SHAKESPEARE AND THE MEDICAL SOCIETY.*

Being the Annual Oration delivered before the Medical Society of London.

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MR. PRESIDENT AND GENTLEMEN,—“Present fears are less than horrible imaginings,” so that I feel a sense of relief now that I am really about to deliver this Oration. When the Council informed me last summer that I was selected Orator I felt “most admir’d disorder,” like Macbeth’s guests. I held then, as I still hold, the office of an Ariel to the Society, being “correspondent to command” to foreign parts, and I had just heard curses both loud and deep follow my proposal that the indexing of our valuable *Transactions*, which I have for long maintained to be desirable, should be undertaken—but by somebody else. “Something too much of this,” however, as Hamlet said to Horatio. I was selected. I thank the President, Council, and Society for the honour which they have conferred upon me, and, like those humble people, the players in *A Midsummer Night’s Dream*, my “true intent is all for your delight.”

The choice of a subject rendered me “perplex’d in the extreme,” like Othello. Still it is right that I should dwell upon it. “Little shall I grace my cause in speaking for myself,” but, as Ulysses says in *Troilus and Cressida*, “One touch of Nature makes the whole world kin.” Most of you have had or will have to choose a theme for an address. At first I thought of Medicine a Noble Profession, but, like Troilus, “I cannot fight upon this argument, it is too starv’d a subject for my sword.” Lectures on this lofty theme are usually “full of wise saws and modern instances.” I will follow Richard the Third’s advice to Queen Elizabeth of York when she alluded to the asphyxiating of the princes in the Tower, and harp not on that string. As to questions where I might speak after some experience, they set me thinking of statistics of abdominal operations, till I felt, like Lewis in *King John*, that to you they would be “as tedious as a twice-told tale vexing the dull ear of a drowsy man.” Some of you may say, like Francisco in *Hamlet*, “For this relief much thanks.” I soon put aside all thoughts of deciduoma malignum as my subject; had I selected it you would have found me “tedious,” like Polonius, Dogberry, and Verges.

At length I bethought me of the Bard of Avon. His observations upon human nature can be fitted to anything human in any age, collectively or individually. So I decided to apply his wisdom to the ways and doings of our Society and profession. It happens, as you all know, that our President opened this hundred-and-twenty-sixth session with some instructive remarks on a precious MS. work in our library, the diary of a Vicar of Stratford-on-Avon, who lived there not long after Shakespeare’s death and recorded certain facts and traditions about the Bard. Allow me, then, to conclude the session with a little more about him. I expressed my intent to our President, as the conspirators communicated their plot to Brutus, for “that which would appear offence in us, his countenance, like richest alchemy, will change to virtue and to worthiness.” Our President, like the King in *Hamlet*, wished last autumn to know something about the “argument,” lest there should be any “offence in’t.” I replied that I had not even begun the “argument,” but that there would be “no offence in the world,” and thus I won his approval.

In awarding due praise to Dr. Bucknill, Dr. John Moyes, of Largs, and others who have written systematic works on Shakespeare and medicine, I must add that their method is not suited for the present oration, nor need I discuss their subject in a general sense, as has been done by Mr. Lemuel Griffiths, of Clifton, in an excellent address published in the fifth volume of the *Bristol Medico-Chirurgical Journal*. Nor, on the other hand, need I weary you with a string of Shakespearean samples laboriously extracted from Bartlett’s *Familiar*

Quotations, or from Cowden Clarke’s *Concordance*, or from some so-called “beauties” of Shakespeare. Let us see how far the poet’s thoughts suits our case.

This Society, as a society, encourages us to speak, and conference, says Bacon, maketh a ready man. We are more or less obliged to talk about what we understand, and the circumstances of a meeting are not such as make men timid. Hence in our discussions we see none of that painful nervousness shown by the student at an oral examination or by the dinner guest unexpectedly called on to reply to a toast. The victim feels like banished Norfolk in *Richard the Second*:

And now my tongue’s use is to me no more
Than an unstringed viol or a harp,
Or like a cunning instrument cas’d up,
Or, being open, put into his hands
That knows no touch to tune the harmony,
Within my mouth you have engao’d my tongue,
Doubly portcullis’d with my teeth and lips.

On the contrary, in a Society like ours, though high oratory is perhaps not conspicuous, many of us speak trippingly on the tongue, and few, if any of us, saw the air with our hands, but we use all gently. In discussion we appear to acquire and beget a temperance that may give it smoothness. Let us trust that we rarely, if ever, speak more than is set down for us by the limits of our subject, a defect less to be excused than “gagging,” its homologue on the stage, which Hamlet, whose language I am borrowing, condemns as villainous, showing a most pitiful ambition in the fool that uses it; nor, as the Duke in *Measure for Measure* would say, do we think the man of safe discretion that does affect it.

Let us consider ourselves first as doctors, for of such are the Fellows of this Society. Shakespeare puts us forward both as authorities and breadwinners. There are unqualified practitioners in his plays; thus Richard II, when trying to reduce Bolingbroke and Norfolk’s mental temperature, says, “this we prescribe though no physician.” The black sheep, the Calibans of our profession, are not of our fold; we leave the Prosperos of the Colleges and the General Medical Council to deal with them. We encourage these worshipful authorities, as the host of the Garter encouraged Falstaff about his followers: “discard, bully Hercules; cashier: let them wag; trot, trot.” Of a certain odious professional crime, we may say, as Stephano says of a misdeed of Caliban’s, “There is not only disgrace and dishonour in that.....but an infinite loss.”

The doctor in Shakespeare’s plays is placed favourably before the audience. Jokes at the expense of medical men teem in French and English comedies of a later age. Molière was right in condemning the medical education of his time, and in reminding us that patients want to be cured.² Thirst for fees is never made an attribute of the doctor in Shakespeare’s plays. Macbeth’s physician alludes to profit, but in respect to a shady patient, and when fearing personal danger. “Were I from Dunsinane away and clear, profit again should hardly draw me here.” In the generation after Shakespeare, according to the researches of the late Dr. Creswell Rich of Liverpool, there were those who considered that whilst, of course, we must practise, we are no longer “doctors” when we cure for money. A medical bard of the days of the Commonwealth embodied this idea in a clever rhyme:³

Doctors or Teachers they of Physick are
(Whether by Pen they do it or in Chair
With lively Voyce), that teach the way to know
Man’s Nature, Health and Sickness, and do show
Diseases, Cause and Cure. But they who spend
Their Life in Visits and whose Labors end
In taking Fees and giving Paper-scrivels
FACTORS of Physick are; and none but Owls
Do count such Doctors that no Latin know
From which that Name did to our Language flow.

This epigram appears at the end of the preface in a copy of Riverius’s *Practice of Physick*, and is signed “W. R. Doctor, and Factor of Physick, from my study at Montpellier, July 1st, 1653.” Most of us in these days are like this forgotten Dr. W. R., and the distinction which he applies to himself is quite reasonable and inoffensive.

I cannot avoid dwelling awhile on the two noble doctors in *Macbeth* and *King Lear*, though many have already spoken of them in medical addresses. One delivers a speech among the most beautiful in the bard’s plays, and that is saying a good deal.

For some reason Lear’s medical attendant is styled a “phy-

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* The quotations throughout this address are taken from Dyce’s Text.

sician," Macbeth's "a doctor of physick." Lear's is made the more successful of the two. Of course there is no question of history in *King Lear*. In the days of British kings there was no such thing as a King of France, and absolutely no political homologue to a Duke of Burgundy. Nor did Shakespeare create this physician to typify the medicine man of ancient Celtic Europe. Such a task was beyond his knowledge and power even if suited for dramatic treatment. Shakespeare clearly makes Lear's physician like to a doctor of his own times. It seems to me that the reason why Lear's doctor is made better than Macbeth's is purely dramatic, and not a direct way, independent of the plot, of demonstrating that one doctor of repute may be more skilled than another in closing the eye of anguish and ministering to a mind diseased. Shakespeare felt that we want to see the deeply-wronged Lear kindly treated, whilst dramatic morality demands that Macbeth's doctor should remind the usurper that our profession cannot cure guilty consciences.

Cordelia consults the physician about her sire's delirium :

What can man's wisdom
In the restoring his bereaved sense?
He that helps him take all my outward worth.

She did not run her court physician on club principles. He was worthy of his hire in her generous opinion. His reply is a fine speech :

There is means, Madam :
Our foster-nurse of Nature is repose,
The which he lacks ; that to provoke in him,
Are many simples operative, whose power
Will close the eye of anguish.

Like one of our past Presidents, Mr. Knowsley Thornton, he believed in narcotics in treatment. Though medicinal herbs were called "simples," the mixtures made up from them were highly complicated. Still less can we apply such a term to the narcotics and hypnotics of to-day. I have closed the eye of anguish with diethyl-sulfone-methyl-ethyl-methane, and find it sometimes superior to dimethyl-methane-diethyl-sulphone. Trional and sulphonal certainly sound better. A more serious matter in respect to the very unsimple nature of modern chemical compounds is that multiplicity of synonyms just indicated. We hear of inquiries as to trying the effects of a little analgesine or even some phenazone on a patient who cannot tolerate antipyrin.

Lear's physician gets his patient to sleep. Afterwards, he wakes the King so that the old man may see that his beloved, misunderstood daughter is tending him. The doctor prescribes music, preferring it apparently to brandy and milk, or a new patent food. Anyhow, the rest has restored Lear's faculties. "I am a very foolish fond old man, four score and upward, not an hour more nor less," says the King. The doctor has succeeded.

Macbeth's medical adviser has a patient who has incited her husband to murder his guest. She is supposed to be sinking, just like "the grand conspirator, Abbot of Westminster" in *Richard the Second*, from "clog of conscience and sour melancholy." The doctor deliberately tells Macbeth that his wife is "not so sick.....as she is troubled with thick-coming fancies, that keep her from her rest." The usurper replies, "Cure her of that," and makes a well-known speech. Several purely medical critics consider that the doctor is meant to show want of tact when he says "Therein the patient must minister to himself." I believe, however, that a purely dramatic and moral idea runs through this consultation. There must be no help for the wicked—nothing but care, ruin, and death for the guilty couple. Just as the doctor, among other characters, must comfort Lear, who deserved to be comforted, so he must fail to comfort Macbeth and his wife, who had forfeited the sympathies of humanity. From our point of view no doubt the doctor was unwise in saying that "therein the patient must minister to himself." Such a remark offends people, and it is natural that Macbeth should reply, "Throw physick to the dogs!" We know how a patient ministers to himself, in respect to so material an act as making his own poultice. But I believe that this was not Shakespeare's idea. He meant that the doctor, like the usurper's officers and men, could not ward off the pangs of conscience and the coming ruin of the King and Queen. The apparently tactless remark was meant to be conscience speaking through the doctor's mouth, and conscience is not supposed to possess the tact of a Court physician.

Later remarks of Macbeth to his physician simply imply desperation. If he could cure Scotland by physick, the usurper would applaud him to the very echo that should applaud again. But Macbeth was not criticising physick ; he knew that his country could only be cured by being purged of himself, its real disease.

Let us mark that Timon of Athens, another desperate man abuses doctors when he says to the thieves :

Yet thanks I must you con,
That you are thieves profess'd ; that you work not
In holier shapes : for there is boundless theft
In limited professions.....
..... Trust not the physician ;
His antidotes are poison, and he slays
More than you rob.

No reader of Shakespeare thinks that our profession is here attacked. The passage is meant to show the blindness of judgment bred by disappointment. The use of the doctor for dramatic purposes is evident here and nearly, though not quite, as evident in *Macbeth*. In neither is there any satire directed against medicine.

There is also an English doctor in *Macbeth*. In a passage which always puts me in mind of our clinical evenings he relates to the Scottish exiles how Edward the Confessor cures the "king's evil:"

There are a crew of wretched souls
That stay his cure : their malady convinces
The great assay of art ; but, at his touch
Such sanctity has heaven given his hand,
They presently amend.

Prince Malcolm adds :

..... Strangely-visited people,
All sworn and ulcerous, pitiful to the eye,
The mere despair of surgery, he cures.

Here the Bard is really glorifying Edward the Confessor, the last Englishmen by family who ever sat on the throne. Then follows a remark which simply means that the rulers of England in Shakespeare's time clearly had sanction from Heaven as well as from earth :

..... 'Tis spoken,
To the succeeding royalty he leaves
The healing benediction.

The doctor is made a prophet to play up to the loyalty of an audience already loyal to "Eliza and our James," and to make those sovereigns figure as Heaven-sent successors to a national hero whose memory was deeply revered.

Shakespeare never meant to hold up this English doctor to ridicule because he admitted that scrofula was the mere (complete) despair of surgery. It remained so till very recent days, and some of its forms still "convince the great assay of art." Cancer and certain other diseases still defy us. Let us study them all the more earnestly. Like the watchman in *Romeo and Juliet*, "we see the ground whereon these woes do lie ; but the true ground of all these piteous woes we cannot without circumstance descry." We much watch hard cases, and the Medical Society does so. "Strangely visited people pitiful to the eye," are what we collect for our clinical evenings. Our aim is that they should be no longer pitiful to the eye, and that their visitation should not remain strange, but be made easy to understand and overcome. Do we succeed? We can say, Yes! Let us look at the records of the Society twenty years ago. Cases were written about which nobody would bring forward now, for we all understand much more about them. Sufficient information is to be found in our textbooks.

Cornelius, the physician in *Cymbeline*, is placed in an entirely favourable light. But just as the Bard did not create the two doctors in *Macbeth* in order to satirise medicine, so he did not mean Cornelius to glorify our profession. The character is part of the dramatic machinery devised to protect Imogen against her enemies. Dr. Butts, an historical personage, is not represented in his professional capacity in *Henry VIII*. Dr. Caius is held up to ridicule, but as a comic foreigner, an elderly wooer, not as a doctor.

In *All's Well that Ends Well* the court physicians fail to cure the King of France's thoracic fistula, but the plot turns on the success of the heroine who uses a remedy introduced by a deceased doctor—her own father. It would be interesting to know how the fistula was closed. Helen's "receipt" seemed, according to Boccacio, to be purely herbal (*polvere di certe erbe*

utile a quella infermità),⁴ so that there was no drainage, still less excision of a rib. In the original story⁵ we are distinctly told that the fistula (*fistola*) was thoracic (*ne petto*).

Shakespeare's attitude to surgery now claims our attention. The surgeon held a very low social position in the sixteenth century. He is sent for in *Romeo and Juliet* and in *Othello*. In *Twelfth Night* Sir Toby Belch says: "Sot, did'st see Dick surgeon, sot?" Nowhere is the surgeon exalted, yet there are numerous allusions to surgery, and much of the general wisdom in Shakespeare's plays especially applies to surgery. Often is the surgeon, like the captive Richard II, a sworn brother to grim necessity. We must be prompt when surgical interference is clearly indicated. "Our doubts are traitors, and make us lose the good we oft might win by fearing to attempt," as Lucio says in *Measure for Measure*. "Present" or immediate surgical assistance must often be administered, like "present medicine" in King John's case, "or overthrow incurable ensues." Like Richard III, we have heard that "fearful (that is, timid) commenting is leaden servitor to dull delay," which is dangerous when we have hæmorrhage or strangulated hernia to deal with. On the other hand, the surgeon must not trust too much in novelties. They soon come to his hearing, as in the case of Richard II; for York asks John of Gaunt: "Where doth the world thrust forth a vanity (so it be new, there's no respect how vile) that is not quickly buzz'd into his ears?" Too many novelties prove to be devoid of the merit of originality. What seems new is too often assumed to be new without scrutiny, so deeply does any apparent innovation fascinate us. "All, with one consent," says Ulysses, "praise new born gawds, though they are made and moulded of things past."

We must not forget that the fame of a surgeon may sanction a novelty on insufficient grounds. An able operator is naturally admired. His followers imitate him in the operating theatre, where he is probably their superior. They usually go a step further and support his practical work on the ground of scientific theories which have never entered his head. He is in the position of Antonio and Sebastian in the *Tempest*, when they say, in respect to their conspiracy:

For all the rest,
They'll take suggestion as a cat laps milk,
They'll tell the clock to any business that
We say befits the hour.

Hence, when the "business" is the drying of the peritoneum with sponges, his disciples find that sponging is the best means of avoiding sepsis. When the drainage tube is said by the great operator to "befit the hour," forthwith that appliance is found, on scientific evidence, to be an absolute necessity as a guard against deadly germs. Then comes a gentleman who practises flushing of the peritoneum with saline solution. At once experimenters demonstrate that the drainage tube is a dangerous conveyor of sepsis, and that it is the bounden duty of every surgeon to reject it and adopt the new practice. Those who will not take suggestion as a cat laps milk are "but as the cuckoo is in June, heard, not regarded," as Henry IV said when he scolded his son.

A surgical Ulysses is justified in being shy about enthusiasm for new operations, especially when he knows that the knife can be dispensed with. He rightly condemns those who "tax our policy and call it cowardice; count wisdom as no member of the war; forestall prescience and esteem no act but that of hand." Novel operative measures as reported too often lack after-histories. "Striving to better, oft we mar what's well," says Albany; and when his wife protests, he adds, "Well, well, the event!" In Goneril's case "the event" or after-history was disastrous, but Shakespeare did not omit to include it in his report.

In the recognised fields of operative surgery, however, we cannot have too much courage, experience, and practice. Surgical cowardice is far worse than over-zeal for surgical innovations. While we must not let our surgical instincts induce our reason to argue in favour of operating when we are not sure that the case may not do without it, we at the same time must never allow timidity to urge us to refrain from the knife when we know that it offers the patient the best chance of recovery. We must be specially brave and conscientious in this respect when the case is specially dangerous, otherwise a fatal termination, should we decline to operate, may be a greater opprobrium than death following an operation which

we know to be our duty. As Greig Smith most righteously taught, we must try to save other people's lives even if we ruin our own statistics, otherwise those statistics will come under Touchstone's "lie circumstantial." "Of all the wonders that I yet have heard, it seems to me most strange that men should fear," said Cæsar. This certainly should apply to operating. Custom will make it in us a property of easiness, till we become less and less like the gravedigger in *Hamlet*, to whom Horatio applied this expression.

These observations on surgery refer to the surgeon in abstract. They demonstrate sources of error ineradicable from human nature. There can be no individual surgeon of experience who has never placed in a new operation or in the teaching of others confidence which has proved to be ill-founded, and who has never wished that an operation which he has been obliged to perform under desperate circumstances had not fallen to his lot. "Who calls out on pride that can therein tax any private party?" says Jacques. As with satires on pride, so it is with criticism on the inherent weaknesses of man as a surgeon. Such criticism "taxes," that is to say condemns, no "private party," no individual surgeon. It concerns us all, and so we must never cease to strive alike against the abuse of our zeal and the promptings of our fear.

Let us turn now to our library. Prospero said, "My library was dukedom large enough," and certainly Dr. Allchin, our retiring Librarian, has ruled his duchy well. Like Shakespeare, we do not rely too much on books. Iago complains that Cassio only knows the bookish theoretic, mere prattle without practice. Biron, in *Love's Labour's Lost*, carefully distinguishes between study and books:

Study is like the heaven's glorious sun,
That will not be deep search'd with saucy looks;
Small have continual plodders ever won,
Save base authority from others' books.

We certainly all agree with Biron. Compared with personal observation—

Other slow arts entirely keep the brain;
And therefore, finding barren practisers,
Scarce show a harvest of their heavy toil.

We go further than Biron meant, we study men as well as women. Our fellow-creatures are the books, the arts, the *academies* that show, contain, and nourish all the world. We also investigate morbid structures and *post-mortem* appearances. As Northumberland says on hearing the rumour of Bolingbroke's return, "Even through the hollow eyes of death I spy life peering," an expression which recalls to our minds "*nece silet mors*," the beautiful motto of a sister society, the Pathological. Books are a means, not an end. Yet means are wanted and we have a fine stock. A good clinical report is like a good picture, "it tutors Nature; artificial strife lives in these touches, livelier than life," as the poet in *Timon of Athens* remarks. A certain amount of experience renders authorship almost a duty. "The fire i' the flint shows not till it be struck," and the experience of an earnest worker may never show beyond the limits of his practice or his hospital till it is committed to paper.

This duty of making public all useful medical knowledge leads us to think of the most prominent features of our Society, our papers, and our discussions. We all feel as Ulysses did when he upbraided Achilles for not coming to the meetings of the Grecian heroes, where the discussions, we must admit, were of more general interest than ours:

No man is the lord of anything
(Though in and of him there be much consisting)
Till he communicate his parts to others;
Nor doth he of himself know them for aught
Till he behold them form'd in the applause
Where they're extended.

Most assuredly no man can feel that his knowledge and experience are of any definite value for the relief of disease or for the advancement of science until he communicates them to others, as he can do at our meetings, and sees what reception or "applause" is accorded to them here where they are made public or "extended." Good papers are based on observation and experience, "set in a notebook, learn'd and conn'd by rote," like Cassius's faults or a neurotic patient's account of his own symptoms. As Antonio says in *The Two Gentlemen of Verona* (one of whom was not a gentleman), "Experience is

by industry achieved and perfected by the swift course of time." Once that experience is gained, the writing of a paper becomes easy, for we write best about what we know best, and therefore like best. "No profit grows where is no pleasure ta'en," says Tranio in *The Taming of the Shrew*, and "to business that we love we rise betime and go to't with delight," like Mark Antony. The great advantage of a society like ours is, as I have already observed, that it obliges us to confine our observations to matters about which we have some knowledge and experience. Never, I trust, do we forget that we should all listen a great deal more than we speak and write, so that we may profit by the collective knowledge and experience of the multitude of counsellors in the Society. Like Gloster, our younger colleagues must not be easily won to our requests for papers. Nevertheless they too should communicate their parts to others after they have learnt here how to do it. Parolles in *All's Well that Ends Well* says to Helena when she defends spinsterhood, that to speak on the part of single life "is to accuse your mothers, which is most infallible disobedience." On the same principle, for our junior brethren to speak in favour of abstention from papers, and to defer indefinitely their maiden speeches is to accuse their elders, which we cannot but think "most infallible disobedience." Of a junior amongst us we may say, as was said of Proteus's proposed travels, that it "would be great impeachment to his age in having"—read no papers—"in his youth."

A good paper cannot always be free from justifiable criticism, which none the less may offend those of an opposite opinion. Yet Goneril spoke truth when she said, "All's not offence that indiscretion finds and dotage terms so." We all, even if still young, tend to dote on our own conclusions and theories, and never like to find them supplanted, but they must in their turn give way to others, just as they once supplanted earlier teaching. Even an apologetic sentence to this effect, in a new paper, only irritates us, just as the King deeply offended Hamlet by reminding him that if he had lost his father, "that father lost, lost his." As Mephistopheles says to the medical student in Goethe's *Faust*:

Grau, theurer Freund, ist alle Theorie
Und grün des Lebens goldner Baum.

In truth every theory is born old and grey, and life is ever young and green. Let us not think that our own theories are immortal, but let us rather imitate the modesty of Dr. Samuel West, who concluded his third Lettsomian Lecture with the following words: "On a subject so full of difficult and contentious questions I cannot expect that my views will commend themselves to all. Yet defined opinions challenge criticism, and criticism tends to advance knowledge."⁶ We all know how well Dr. West, like Buckingham, left nothing fitting for his purpose untouched or slightly handled in debate.

In reference to another, our *Transactions* show that we always "speak brotherly of him," not in the spirit of Oliver who wanted his brother Orlando's neck to be broken. The truth we speak never seems to lack gentleness, nor time to speak it in; in short, we are more polite than my Lord Sebastian. Nevertheless, we may chide away a friend by opening his eyes to an error, just as Prince Arthur chid away a friend when, on the contrary, his eyes were in danger of being put out.

Closely associated, both in a literary and a scientific sense, with the preparation of papers is the question how far we can rely on foreign authorities. We can understand our own teachers, and we know how much weight can be attached to the opinion of a living British authority as we can easily become acquainted with the man, we can judge of him by his appointments, and he communicates his ideas in our own tongue. The same is not the case with the author of a foreign monograph or clinical sketch, the value of which it is important to estimate before we quote it. Foreign opinions should never be taken from a translation in abstract. We must translate the original, or induce a friend who knows the language to translate it for us. In short, owing to the excellent work done abroad "the tongues," as Shakespeare would say, are indispensable. Don Pedro, in *Much Ado About Nothing*, assures Beatrice that Benedick "hath the tongues," an accomplishment socially advantageous to a Renaissance gallant, but a necessity to us who write papers for

the Society. Our last volume shows that we own our indebtedness to the foreigner. It is indeed meet that we should do so. The Fellows of our Society are not in the habit of quoting without acknowledgment. Let us remember a significant scene in *The Two Gentlemen of Verona*. Valentine enters a forest "on the frontiers of Mantua," where "certain outlaws" make him stand and deliver. He expresses a desire to join their band. One outlaw says, "Have you the tongues?" Valentine's reply being in the affirmative, another robber exclaims enthusiastically, "This fellow were a king for our wild faction." We know only too well that "certain outlaws" of literature, known as plagiarists, make free use of foreign authors without being too ready to acknowledge them. But I do not think that any Fellows of our Society belong to that "wild faction."

There is another advantage in a Society like the Medical. It teaches us command and management. We have a President and Council to govern us, for

The heavens themselves, the planets and this centre,
Observe degree, priority, and place,
Insisture, course, proportion, season, form,
Office and custom, in all line of order.

"What with our council we have done," as Richard II says, we all know.

Sometimes a specially distinguished gentleman obliges us by ascending our rostrum. This session was thus favoured by Sir William Broadbent.⁷ We may assure him, as the Lords assured the King of France in *All's Well that Ends Well*, that "our hearts receive your warnings." But Gloster's heart in *King Lear* conducted itself ill in the face of difficulties.

His flaw'd heart—
Alack; took weak the conflict to support!—
Twixt two extremes of passion—joy and grief
Burst smilingly.

Yet Loison's recent statistics of wounds of the heart⁸ show that in prose; if not in poetry, that organ stands a great deal, and will even allow needles to be thrust into it and then pulled out by the surgeon. Herein Fortune, as Antonio would say, shows herself more kind than is her custom.

In conclusion, if we ever feel momentary doubts about the real value of our Society, and if others ask what "good" is to be got out of papers and discussions, it must be remembered that such a sentiment is unwholesome and akin to the thought that all medical research and progress is an illusion. It is a sentiment pardonable in Macbeth and Timon of Athens when driven to desperation, but unworthy of sober-minded doctors. "Contempt," says Carlyle, "is a dangerous element to sport in; a deadly one if we habitually live in it." What though there seem but little in any one paper or discussion, what if even the new method for healing the sick which it advocates should prove less satisfactory on further trial than its author expected? What if a weighty scientific monograph show but little, considering the time and labour spent on its preparation? The same objection applies to the clinical and surgical labour and to the microscopic and laboratory work which these productions faithfully register. The same objection has been raised in regard to all great efforts. As Agamemnon says:

The ample proposition that hope makes
In all designs begun on earth below
Fails in the promised largeness....Why, then
Do you with cheeks abash'd behold our works;
And call them shames, which are, indeed, naught else
But the protractive trials of great Jove
To find persisive constancy in men?

"In the reproof of chance," adds Nestor, "lies the true proof of men." "Wise men," says Queen Margaret of Lancaster, "ne'er sit and wail their loss; but cheerly seek how to redress their harms." If a colleague can show us better results and demonstrate any scientific error we have made, let us thank him and cheerly seek the sources of the fallacies which have misled us. Then it shall go hard, as Shylock would say, but we will better the instruction.

After all, I am sure that it is seldom that we feel doubts about the value of our work. Papers and discussions make us articulate, as Carlyle would say, our yet more important researches so beneficial to science and humanity. Matters of detail may seem tedious, but "most poor matters point to rich ends," as Ferdinand in the *Tempest* was bound to admit. We feel, when labouring for our liegelay Medicine, as he felt

when working for his Miranda. For my own part, "the mistress which I serve quickens what's dead, and makes my labours pleasures."

We who make up the Medical Society are members of an essentially active profession, and while we remain in our prime let us do our best here actively. For age, like infancy, is mostly passive, or, as Edgar reminds us in *King Lear*:

Men must endure
Their going hence, even as their coming hither;
RIPENESS is all.

NOTES AND REFERENCES.

¹ *Diary of the Rev. John Ward, A.M., Vicar of Stratford-on-Avon*, extending from 1648 to 1679. The Society's Library possesses a copy of the same, printed and published by Colbourn of Great Marlborough Street in 1839 (long out of print). Mr. Sidney Lee's valuable work, just published, throws much light on Shakespeare's later associations with Stratford. ² "Ce qu'il y a de fâcheux auprès des grands, c'est que, quand ils viennent à être malades, ils veulent absolument que leurs médecins les guérissent," *Le Malade Imaginaire*, Act ii, Scene 6. ³ BRITISH MEDICAL JOURNAL, vol. ii, 1883, p. 1103. Arthur Creswell Rich, M.B. Lond., died in May, 1888, and an obituary notice will be found in the JOURNAL, vol. i, 1888, p. 1091. I do not know what has become of the copy of Riverius's book which contains this remarkable epigram. I suspect that Dr. Rich modified the spelling, which (except "voyce" for "voice") seems too modern for 1653. Dr. Rich was for several years special Liverpool correspondent to the JOURNAL. ⁴ Boccaccio, *Decameron*, giorn. iii, Nov. 9, Martinelli's edition, 1762. ⁵ Boccaccio, *loc. cit.* Dr. Bucknill, in *The Medical Knowledge of Shakespeare*, quotes the passage, which shows that the Italian author spoke of a thoracic fistula. Dr. Moyes (*Medicine and Kindred Arts in the Plays of Shakespeare*) traces Shakespeare's version to an intermediate tale by Painter, where it is distinctly stated that "the French king had a swelling on his breast, which by reason of ill-cure was grown to be a fistula." I have added above Boccaccio's specification that the receipt was a powder of certain herbs. From what I can make out, the King was probably the Dauphin Charles, who was a youth of 16 in 1353 when the *Decameron* was published. When a child he had a long illness and an abscess discharged under his arm. I find that his chronicler, Christine de Pisan, states that Charles remained sickly and subject to feverish attacks all his life. All sorts of nostrums were tried, it appears. In 1380, when he was Charles V of France, the fistula ceased to discharge and he died within a fortnight. Boccaccio may refer to an earlier case, but there was probably much talk when he wrote the story about the Dauphin's illness, so that he chose thoracic fistula as the particular disease which Helena managed to cure. ⁶ BRITISH MEDICAL JOURNAL, March 11th, 1899, p. 583. ⁷ "The Conduct of the Heart in the Face of Difficulties," BRITISH MEDICAL JOURNAL, January 14th, 1899, p. 85. ⁸ "Des Blessures du Péricarde et du Cœur," *Revue de Chirurgie*, January 10th and February 10th, 1899.

A SERIES OF CASES OF ARTHROTOMY FOR THE RELIEF OF PAIN, AND FOR REMOVAL OF SYNOVIAL FRINGES, LOOSE BODIES, AND FIBRO-CARTILAGES.

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I PROPOSE first to describe briefly several cases in which incisions were made into the wrist joint for the relief of pain, and with the ulterior hope that the progress of the disease might be arrested. My attention was first directed to arthrotomy for the relief of pain by the following case:

A woman had arthritis of the left wrist-joint. The disease had lasted for at least two months, and was accompanied with extreme pain. The cause of the arthritis had never been exactly ascertained, but my own belief is that it was due to some pyæmic infection. When the patient came under my observation she was very ill and had to keep her bed. Her temperature was raised at night, and her sleep bad on account of the pain. The wrist-joint had been kept completely at rest, but with no good result. It is clear that the wrist-joint was acutely inflamed, with considerable effusion into it. The muscles of the forearm and of the hand were wasted. The slightest pressure on the front, back, or sides of the joint caused exquisite pain. I thought at the time that in all probability the fluid was purulent, and I advised that an incision should be made to let it out, with subsequent irrigation and drainage. This was done in my presence. As far as we could judge, about 3 teaspoonfuls of fluid ran out. This was not purulent, but consisted of turbid synovial fluid. The synovial membrane was very much swollen and inflamed, but the articular cartilages were intact. The joint was washed out with antiseptic lotion and an indiarubber drainage tube inserted, and a dressing and splint applied. I was greatly struck by the way in which the pain was immediately relieved. Hardly any complaint was made after the operation. Within a week the drainage tube was removed, in another fortnight or less the wound was healed, and shortly afterwards passive movements were begun. When last I saw this patient—about three months after the operation—her wrist-joint had almost recovered, and she could use her hand at meals and in dressing herself.

The next case was a patient under my care at the Great Northern Central Hospital.

A married woman, aged 35, who was seven months pregnant, had had for three weeks an acute arthritis of the left wrist, with a high temperature at night attended with extreme pain. There was slight grating when the joint was moved, particularly towards the ulnar side. As the pain seemed intolerable and was not relieved by opiates, I thought it best, in spite of the pregnancy, to perform arthrotomy. On September 21st, 1894, under an anæsthetic, a vertical incision 2½ inches long, was made into the dorsum of the joint, passing betwixt the extensor tendons. The joint contained hardly any fluid, but the little which ran out contained minute flakes of lymph. The cartilages were intact. The joint was washed out with perchloride of mercury lotion, 1 in 2,000, a drainage tube was inserted, and a dressing of iodoform gauze and a splint was applied. On September 24th she said that the pain was quite relieved, the drainage tube was removed, and the wound shortly afterwards healed. At about the time of her confinement she disappeared from my observation, but she had ceased to wear a splint, and the joint seemed to be on the way to recovery.

In another case arthrotomy was performed for the relief of pain under the following circumstances:

A man, aged 30, jarred his left wrist-joint while striking a violent blow. Inflammation of the wrist-joint followed, which in spite of rest and most careful attention progressed. After several months the wrist-joint presented the usual features of tuberculous arthritis. This diagnosis was likewise suggested by the fact that he had had hæmoptysis, and there was dulness over the apex of the lung. The condition of the wrist seemed not quite hopeless, and a long period of rest afforded some prospect of cessation of the disease and the possibility of some amount of recovery. But it was clear, however, that the man was suffering intolerable pain. Therefore, encouraged by the result of other cases, I made a longitudinal incision about 2½ inches long into the dorsum of the wrist-joint. This allowed some starch-like fluid to escape. The synovial membrane was found to be inflamed and swollen. It seemed to me that the carpal bones had been prised apart by the inflamed synovial membrane. There was some erosion of the edges of the articular cartilages. Histological examination showed that the disease was tuberculous. A drainage tube was inserted and the wound sutured. This operation gave immediate relief from the pain, which never returned. The drainage tube was removed in 48 hours, and within 3 weeks the wound was healed. This operation was performed in the early part of 1896, and since that time the patient has been kept under observation.

On August 10th, 1896, his general health had improved. The wrist was painless, and the swelling of the synovial membrane had subsided until some of the bony points could be felt. The joint was rigid, however, and there was considerable wasting of the muscles of the forearm, but he was beginning to regain the use of his fingers, and was wearing a leather splint.

In November, 1896, the joint was quite painless although there was still considerable swelling, which felt exceedingly hard. It seemed evident that the progress of the disease had been arrested, and the joint promised to become firmly ankylosed.

Two years after the operation no alteration had taken place in the joint, which was perfectly quiet. The movements of the fingers, although much improved, were still far from perfect. However, there was no reason to be dissatisfied with the result when one considers that either amputation of the forearm or total excision of the wrist-joint had at one time seemed to be impending.

This case seems to me to furnish some clue to the intolerable pain which attends arthritis of the wrist-joint. The various small bones which enter into the formation of this joint are closely held together by dorsal, palmar, and interosseous ligaments. There is no loose capsule, so that any inflammatory effusion within the joint must soon acquire considerable pressure. Moreover, the inflamed synovial membrane may easily be squeezed between the bones, which are with difficulty thrust apart. Doubtless these are factors in producing the intolerable pain which is caused by even a small effusion of fluid, and which the patient feels when the radius and ulna or the carpal bones are squeezed together.

Arthrotomy was also performed for the relief of pain under the following circumstances:

A middle-aged woman, who appeared to enjoy excellent health and was thin and active, had suffered for four years from a severe pain in the right wrist-joint. Of late this had prevented her writing and earning her living. On examination, it was found that the pain was worse during pronation and supination, and was very acute when the lower ends of the radius and ulna were squeezed together. This pointed to disease of the inferior radio-ulnar articulation, which was confirmed by the slight swelling over the back of the head of the ulna, in the exact position of the membrana saciformis. Pressure at this point was acutely painful, and, moreover, the inferior radio-ulnar and the other carpal joints moved freely without pain. For four years all kinds of treatment had been tried, and it was clear that something radical would have to be done to relieve the pain, if not to cure the disease. A longitudinal incision was therefore made over the back of the radio-ulnar joint, and the posterior radio-ulnar ligament was divided and the membrana saciformis opened. A little turbid synovial fluid escaped. The synovial membrane was inflamed, thickened, and probably tuberculous. The margins of the articular cartilage of the head of the ulna were slightly eroded. I removed the head of the ulna because it seemed clear that osteitis was in progress. All the thickened synovial membrane was excised. The triangular fibro-cartilage was not interfered with, and the rest of the wrist-joint was left intact. The incision was closed without drainage. The pain ceased after the operation. The wound healed by first intention, and she was shortly afterwards able to write and to resume her occupation. The operation was performed in December, 1895; in January, 1897, she was quite well and entirely free from pain. In April, 1897, she complained, but only for a very short time, of a pain in the joint of the pisiform bone.

This comprises all the cases that I have had in which