound healed. After another week on the couch the patient is discharged.

DIPHTHERIA TREATED BY ANTITOXIN.

By GEO. F. STILL, M.A., M.B.CANTAB.,

Murchison Scholar of the Royal College of Physicians; late House-Physician, Guy's Hospital.

THE following case, with its highly satisfactory result, seems worthy of record; for, although a single instance of any treatment can have but little scientific value, and it might, therefore, have seemed wiser to wait until one could publish a series of cases, I have thought that by recording this, the first case of antitoxin treatment of diphtheria at Guy's Hospital, others might be encouraged to make further experiments speedily. We may thus the sooner ascertain how far we have in antitoxin an effectual therapeutic agent against diphtheria. I am indebted to Dr. Goodhart for kind permission to publish the case, which was under his care.

J. C., aged 3 years, was admitted at 2 P.M. on June 23rd. It was said that he had been at play, and apparently quite well that morning. At midday he complained of his throat, and had croupy cough; and respiration soon became difficult. On admission there was considerable inspiratory stridor, and some "sucking in," above and below the clavicles, and also in the lower intercostal spaces. On the right tonsil was a patch of membrane. The tonsils and fauces were very slightly injected and swollen. The temperature was 102.4°, the pulse 140, and the respiration 34. The colour was good, but the child was distressed and restless. Tracheotomy seemed imminent, but the operation was deferred till bed and steam kettle had been tried. At 4.30 P.M. antitoxin π xj was injected hypodermically in the forearm, with strict antiseptic precautions. At 6 P.M. the patient seemed more comfortable. The temperature was 99.2°; respiration continued difficult, but the patient was less restless, and slept fairly well during the night.

June 24th. The temperature was about 99° all day, the pulse 128, and the respiration 32. The child was again becoming restless, and stridor was increasing. Antitoxin π viii was injected at 4.30 P.M.

June 25th. The stridor was much less. The child was playing and talking and took solid food; the temperature was normal.

From this time the stridor decreased. The child seemed perfectly well, playing and laughing merrily, although the cough remained croupy until June 27th, and membrane persisted on the tonsil until June 30th, that is, seven days.

The diagnosis was made certain by cultivation from the membrane.