be granted by the Apothecaries' Company; but, according to a species of jugglery which we do not understand, the company will not be empowered, under their new charter, to examine candidates for their own license. This duty will be discharged by a board composed in part of members of the College of Physicians, and in part of examiners from the Hall. The general practitioner will, therefore, have to pass *two* examinations; one before the College of Surgeons, the other before the apothico-physical board; and to compensate this double charge, we are gravely told that his privileges will be better guarded, "because no chemist will be able to recover by action any sum from those to whom he has given advice, or whom he has attended." This, in truth, is a boon of surpassing kindness. Can a chemist recover for medical advice or attendance in the present state of the law? We fancy not.

To superintend the several medical institutions, and give a concentrated force to their plans, "there is to be proposed (we use the elegant diction of the college authorities) a central medical board, composed of members of each corporation, with a certain number of non-professional gentlemen (members of the government, and others), through whom all the affairs relating to medical police, medical superintendence of public institutions, attendance on the poor, on prisons, &c., will be regulated—who, in a word, will be the immediately deciding council between the profession and the public at large."

Such are the main features of Sir James Graham's bill. We are, as we have already said, unwilling to discuss the several provisions alluded to, until we shall have the bill, with its details, before us. We trust that Sir James Graham will take an early opportunity of laying it before the profession. In so important a matter, private influence *must* not be permitted to corrupt the source of public justice.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Feb. 8, 1842.

Dr. WILLIAMS, President.

On some of the more important Points in the Treatment of Strangulated Hernia. By GEORGE MACILWAIN, Consulting Surgeon to the Finsbury Dispensary, &c., and formerly Surgeon to the City of London Truss Society.

The author commences by remarking on the too frequent fatality of strangulated hernia, and by sketching the mode of investigation through which the causes of this fatality can be safely exposed, and which he does not believe to be referable to the intrinsic danger of the malady.

In adverting to the symptoms, he thinks it material to separate those which are essential from those which are occasional or accessory; since, in first demonstrating peritonitis to belong to the latter division, it assists us in developing the true relations of that affection. The application of cold, the warm bath, and the tobacco enema, are briefly considered. The disadvantages of the two former are held as outweighing what is alleged in their favour; of the tobacco, he approves, with some exceptions, which are mentioned.

The taxis is represented as a measure which more frequently obviates the necessity of the operation, or, on the contrary, diminishes the chance of recovery, than almost any other measure singly considered. The author's experience obliges him to view it as a measure which is seldom properly employed, either as to the time or the principles by which its application should be governed, or the mode in which the manipulation should be conducted. These he describes together, with some signs by which the success or failure of the taxis may be generally prognosticated. Conducted as he has too frequently observed it, he considers that the actual mischief arising from the taxis has not been exaggerated by Dessault and other practical writers.

Bleeding, the author considers as having contributed largely to the catalogue of unsuccessful cases; and even in peritonitis, subsequent to the operation, he would place that remedy under considerable restrictions. He knows not how he can convey his opinion on the subject in abstract better, than by the concluding sentences of the section on this subject. His objections to bleeding generally are,

First. Because the faintness it produces can be more safely procured by the tobacco.

Second. Because the idea that bleeding is a preventive of inflammation in strangulated hernia, is, in a general sense, a mere assumption, since any power of this kind which it may exert in any case depends on special conditions, which have no immediate or necessary relation to strangulated hernia.

Third. Because such special conditions apart, bleeding has a direct tendency to diminish power, and that anything which persistently does so in cases of local injury, tends to convert inflammation which is circumscribed, healthy, and reparative, into the diffused, or some other morbid variety.

Fourth. Because where bleeding has been employed antecedently to the operation, and peritonitis occurs subsequently thereto (a common occurrence and a material fact), a remedy which might, however, in certain cases, prove useful, becomes embarrassingly restricted as to its proper application. The previous bleeding having exasperated the worst feature in all peritoneal inflammations—viz, coexistence of great excitement and little power.

Fifth. Because cases of this kind generally terminate fatally; and

Lastly. Because the practice of one who abstained from bleeding in every stage of the malady, was characterised by a success to which neither the author's reading nor experience affords any parallel. Purgatives are regarded as fruitful sources of mischief, whether viewed as measures directed to procure the reduction of the hernia, or as commonly employed after the operation. It was the intention of the author to have suggested the proper place and uses of this class of remedies, by the consideration of certain forms of hernia which are to be distinguished from those truly strangulated; but this plan the length of the paper obliged him to abandon. An explanation is offered of such cases as are alleged to have been reduced by the use of purgatives, which, whether regarded as satisfactory or not, still leaves the employment of these measures highly questionable, when their constant failure and manifold objections are fairly considered. Admitting the abstract fact implied in the terms acute and chronic forms of the disease, he considers that the practice founded on this distinction has proved highly destructive not only in relation to the use of purgatives, but to the general treatment, having, in fact, too frequently converted the most favourable cases into those of the most dangerous character. After some remarks on this subject, which he considers are supported even by those who most strongly insist on the distinctions referred to, the author considers the use of purgatives as instituted after the operation to which he is equally opposed.

On this subject, he regrets being obliged to differ with Mr. Lawrence and Mr. Travers. The excitation of the canal, under circumstances such as Mr. Travers himself admits to exist, appears to the author not only highly inadvisable, but it institutes the very conditions most favourable to the occurrence of peritonitis; regarding nothing more dangerous than irritants applied to the mucous membrane, whilst the alimentary canal is embarrassed as to its usual mode of dealing with such impressions. The directions in regard to purgatives which are quoted from Mr. Travers, the author considers to be such as few surgeons will follow; whilst from the assumption they involve as to the power of purgatives in the prevention and cure of peritonitis he entirely dissents, considering the practice which would place much reliance on purgatives in peritonitis as in the highest degree questionable. The collateral arguments deduced by Mr. Travers from certain cases of omental, and again from intestinal, hernia, wherein a portion only of the diameter of the gut has been engaged in the stricture, he holds as unsound, because his own observations, as well as the cases referred to in the notes, show that the facts of experience do not sanction the allegations. The author considers that when Mr. Lawrence allows of three or four hours as the interval previous to the employment of purgatives, he admits, in common with many other surgeons, the principle for which he (the author) would contend, but still so faintly, as to leave him obliged to differ scarcely less with this distinguished surgeon, in a practical sense, than he does with Mr. Travers. When Mr. Lawrence designates that "fear as groundless" which acknowledges the probability that purges may excite or aggravate the inflammation, he delivers (in the view of the author) an opinion not only unsupported by the whole of the facts of strangulated hernia, but one equally at variance with the pathology of serous membranes. So far, indeed, is he, the author, from doubting the competency of irritants primarily addressed to the mucous to produce inflammation of the serous membrane, that he considers that most cases of peritonitis are readily traceable to such causes. That although the pathology of the alimentary canal affords the most abundant evidence of this mode of causation, and most pertinent to the present subject, yet that analogous facts are deducible from many other sources, as it is the general character of serous membranes to derive their inflammatory affections from causes which demonstrably are addressed, in a primary sense, to the organs they invest, and that common swelled testicle is a trite and clear example of the whole chain of phenomena. The author considers that those cases in which peritonitis has been found in other parts, the hernia remaining free from any morbid appearance, have very interesting bearings on the subject of peritonitis, as produced by treatment; and he also regards those in which the peritonitis has occurred several days after the operation as equally instructive. The author then gives his own views of the causes of peritonitis in these cases, and concludes by stating the practice of the late Mr. Taunton, who was as adverse to the use of purgatives as he was to that of the lancet; and yet when the author succeeded that gentleman as surgeon to the City of London Truss Society, the published abstract of cases reported upwards of fifty which had been operated upon by the late Mr. Taunton with only a single case of failure.

The author concludes by a summary of his own practice. The measures employed for the reduction of the hernia are restricted to the simple enema, the taxis, and the tobacco; the order varying in different cases, but all instituted without any unnecessary delay. If they fail, the patient is allowed time to recover from the effects of the tobacco; and then the operation is performed. The hernia having been returned, and the patient conveyed to his bed, a regularly guarded

repose, in the most strict sense of the term, is the one thing needful.

Apart from the medical treatment, the author regards the general *menage* of these cases in our hospitals as defective in many respects, but admit of easy correction. He is extremely opposed to the use of aperients, and regards twenty-four hours as the shortest period which should precede their exhibition, and then they should be preceded by an enema. If they are at length employed, they should be of the mildest character, be administered in small doses, at moderate intervals, and immediately discontinued on the occurrence of hiccup or sickness, or any evidence of disturbance of the stomach.

The state of the intestine at the time of the operation is, in the author's view, the most useful guide as to when we may excite the action of the bowels with impunity; but he by no means participates in the anxiety generally felt on this point; and whilst he admits the importance of a natural evacuation, he denies that the facts justify us in attaching a construction equally favourable when the discharge has been the result of artificial measures.

Reluctantly passing over the consideration of certain insidious forms of peritonitis, as well as that of certain conditions simulative of it, both subjects of great importance, the author, partly in the text and partly in a note, discusses the question of bleeding; and, in conformity with the facts and arguments, and the generalisation on this subject founded thereon in his work on Inflammation, would make it depend on certain conditions, which are there stated.

Practically, the result is, that he would bleed much less frequently than is the usual practice, being generally satisfied with the test of one full bleeding; and this he would conduct in the manner sanctioned by general experience: ordinarily, he attaches more importance to powerful derivatives, as they were called—as mustard cataplasms to the feet, or powerful counter-stimulation to the abdomen. The circumstances under which calomel and opium should be employed are then spoken of; and the different forms which he prefers, according as his intention is to act on the liver chiefly, or to determine at the same time powerfully to the surface of the body. The employment of narcotic or sedative medicines, with a view simply to allay the irritability of the stomach, as sequent on aperients, he deprecates as a false and even dangerous view of the subject. In all operations, he says, there are many conditions, the treatment of which it is difficult to include in any general directions, however comprehensive. These he proposes to make the subject of a future communication; but there are a few points which he would not leave wholly unmentioned. The first is, the caution to avoid officious medical interference, merely because the symptoms may not immediately subside on the completion of the operation. The second is, the consideration of the use of stimuli, or cordials, both rarely necessary or admissible, but still of such importance when they are, that the life of a patient will, as the author believes, frequently depend on their cautious but prompt administration; as the indication is equivocal, and liable to deceive, the author describes three conditions which he believes to require this practice. The author concludes by expressing his regret at finding it impossible to treat the subject fully in the limits of a paper.

Tuesday, Feb. 22.

Mr. LISTON communicated the particulars of his celebrated case of carotid aneurism. We regret that we have not room to insert the case this week.