enquired into a subject meriting attention; and although I have advanced statements opposed to his views, I have no doubt Dr. Ward has given what was but his conviction, and in the laudable endeavour for the elicitation of truth; nor can such spirit of enquiry become too common, amongst those who practise our difficult art. It is this desire for research—this determination to look into and examine, by which alone false reasoning is to be unveiled, and error detected; and thus prejudices dispersed, nor doubtful propositions taken for principles. The words of a great philosopher may here, in conclusion, be cited, which, with too much truth, often obtain. "The first and firmest ground of probability is the conformity anything has to our own knowledge, especially that part of our knowledge which we have embraced, and continue to look on as principles. These have so great an influence on our opinions, that it is usually by them we judge of truth, and measure probability to that degree, that what is inconsistent with our principles, is so far from passing for probable with us, that it will not be allowed possible."

I am, Sir,

Your obedient servant,
JOHN RICHARD WARDELL.

27, Acacia Road, Regent's Park, London,
May 11th, 1848.

ON THE
MEDICAL AND GENERAL TREATMENT OF
LOCAL DISEASES, IN PREFERENCE TO
THE TREATMENT BY OPERATION.

By THOMAS HUNT, Herne Bay.

In the earlier days of surgery, the dread of "the knife" on the part of the patient, and the timidity of the surgeon—at that period only half an anatomist—presented a more than sufficient check to the undue practice of operative surgery; and if the improved anatomy of modern times has removed one objection, the pain attending the severer operations has, till recently, presented another obstacle to their too frequent performance. That obstacle, however, appears likely to vanish under the very general use of anæsthetic agents, and there now remains no objection to operative surgery, apart from those considerations which regulate all medical treatment,—viz., its disadvantages and dangers, as contrasted with its advantages or necessity. There are indeed many operations, the propriety of which can only be determined by the last-named question,—viz., their urgent necessity. Some of these may be highly dangerous, extensively mutilating, or even doubtful in their results; yet, if they prove the only alternative between life and death, their performance, at some risk, may be justifiable. Other operations may be advantageous and eligible, though not absolutely necessary to life, or even to the recovery of the patient. All these questions are, by the common consent of the profession, referred to what are called

the established "principles of surgery." Many of these principles, and much of the practice of modern surgery, together with the views of the nature and treatment of local disease, which prevail in our hospitals and infirmaries, are of *recent origin*. A large proportion of them are regarded as among the improvements of the present century; and as many of the views of the eighteenth century have been exploded in the nineteenth, those of the present day may be destined to yield to the rapid advance of science, and to be exploded in their turn. The principles of surgery are still therefore entitled to veneration, only so long as they can be shown to be founded on the most advanced discoveries of medical science; and as medical science is still in its infancy, (seeing we have yet to learn the nature and phenomena of inflammation, the rudiments both of disease and of recovery,) a calm and practical inquiry into the necessity and propriety of certain operations of daily occurrence, can never be deemed unreasonable or preposterous.

The object of the writer of these remarks is to *promote* such an inquiry among the members of the Association. The facts which he proposes to bring forward will not be adduced in order to support sweeping assertions or dogmatic inferences on his own part; they are rather intended to elicit from the members other facts, either of a similar or contrary tendency, and to invite discussion on a subject which has as yet been treated with perhaps too much tenderness and reserve. It is much to be regretted that those members of the profession in whose hands the operative department is chiefly placed, are not as yet required by law to possess a knowledge of those higher principles of our art on which chiefly the propriety of operations must be decided,—viz., the powers and limits of medical treatment. That many of the "pure" surgeons of the day, as they are called, are well acquainted with pharmacy, medicine, and general therapeutics, is rather a happy accident than a matter of course; yet with these, medicine, often despised, is always regarded as a minor object of study. The physician is seldom called upon to apply the resources of his art to the treatment of local diseases affecting the external organs of the body; and if the general practitioner is required to be instructed in both these departments, it may be said that surgeons are too generally entrusted by the public to determine the propriety of severe operations in the inverse proportion to their *legal* qualifications for so important a function. The result which might be *expected* from this arrangement is, *rashness in operating*. Whether this result has been realized to any serious extent, is a question of momentous import,—a question which must sooner or later undergo a professional scrutiny of a severe and searching character.

The subjects to which this inquiry is applicable are as numerous as they are important; they are dispersed over the entire surface of surgical science, and in their

selection for discussion, regard will be directed to their magnitude in relation to the preservation of life, rather than to the difficulty of their performance.

I. STRANGULATED HERNIA.

The efficiency of a skilful and persevering employment of the taxis, in preference to the division of the stricture by the knife, has already been partially discussed in the pages of the *Provincial Journal*. No less than four correspondents, (none of them novices in surgery,) have by their united testimony made a very strong case against the frequent performance of the operation. It has been demonstrated, as far as demonstration is applicable, that by the taxis alone, conducted on principles based on anatomy and physiology, and continued *for a much longer period than is advised in any standard work of surgery*, a strangulated hernia may be reduced long after the occurrence of symptoms which, in the opinion of the best authorities, would not only indicate the urgent necessity for a division of the stricture, but would interdict all further manipulation of the tumour as a mischievous and hopeless expedient,—as a wanton trifling with the patient's life. And not only has the plan succeeded once by a lucky chance, but in the hands of all the four correspondents above alluded to, *it has never once failed*. As yet no writer in the *Journal* has ventured to impugn the practice, or to say one word in justification of the prevailing plan of operating in every case presenting trifling difficulties in reduction. The question should not, cannot, rest here. The operation for hernia is full of dangers. Simple and easy in its performance, it too frequently fails to save the patient's life to justify its hasty or indiscriminate adoption. On the other hand, the gentle and patient employment of the taxis is attended by no danger whatever; the force applied to the tumour is regulated by the principle of hydrostatic pressure, and is no more likely to bruise or inflame the contents of the tumour, than pressure upon the projecting membranes of the parturient uterus is liable to bruise the fetal scalp, surrounded as it is by the protecting liquor amnii. It is, indeed rare, that the pain of a strangulated hernia becomes sensibly increased by a discreet application of pressure to the tumour, even if inflammation has already taken place. All inflamed surfaces are relieved by the steady application of equally diffused pressure. The unduly dilated blood-vessels are supported and sustained, the venous circulation is promoted, and the increased action of the arterial capillaries is checked and confined to definite limits. The fluid contents of a hernia are admirably adapted to regulate and diffuse the pressure from without. Every part of the tumour must receive an equal impulse from any degree of pressure which tends to contract its bulk, and so long as the circulation is going on in the solid portions of the tumour, pressure from without *must take effect upon the veins*, reducing their bulk, and at the same time checking the force of the entrance of blood by the arteries. The wonder is, not that the taxis should succeed occasionally in cases condemned to be operated upon, but that it should *ever fail to reduce a recently-protruded hernia*.

(To be continued.)

EXTRACTION OF A NEEDLE FROM A CHILD UNDER THE INFLUENCE OF CHLOROFORM.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—Presuming that every additional information relating to the practical application of chloroform will be interesting to your readers, I have forwarded the following case for insertion in your *Journal*, as early as may be convenient.

I am, Sir, your obedient servant,

GEORGE MOORE.

Moreton-in-Marsh, May 24, 1848.

On the 1st instant, at five o'clock, p.m., I was summoned to a child of this town named Wright, aged two years, who was evidently suffering great pain, crying violently (as his mother informed me he had been,) during the whole of the day. This she now attributed to a swelling of the abdomen, which she had just discovered. Upon examination, I found a slight projection of the integument, immediately below the umbilicus, beneath which a hard pointed body could be felt, by pressing upon which the child's sufferings were much increased. Having, in consultation with a professional friend, determined to remove the foreign body while my little patient was under the influence of chloroform, forty drops of that fluid were sprinkled upon a lawn pocket-handkerchief, which was placed over his mouth. A few inspirations sufficed to produce a state of anæsthesia. I then cut down upon and extracted, by means of a pair of forceps, what proved to be a rusty needle, about two inches in length, the point of which was directed to the surface of the body. The child remained insensible during the operation, and for several minutes afterwards. When the wound was dressed, I sponged the child's face over with cold water, which caused him to stretch himself, and rub his eyes; but he immediately sucked his thumb, his usual custom when going into a natural sleep, in which he continued for four hours. He passed a good night, and has since had no unpleasant symptoms. The wound healed by the first intention. Nothing is known as to how the needle reached its unnatural position.

The struggles of children frequently present formidable obstacles to operative proceedings of any kind, and when incisions have to be made in important regions, may lead to dangerous results; such would very probably have been the case in the above instance, but for the use of chloroform. The transition from a state of anæsthesia to one of natural sleep, without an intermediate state of consciousness, was most singular. When the child was asked on the following morning "where they cut him," he pointed to a finger which had been cut two or three days previously to the operation. Altogether the effect of the chloroform was most gratifying, as not the slightest ill consequence ensued from its exhibition.