cally important that I have ventured to place them in this chapter.

In some cases of rupture of the uterus, the infant might be removed with more safety to the mother by an abdominal section, than by dragging it away either by the feet or by the crotchet. Trask's extensive statistics are very favourable to its adoption in some cases of this accident.

When a woman who is nearly at the full period of pregnancy dies, or if killed by accident, the obstetrician is, morally, socially, and professionally, bound to propose *post mortem* hysterotomy. Justice to the incarcerated (most likely living) infant demands an immediate decision, as too long delay would be hazardous to its life. It is, however, a well known fact, that the infant survives the death of its mother much longer than is usually supposed. In this empire, medical men are quite at liberty to exercise a free and conscientious judgment; they are not trammelled by theological dogmas, as they are in France and other countries.

CHAPTER II.

On the Statistics of the Cæsarean Section.

THE statistics of the results of the Cæsarean section, especially as concerns the mothers, are highly unfavourable. The general account stands as follows of the seventy-seven women whose cases are tabulated. Sixty-six, or 85.71 per cent., died; eleven, or 14.28 per cent., were saved.

The number of successful cases here mentioned is greater than is usually allowed to have taken place; and, therefore, this statement requires further explanation. They are registered as follows. Nos. 1, 12, 35, 36, 37, 49, 53, 57, 67, 68, and 71; of these, Nos. 1, 12, 36, 49, 53, 67, 68, and 71, perfectly and permanently recovered. Case No. 35—She also recovered; the wounds being nearly healed. She lived several weeks; but afterwards she died from epilepsy, to which malady she had been previously subject. Case No. 37—The woman recovered; and afterwards died from disease of the hip-joint.

There is, however, another case included in the deaths which ought, in my opinion, to be in some measure considered as one of recovery. She lived seven days; and so long as she was rationally treated, she went on favourably. But after the treatment had been injudiciously changed, she gradually grew worse and died.

The special statistics, or the results, of the cases in which I have been concerned are as follows. Of six women, four died, or 66.66 per cent.; and two were saved, or 33.33 per cent.

From the seventy-seven women, seventy-eight infants were extracted; one being a case of twins. Of which forty-six, or 58.97 per cent., were saved; and thirty-two, or 41.02 per cent., were dead. Nearly all these infants were dead before the operation, which might have been saved if it had been earlier performed.

The special statistics, or the number of deaths, in my practice stand thus. Of six infants extracted, three, or 50 per cent., were saved; and three, or 50 per cent., were dead. Two of this number were dead before the operation, one of which was putrid; the death of the other was doubtless chargeable to the operation, and was caused by a spasmodic seizure of its neck by the uterus during its extraction.

The risk to infants in Cæsarean births is not much greater than that which is contingent on natural labours, provided correct principles of practice are adopted.

If I dare venture to give an ideal comparative estimate, I should say, if it is supposed 1 per cent. be the mortality of natural labour, that consequent on the Cæsarean section may be stated as scarcely $1\frac{1}{2}$ per cent.

Original Communications.

REMARKS ON CERTAIN POINTS IN THE SURGERY OF CELSUS.

By H. LOWNDES, Esq., Liverpool.

[Read before the Liverpool Medical Society, Nov. 17, 1864.]

WHEN we look back over a space of eighteen hundred years to the Augustan era, we feel like a man who stands on a mountain-top, and who, looking over a vast valley full of little hills, sees afar off the top of another great mountain, and wonders whether it can be as high as that on which he stands.

We, "the heirs of all the ages in the foremost files of time", are apt to look with contempt on those who have preceded us in what we call the race; and yet, with all our vast material progress, we have much that may teach us not to be too proud-minded. May we not already be descending from our highest point towards a new series of dark ages, a new deep and long valley, bounded by some mighty mountain far off in futurity? To pursue the simile, in the art of poetry, we seem to have culminated in the two peaks of Shakespeare and of Milton, and can hardly hope to reach such heights again. In the art of painting, we can hardly hope again to see the days of Raphael and of Michael Angelo. In eloquence, that trio, Lord Chatham, Fox, and Burke, are unapproached in these latter times. Has our art of Medicine reached its culminating point too? Is Surgery declining since the days of Hunter, and Medicine since those of Sydenham? The reply is satisfactory; here we are indeed "the heirs of ages in the foremost files of time"; and although I fear our medical writers can make no pretensions to the chaste and classic style of Celsus, yet we may maintain that the height on which we stand is higher than that Augustan mountain separated from us by so many ages, and that we have not yet reached our greatest height. A well educated surgeon of the present day will have more resources than were possessed by John Hunter; and the physician of the present day, though he may not rival Sydenham in his elegant Latin—which, however, some say was not his own—will be, if not so brilliant, yet surely a less sanguinary practitioner.

After this prelude, which I hope will be excused, I shall proceed to show, from a few examples, how high the eminence on which surgery stood in the days of Celsus, and to compare its state, in some respects, with its present condition; while I may allude very briefly to that long and dreary interval to show how low the art has sometimes fallen.

Fractures. Celsus, in his general rules for the treatment of fractures, points out the necessity of bringing the broken ends into apposition at as early a period as possible by making proper extension and manipulation; but says that if this extension is not used at first, it must not be used at all until the swelling and inflammation have subsided. He directs

the limb, after it is set, to be wrapped up in linen cloths soaked in wine and oil, and applied spirally several folds one over the other, and over these a layer of linen covered with cerate. About the third day, as these become loose, they are to be re-applied, and the limb to be well fomented at the time; so, again, on the fifth. Either on the seventh or ninth day, the swelling having now subsided, if there be any displacement, it must be reduced; the limb is to be again swathed up, and to be secured with splints; and "the broadest and strongest splint should be applied to that side towards which the fracture inclines." The splints have straps applied round them, which are to be tightened every three days; but are only to exert pressure sufficient to keep the bones in their places.

In fractures of the leg or thigh, the limb is to be placed on a frame, with a foot-board to steady the foot.

In severe compound fractures, no extension is to be made until the wound is healing; but the limb is to be placed in the position that is least painful, and the wound to be dressed daily with oil and wine, and blood to be taken from the arm if there have not already been much hæmorrhage. Compound fractures of the thigh, he says, where the bones have been greatly displaced, generally require amputation; those of the humerus less frequently. He says there is always shortening after fracture of the thigh.

Fractures that unite at an angle are to be broken again. In cases of ununited fractures, for this opprobrium of surgery is of ancient date, the limb is to be extended to excite fresh injury, "*ut aliquid lædatur*"; the ends of the bones are to be first separated and then allowed to rub together, "*ut concurrendo exasperentur*"; and that any intervening substance may be destroyed.

He gives judicious rules for the treatment of particular fractures, which my space will not allow me to enter upon.

Although the mode of treatment of fractures laid down by Celsus be careful and sound, yet in our day we are not obliged to recognise shortening as an inevitable result of fracture of the thigh; but while we appreciate the use of the long splint, and of starch and plaster of Paris bandages, we must remember how recent their introduction has been. The modern treatment of ununited fracture was both dangerous and ineffectual, until the method was devised of causing irritation in the ends of the bones by the introduction of ivory pegs into their substance; and we are indebted to a member of our Institution for another method, which, I trust, will be a still further improvement, by which the ends of the bones are securely joined together by the metallic drills that are to create the irritation necessary to the throwing out of bony matter.

Injuries of the Head. The remarks of Celsus on this subject are full of interest. He gives a description of a trephine exactly similar to that now in vogue, and gives careful directions for its use; but he uses it rather in cases where caries or necrosis of the skull exist to a limited extent, than in cases of fracture; and he only applies the trephine sufficiently deep to remove the diseased shell of bone, leaving the inner table.

In cases of fracture with depression, or in cases of caries requiring the removal of large portions of bone, he recommends a number of small holes to be made with a drill, and then to be united together with the chisel until the part to be removed is completely separated. After describing well the symptoms of fractures of the skull and their varieties, and after insisting on the importance of the use of the probe in their detection, he says that, in his time as in ours,

in every case of fracture or fissure of the bone, the older surgeons used at once to have recourse to their instruments with which they performed excision.

He (Celsus) recommends simple treatment, such as plasters soaked in vinegar, covered with wool steeped in the same substance, and the wound to be thus dressed daily up to the fifth day. Then, if the fever subside, or be but slight, if the appetite return and the patient sleep well, we are to persevere and apply healing ointment. But if during the first period of treatment, the fever becomes severe, the slumbers short and disturbed, the wound moist and unhealthy, with swelling of the glands of the neck, and if there are severe pains and an increasing distaste for food, "*tum demum ad manum scalprumque veniendum est.*" He points out that by excision we give vent to any fluid that may have collected under the fracture, and we remove any portion of the inner plate that may be pressing on the brain. He says, in depression, "*Ubi medium os desedit, eandem cerebri membranam urget; interdum etiam ex fracturâ quibusdam velut aculeis pungentibus.*"

In the later stage of his operation for the removal of bone, he recommends the use of a copper-plate to protect the membranes of the brain while the chisel is being used; but he does not describe anything that seems like our elevator for raising the depressed fragments.

It is indeed amazing that, after the varieties, the symptoms, and the treatment, of these injuries of the head, had been so clearly described by Celsus that we can find little to criticise, yet this knowledge, so valuable to the preservation of human life, should have faded from the earth; that in the long ages of war and strife that succeeded, the skilful surgeon was superseded by the wizard with his charm or amulet, or the wise woman, or the monk; that, in later times, when surgeons reappeared on the stage, they soon became infected with the *nimia diligentia medicina*, and adopted the practice that Celsus reprobates, of using the trephine in all cases of fracture, without waiting for symptoms.

Mr. Abernethy was one of the first English surgeons who took pains to discriminate between those fractures that required active treatment and those that were better without it; and, after quoting many cases, he said "there are, doubtless, some depressions of the skull that it would be absurd not to elevate by an immediate operation, for in them the pressure on the brain would of itself be productive of fatal consequences. The arguments which I have stated against the immediate performance of the operation, apply therefore, in my opinion, only to dubious cases; to those in which, perchance, upon the subsidence of the inflammatory symptoms, the pressure may be found not to be so great, but that it may be borne without detriment, though there is a risk that it may be detrimental." He points out that the wound made by the trephine is a vastly more serious lesion than many fractures of the skull are.

Sir Astley Cooper took the same view. Mr. Guthrie, the great army surgeon, was able to say in 1842, speaking of simple fractures: "They (our predecessors) believed the bone could not be fractured without an extravasation taking place beneath; and some took credit to themselves for placing wedges between the broken edges, in order to allow of the escape of the blood or matter which might be formed below it. That blood may be effused, and matter may be formed, is indisputable, even under the most active treatment; but that an operation by the trephine will anticipate and prevent these evils, cannot be conceded in the present state of our knowledge; and the rule of practice is at present decided that no such operation should be done until symptoms super-

vene distinctly announcing that inflammation, compression, or irritation of the brain, have taken place."

Thus we slowly recovered ground that had been lost for so many ages.

Varicose Veins. It is rather startling to find Celsus say that varices in the legs are easily removed. "Any vein" (he says) "that is troublesome is either to be destroyed by the cautery or to be cut out. If it is straight, or if transverse yet single, and if of moderate size, it is better to cauterise it; if it is crooked and doubled on itself, as it were, in circles, or when many veins are confused together, it is better to excise. In applying the cautery, the skin is to be divided and the vein exposed by the knife; then the vein is to be lightly pressed with a small blunt heated cautery, and care is to be taken that the lips of the wound are not burnt. Then the wound is to be dressed as an ordinary burn; and that appears to be with lily or other such leaves soaked in oil and wine. This is to be performed throughout the whole varix, at as many spots as necessary, leaving interspaces of four fingers' breadth."

In the cure by what he calls excision, but what seems to be at most removal of certain portions of the vein, he directs it to be exposed above at certain distances, and to be isolated from its attachment at these points; a blunt hook is then to be passed under it, by which it is drawn up, and then it is to be divided, or, as he rather seems to mean, the portions lifted up are to be cut out. The wound is to be brought together, and over this an agglutinating plaster is to be placed.

If this operation of dividing or excising the vein was so successful and so commonly performed as Celsus seems to say, its success must have been due to the careful manner in which the thorough division was secured, and to what seems a slight thing—the application of an agglutinating plaster. The effect of this would be to completely exclude the air, and exert sufficient pressure to keep the edges of the wound at rest.

In modern times, though Sir Edward Home made a trial of the ligature in the treatment of this complaint, and Sir Benjamin Brodie of the subcutaneous division of the vein, yet, in general, palliative measures alone have been used until the last few years. Now, several modes of cure are becoming very commonly used. Some use small issues, as recommended by Mayo and others. Mr. Erichsen passes a hare-lip pin under the vein, lays a piece of wax-bougie over it, and then applies the twisted suture round the pin and over the bougie. He says he has operated in between two and three hundred cases without any ill consequences. Mr. Henry Lee recommends another mode, which promises to be both safe and effectual. He passes two needles, an inch apart, under the vein; then, with a ligature over the ends of each separately, makes pressure sufficient to stop the circulation in the vein; then he divides the vein subcutaneously in the interspace. The simple subcutaneous division by Sir Benjamin Brodie was found dangerous; but I believe Mr. Lee's procedure, by sealing for a certain time the vein above and below the wound, will make the operation as safe and as effectual as possible; and it is worthy of remark, that it is founded on the same principles that seem to have led to the operation described by Celsus—namely, the necessity of dividing the vein, and the necessity of keeping the access of air from it.

Diseases of the Anus. The affections of the anus seem to have a peculiar charm for surgeons of the present day; and almost every year we have two or three new publications on the subject, that are, I have no doubt, equally interesting and valuable. It is refreshing, however, to find that Celsus compresses into less than two pages his directions for the opera-

tive treatment of external and internal piles and fissures of the anus, and yet leaves very little to be filled up by his voluminous successors.

Fissures—"scissa"—of the anus, when they have become indurated, are to be brought into view and excised, that a new surface may be left.

External piles—"condylomata"—are to be seized with a vulsella, and excised near their roots. In the case of internal piles, acrid purgatives are to be given, that the tumours may be extruded; then, if they be small, and their necks narrow, they are to be ligatured at their base with thread; and, if very large, a needle is to be passed through the base, and a ligature passed under the needle round the base. If the tumours are very numerous, they are not all to be tied at the same operation, lest so many tender cicatrices be left. The after-treatment includes fomentations and poultices.

In another section, he gives very good rules for the palliative treatment of these diseases.

The knife for the external, and the ligature for the internal pile, have not yet been superseded; but, I need hardly say, simple incision has taken the place of the more severe treatment Celsus indicates for the cure of fissures.

Wounds of the Intestines. In a wound of the abdomen, with protrusion of the bowels, Celsus teaches that the first thing to be considered is the state of the portion protruded; if it be livid or colourless, or black, and insensible to the touch, "*medicina omnis inanis est.*" If the small intestine be wounded, he thinks nothing can be done; if the large, it is to be stitched up. The man is now to be laid on his back, with his hips raised. If the wound in the abdomen be too small to admit readily of the return of the bowel, it is to be enlarged. The bowel then is to be returned—that portion first that was last extruded; then the patient is to be gently shaken, that the folds of intestine may fall into their proper places, and there repose. When these are all concealed, the omentum is to be considered; any black or dead parts to be cut off, and the sound parts to be returned. Then—and this is a point of very great interest—he says that the wound of the abdomen is to be sewn up; but that suture, either of the skin or of the "interior membrane", by itself, is insufficient; it must be of both. The deep threads are to be applied at first more closely than in ordinary wounds, because that part is so liable to motion, and so peculiarly subject to great inflammation. Two needles are to be threaded, and passed always from within outwards, and are to be used the one with the right hand, and the other with the left, and so alternately. So the interior membrane (meaning the peritoneum) is to be brought together, and then in like manner the skin. Then agglutinating applications are to be used; and the abdomen is to be gently bandaged. For the needles to be crossed in this way from hand to hand, keeping each hand actively employed, might puzzle the most ambidextrous; but we have here carefully described a mode of bringing together abdominal wounds that has been revived of late years by those who, with so much honour to themselves, have brought the operation of ovariectomy to so great perfection. Here, then, again we have a most useful procedure lying dormant through long ages of warfare, and only revived in our own day. In the Middle Ages, our ancestors were more eager to rip one another up, than skilful to heal the wound; and their leeches were content to apply their salves to the bloody swords.

That surgeons in the time of Celsus were very successful in healing abdominal wounds, we may infer from the fact that they did not scruple to operate for the radical cure of ventral hernia by removing a

large elliptical portion of integument and peritoneum, uniting the wound in the way just described.

Rhinoplastic Operations. These operations, which, in the perfection to which they are brought, constitute one of the triumphs of modern surgery, do not seem to have been practised on a large scale in the time of Celsus; but he gives directions for operating in cases of fissure or want of tissue from ulceration or injury about the nose, ears, and mouth; and his directions show that he understood the principles on which we now proceed. Speaking of an operation on the lip, he says new tissue is not to be created there, but is to be drawn from the neighbourhood. The mutilated portion is to be reduced to a square; from its interior angles—that is, from its lower angles, if the lower lip—transverse incisions are to be carried, extending completely through the tissue; then we are to bring these flaps together. If this cannot readily be done, we must further extend the two incisions in a direction curving towards the wound, dividing the skin only. The approximated edges and the transverse incisions are to be stitched up; while the lunated incisions are to be filled with lint, that they may granulate. In the operation for making a prepuce, when the glans penis was from any cause left bare, he recommends the skin at the neck of the glans to be brought over it, and there tied, leaving only space for the urine to escape; then the skin of the penis is to be divided by a circular incision near the pubes, taking care not to open the urethra or blood-vessels; the skin is then brought forward, and the denuded spaces filled with lint.

We can hardly understand how any one, *causâ decoris*, as Celsus puts it, would submit to this ingenious operation.

Fistulæ. Where there are fistulæ near the surface, that do not get well by injection, they are to be laid open, and any hard portion excised. If they extend deeply inwards, they are to be excised; if they communicate with a diseased rib, the diseased portion of the rib is to be removed by dividing the bone on either side of the fistulous opening. Abdominal fistulæ may be excised, if small; but not if so large that the wound in the peritoneum made in their removal could not be readily sewn up. *Fistulæ in ano* he prefers to treat with a seton of twisted threads, applied tight enough to make gentle pressure on the part it includes. It is to be moved about twice a day, and changed every third day. The patient pursues his ordinary avocations, and the part external to the fistula is gradually cut through. When the knife is used, he recommends two incisions to be made, so that a small slice of the integument may be removed, and a kind of pledget inserted, that the edges may not immediately cohere.

The Treatment of Wounds with great Hæmorrhage. I shall conclude this part of my paper with a very curious extract from the directions given by Celsus for stopping hæmorrhage from a wound. In cases where we have reason to fear an excessive flow of blood, he would first fill the wound with dry lint, and make pressure on that with a sponge wrung out of cold water. If that do not suffice, he uses lint soaked in vinegar. If that and remedies of a styptic nature fail, then we are to seize and tie the bleeding vessel above and below the point at which it is wounded, and divide it in the interspace, that the ends may retract, and yet may have their mouths closed.

This passage is so curious, that I ought to given it in the original, from the section entitled "*Curatio adversus profusionem sanguinis in vulneribus*." "*... Venæ, quæ sanguinem fundunt, apprehendendæ, circaque id, quod ictum est, duobus locis deligandæ intercidendæque sunt, ut et in se ipsæ coeant, et nihilo-*

minus ora præclusa habeant." Where this cannot be done, the actual cautery must be used.

This tying the vessel above and below the bleeding point was what Guthrie so strongly insisted upon; and it is curious that a knowledge of its efficacy did not lead to the use of the ligature by the ancients in amputations.

I have now brought briefly under your notice several points in the writings of Celsus that seem to me of great interest when we compare them with the surgery of the present day. No doubt a careful study of the works of Hippocrates and Galen would bring to light many more such points of interest.

I need not say in how many departments of surgery we have now, mainly through the more accurate knowledge of anatomy, left the ancients in the shade. It is enough to allude to the perfection to which herniotomy, lithotomy, and lithotripsy are brought; to ovariotomy; to subcutaneous operations; to the use of the ligature, and, I hope I may add, of acupressure in amputations; to the resections of joints; and to the different modes of curing aneurism.

It may be that there is no one point in surgery in which we can now gain a step in advance by consulting the ancient records of the art; but this is no reason that those records should be consigned to oblivion. In the words of Celsus himself, while we take care not to defraud those of the present day of the credit due to their discoveries or improvements, yet, when they have simply copied from the ancients, let them give the credit to the original authors.

I said I would refer briefly to the interval between the decay of medicine that followed the Augustan era and its revival, with the general revival of learning.

We are told that surgery rapidly retrograded after the time of Celsus, though there was a little revival among the Arabians in the days when the Moslems overran the world. Then the monks became the surgeons, and how the art prospered in their hands may be gathered from the fact that at length it was found necessary to issue a Papal Bull forbidding the clergy to shed blood, and they handed the lancet and the scalpel to the barbers who used to shave their heads; but as physicians, in the more hidden paths of medicine, the monks continued to practise with less scandal, and perhaps with not less effect. Passing to later days, I will make one or two references to some of our early English works on surgery. One Peter Lowe dedicated at his own house in Glasgow, in 1612, a *Discourse of the whole Art of Chyrurgery* to James Hamilton, Earl of Abercorn, trusting that "his lordship would accept in good part (even as Minerva harboureth her owl under the target, Cithæra the deformed Cyclops in her lovely bosom, and Apollo the night raven under the heavenly lute) his painful travels." This book begins with a dialogue on the nature apparently of things in general, but its surgical teaching contains much that is good, and the author's continual marginal references to the ancient writers show how much the author has availed himself of them. His book is written in black letter, but it is ages in advance of another and rather older black letter book to which I will soon refer; but first I will draw your attention to a translation published in 1685 of the works of John Muys, doctor of physic in Arnheim. He is very much troubled about the acid and corrosive nature of things. I will make two short quotations from his book, which is very cheerfully written; and first of an "ambustion." "A man, 80 years of age, setting fire to gunpowder, burnt his whole face and both his hands, whence presently arose redness and exceeding pain; to assuage which the patient applied ink, which was, as it happened, ready at hand. Had you seen the patient in this

state, you would have affirmed you saw the devil, unless you could (with the Æthiopians) persuade yourself the devil is white; which opinion Sir Thomas Brown . . . seems to favour, contrary to the testimony of the holy scripture, which saith 'the dwelling of Satan is a lake of fire burning with brimstone'; but the smoke of brimstone burnt, as our above recited author philosophiseth, is known by frequent experience to whiten woollen garments, as stockings and other things; and hence he concludes, that whatsoever is found in hell must needs be white." The author goes on to say how he applied to the burn "onions with honey, that (with their abounding volatile salt) they might open the constringed and stopped pores of the cuticle, temperate the acid humors, and restore to them their usual circulation."

He also relates a case of "very great torment of the abdomen." "A maid, aged 40 years, had now for six weeks past complained of a most vehement dolor, yet not far extended, but exercising its tyranny in a very small part of the belly, and day and night most cruelly tormenting the patient, who had used very many remedies, both internal and external. She was purged and had a vein opened, but in vain; so that (after the use of these) she almost despaired of recovering her pristine sanity; in the meanwhile the external cutis in this pained part could not be distinguished from the sound parts of the belly. I being called, with my knife cut a small wound, which is vulgarly called an issue, and kept that open by a pea put in and daily renewed.

"The next day after the cutting that issue, the patient had ease of her pain, which from day to day did more and more lessen, so that it was wholly removed quickly after. . . . Some acido-corrosive particles in the affected part, were perhaps separated from the other particles of the sanguiferous mass with which so long as they lay involved they could not exercise their sharpness. . . . These acido-corrosive particles freed from their cells in which they before lay included and collected in a very small part of the abdomen, did with their sharpness in a wonderful manner, continually agitate the fibrils, and so inferred that almost intolerable torment which must necessarily cease when these corrosive particles were driven out with the pus through the issue."

But that we may sup full of absurdities we must turn to the old book I referred to before, published in 1580, and containing a translation of the *Secretes of the Reverende Master Alexis of Piemont*. The following is one of his remedies for the pleurisy. "Take a tooth of a wild boar, and if the pain hold him in the right side, ye must take the tooth of the right jaw; if otherwise, ye must take the left tooth; yet notwithstanding it hath been found by experience to be all one of which jaw so-ever it were." The scrapings of this are to be given with a little barley-water. "This hath always been found very good and true."

For a bad leg you are to "take the skin of a dog if you may get it, or if not a white lamb's, or the skin of a kid, and cut a piece of it as broad as the palm of your hand." This is to be smeared with an ointment composed of pine resin, galbanum, mastics, musk, amber, and civet, and applied.

The following is against the "disease or grief of the flanks and the colyke passyon, experimented and proved diverse times." "Take the dung of a black ass if you can get it, if not let it be of a white ass; and the dung must be fresh and new, the which you shall see the and boil in white wine, putting to it a handful of annis, a little oil of chamomile, a little oil of capers, with a handful of bran." These are to be boiled for the space of a "miserere," and administered as an enema. Mice-dung is his remedy for

spitting of blood, swallows baked and powdered and mixed with honey for the squinancie or quinsy. Perhaps I cannot conclude my paper better than with the following "very good and present remedy for to heal the pestilence, in drawing out the venom from the botch or sore or other like accident." "Take a quick hen, and pluck the feathers from her a—" (the word here used has gone out of fashion), "and from the place whereat she layeth her eggs, and set her so that the said place may be upon the grief, and that she may sit upon the botch or sore, or the place of the plague, and hold her so a good while. Then you shall see that the said hen shall have drawn out all (or at least some) of the poison and infection, and that shortly after she will die. It shall be good to do this with two or three or more hens, immediately one after the other, the which will draw all the venom out of the sore."

This is not from the works of a Swift, lashing with almost obscene satire the weaknesses of the learned of his day, nor is it from the works of some obscure quack, but is the solemn teaching of a most famous doctor of Padua, which was then the most famous school of medicine. The work had been already translated into French and Dutch, and was dedicated to the Duke of Savoy, a noble prince, to whom, as the translator William Ward, says, "trifles or fables are not to be presented, not being a man under whose name or protection lies or vain inventions ought to be set forth." So here we have a lively picture of the sad estate of our art towards the close of the middle and indeed dark ages.

FAMILIAR PAPERS ON CHLOROFORM.

By THOMAS SKINNER, M.D., Liverpool.

I.—THE VALUE AND FRUITS OF "GOOD WORDS."

I PRESUME that there are very few of us unacquainted with the popular monthly serial called *Good Words*. I also presume that, however short of the mark the work may be to the expectations and attainments of some, we must nevertheless give the work and its distinguished editor all credit for the very best intentions, and wish *Good Words* God-speed, but not without some passing criticism.

About a year ago, a tale was published in *Good Words* called "Oswald Cray," written by the popular authoress of East Lynne, Mrs. Henry Wood. In the number for March 1864, there is introduced a long sensation article on pain where no pain exists, but where some surgical operation is to be performed. The gist of the tale, having reference to chloroform, is as follows. One of the leading characters, Lady Oswald, meets with a railway accident, regarding the nature of which, the reader is left in total darkness. Her medical men meet in consultation over her case; namely, a Dr. Davenal and Mr. Mark Cray. They conclude that some surgical procedure is necessary, but they differ as to the necessity of inducing anæsthesia by chloroform. It so happened that Lady Oswald preferred Mr. Cray to Dr. Davenal as the operator on the occasion, and when Dr. Davenal was assisting or rather carrying the nurse (who had fainted) out of the room, Mr. Cray on his own responsibility put Lady Oswald under chloroform. Dr. Davenal returns; the operation, whatever it was, is performed successfully; but the patient never rallies, and within "one poor hour" Lady Oswald is dead. The interval between the dangerous symptoms and actual death is pretty considerable; but it is well filled up by some very nonsensical talk between the doctors.