the importance of our corporate bodies, or to fail in thankfulness for the earnest efforts recently made to improve their operation. The examinations have of late years become much more reasonable and less arbitrary—that is, they have become such as better test a man's real attainments, and leave less and less to the power of mere cramming. When this end shall have been more perfectly attained, their evil influence will much diminish. But whilst it is possible for a student to allege with reason an approaching ordeal at one of the colleges as his motive for absenting himself from the wards and shutting himself up with his books, is there not something wrong? In anatomy, already, this has ceased to be the case, and examinations on the subject render familiarity with the dissecting room essential to success. In medicine and surgery, however, the plan of examining merely by question and answer still leaves the student at liberty, if he likes, to neglect familiarity with that which is the most important part of our vocation—nay, in degree encourages him to do so. I admit the difficulties in the way of examinations for diplomas, conducted with the patients before us, but these are what we must come to if our corporations are ever to exert their due influence in promoting the advance of genuine knowledge.

We must, however, look at medical education in a much wider sense than in so far as it conduces to the creditable obtaining of a diploma. A man's education consists in all that furthers his obtaining acquaintanceship with what is already known by others. Here we draw the distinction between education and original work. Under many circumstances the two may go together, but for the most part they are distinct. The great duty of each generation is to transfer its knowledge in the fullest and most complete manner to its successor. Each endeavours to add its fragments of new knowledge, and then to pass onward to its children the augmented sum. Happy is it, if in its zeal for new additions, it do not allow some items of the old to be forgotten or neglected. This is the great business of education. How best shall it be discharged?

Time does not permit us now to go into detail. One or two general remarks may, however, be ventured. All education should be as far as possible natural, and should be directed to eliciting the student's interest in his subjects, rather than compelling his attention to them. Again, I have to protest that Falstaff but illustrated one of the deepest rooted principles of our nature, when he utterly declined to give reasons upon compulsion. I therefore object for the most part to the establishment of curricula, and to the forced attendance upon certain courses of lectures.

Let our examining boards take more efficient modes of ascertaining what a man knows, and they will have no longer any motive for counting the months he has occupied in gaining his knowledge, or for compelling him to produce evidence that he has sat through certain thousands of lectures. Their object is to test his familiarity with medical science, not to gauge his powers of endurance. Let them attend closely to their own most important duty, and leave the candidates for their diplomas to gain the required knowledge when and where they like. To admit this great principle as one which, by degrees, must sooner or later be carried out, would be to solve one of the questions most under discussion of late in respect to medical education. It has been alleged by some, and with apparent plausibility, that the number of lectures now given is excessive; that the courses are both too numerous and too long. Now, instead of any diminution in the amount of oral instruction offered to our students, we might surely with profit

increase it if the objection of compulsory attendance were removed. It is most desirable that the fullest opportunities should be offered at our schools for the acquisition of the most recent knowledge in all branches of study, whether directly professional or only collateral, and that the varied advantages of the lecture-room should be most fully at the service of the student. It should be a matter of choice with the latter, however, whether or not he avails himself of them. If attendance on lectures were voluntary, I do not think the lectures would diminish in number, and I feel sure they would greatly improve in quality. The lecturer would be driven to the final resort of making his lectures instructive, or he would get no class. A healthy rivalry between different professors would be established, which would exercise a most beneficial influence on all.

Under the impression that the sum of medical knowledge has become so vast that it is impossible for the mind to master it without injury to itself, two different remedies have recently been suggested. The first and boldest is, that the surgeon shall, voluntarily and on system, restrict his studies and throw aside many of the subjects which he has hitherto deemed necessary. The second is, that we shall divide the subject of medical art into various special branches, and some of us take one, and some another. These suggestions are both of them so important in reference to the future advance of physic, that we must devote a few words to each. We will take first the question of specialities.

[To be continued.]

CASES OF HERNIA.

By SAMUEL H. STEEL, M.B. Lond., Abergavenny.

THE following cases of hernia present some features perhaps sufficiently unusual to render them worth publication in the JOURNAL.

CASE I. October 11th, 1864, at 10 A.M., I saw William West, a gentleman's butler, aged 28, healthy, but of delicate appearance. He was suffering from symptoms of intestinal obstruction, which had come on shortly after dinner the day before. On examination, I found a soft swelling in the right groin, which he told me had existed since childhood; he had then worn trusses, but he had now left them off for some years. The right testicle was absent. The tumour, though not tense, was a little fuller than usual and rather painful. It gave me the impression that its superficial portion might perhaps consist of the testicle wasted and spread out under the skin. The taxis had no effect. I gave a dose of opium and left, intending to return as soon as possible and administer chloroform. This I did at 4 P.M. He was kept insensible for half an hour, and the taxis fairly tried. I also had the lower extremities raised over the shoulders of an assistant, and used the taxis while he was in that position, but without making any obvious impression on the tumour, which continued soft and non-resistant. On recovering consciousness, however, he said he was much relieved. I remained with him two hours, and then, vomiting not returning, I left him, desiring to be sent for should the symptoms recur.

I was again summoned at 10 P.M., when I requested my cousin and partner, Mr. Elmes Y. Steele, to accompany me. We found no change in the feeling or appearance of the swelling. It was tender, but not excessively so. Symptoms of strangulation had returned; vomiting was frequent. On consultation, an operation *without delay* was determined upon—1, because from the feeling of the tumour, from its want of tension and resistance, we were of opinion

that any further trial of the taxis would prove useless; 2, because, though the nature of the tumour was doubtful, yet it seemed probable that under the soft superficial portion a knuckle of constricted gut might be concealed. The symptoms, though not very urgent, were decided. The chance of relief from treatment by opiates and enemata was very uncertain, and if these were unsuccessful, the delay would be necessarily hurtful. An operation, the extent of which would be determined by the nature of the tumour as disclosed during its progress, was evidently the preferable course.

The first incisions were made through a hypertrophied layer of fat, which I had imagined might be the missing testicle. After dividing the remaining structures a sac was disclosed—not tense, but evidently containing fluid. Upon opening it, from two to three ounces escaped, the sac entirely collapsing; neither bowel nor omentum appearing within it. The finger introduced through the sac up to the internal ring, passed into the abdominal cavity, still without any strangulated intestine being discovered; but, crossing the internal orifice of the ring, yet within the abdomen, a tough membranous band was felt, underneath which, and constricted by it, though not very tightly, a portion of intestine could be distinguished. On attempting to divide this band with a hernia knife guided by the finger, I found it yielded before the edge, though the knife was sharp. After two or three ineffectual attempts to divide it, using the knife as freely as I could venture to do in such a situation, I requested Mr. Elmes Steele to examine the structure. On trying to divide it, he encountered the same difficulty as I had done; but, finding that the band yielded to traction, with the point of the finger he succeeded in drawing it into view, when it was freely severed. Upon now passing the finger through the ring into the abdominal cavity, it was evident that the obstruction had been removed; the bowel could be felt lying free. The upper part of the wound was closed with silver sutures, and water-dressing applied. Convalescence took place without a single bad symptom, except slight icteric discoloration of the skin for the first few days, to which, the patient informed me, he is liable on any slight derangement of health. The wound healed throughout by first intention, except one small sinus which gave very little trouble, and in three weeks he was about his usual avocations.

It is difficult to describe the structure which caused the strangulation in this case, nor was it possible to ascertain with the finger its exact connections. It was not formed by the neck of the sac, but lay beyond it, crossing the internal ring. The constricted intestine lay underneath it *within the abdominal cavity*, and was not very tightly compressed, but quite sufficiently so to cause the symptoms of strangulation, which were at once relieved by its division. Whether the bowel could have been disengaged by inflation with bellows, as described by Mr. Griffin in the JOURNAL for October 22nd, 1864, may be a question; but I confess I am unable to see how inflation of the colon can be a means of acting upon a knot of strangulated ileum. The chief points of difficulty in the case were: 1, the doubtful character of the inguinal tumour, which had neither the aspect nor the tension of an ordinary hernia; 2, the absence from the sac, when opened, of any portion of either bowel or omentum. The fibrous band within the abdominal cavity, and the mode in which it effected the strangulation of the bowel, were not discovered till after some little careful investigation, in which, as throughout the case, I was much indebted to the tact and judgment of my colleague. The result confirms the wisdom of the old rule—"In a doubtful case,

operate"—and I may add, "without delay." There was certainly a temptation in this instance to give the patient the chance of a night's interval before operating; but we should only have found him in the morning, after some hours of vomiting, in a worse position for recovery.

The effect upon the convalescence of delay in operating is well illustrated in the following case, which is interesting also, like the one already related, from the doubtful character of the hernial tumour.

CASE II. December 6th, at 9 P.M., I saw H. Vaughan, engine-driver, a robust man, aged 23. He was suffering from symptoms of intestinal obstruction, which had begun suddenly on the 3rd, but which had not been very severe. I found a right inguinal hernia reaching the upper part of the scrotum. It was soft and without tenderness, and was returned readily through a rather patulous external ring. I left him, having ordered a grain of opium every four hours. He was visited in the morning by my assistant, Mr. T. P. Collins, in whose hands the case remained for the next three days; during which time, however, I saw him once or twice. Mr. Collins reported to me that, after the apparent reduction of the hernia, the symptoms of strangulation subsided, but that, vomiting having returned after an interval, the hernia was found to have again protruded. It was again apparently reduced, the symptoms of strangulation remitting under the treatment adopted, with the exception that no satisfactory stool was obtained. On the evening of the 9th, Mr. Collins requested me to see the case again. I found the belly tender, but the hernia still soft, without tension or tenderness, and still easily reducible within the external ring, where it could be followed by the finger. In consultation with Mr. Elmes Steele, it was determined to operate on the following morning, should the symptoms persist and no stool be passed. The next morning, the man's condition being little altered, except that the matter vomited during the night began to have a stercoraceous odour, I operated with the assistance of my cousin and Mr. Collins. The tumour was found to consist entirely of omentum of a healthy and unchanged appearance; underneath it, at the upper extremity of the large dilated inguinal canal, was a knuckle of ileum of the size of a filbert, strangulated by the neck of the sac. It lay so deep that more than usual care was necessary in dividing the stricture, and I was obliged to enlarge upward the external incision in order to reach it with safety, having first removed the omentum. A good deal of venous oozing took place from the whole surface of the wound, which, when this had subsided, was closed as usual. The next day, however, it was found filled with coagulum, which was removed and the surface cleaned as well as possible. The intestinal functions were resumed favourably, but no part of the wound healed by first intention, an abundant and rather unhealthy discharge taking place during the first nine or ten days. Granulation succeeded in time; but nearly two months elapsed before the patient was able to resume work.

In this case, the apparently complete reducibility of the hernia and the remittent character of the symptoms were curious and deceptive, but I readily admit that its true nature ought to have been discerned, and the operation performed earlier than it was. Possibly the distension of the inguinal canal by the mass of omentum when reduced within the external ring, may have had the effect of dilating a little the neck of the sac, and thus caused the remission of the symptoms by releasing the tension of the stricture upon the incarcerated gut. That the latter suffered little from the delay is evident, but in other respects Vaughan's convalescence contrasts strongly

with that of West. He was the more robust and healthy subject, but he had suffered from strangulation more or less for nearly a week. During this time he had taken little food, and of that little the greater part had been returned. Assimilation had been very imperfectly carried on, and he had passed no stool. There had been no active inflammation, and the man's condition was apparently very favourable; but the effect of impaired nutrition was shewn in the obstinate oozing of blood from the wound, and the defective healing power which it manifested.

Hesitation and delay are the great causes of the fatality of hernia. Half an hour's trial of the taxis should, with very few exceptions, be sufficient to satisfy the operator whether the hernia is reducible or not; and when once a decision in the negative has been arrived at, every hour's delay of the operation should be regarded as inimical to the patient's prospects. In inguinal hernia delay is doubtless better borne, as a general rule, than in femoral, as in the latter case the stricture is usually very tight, and its effect rapid. I was much struck by this in a recent instance in an old woman, in which I was induced by considerations of convenience, such as often arise in country practice, to defer the operation from late in the evening till the following morning. The symptoms were not urgent; but, upon operating, a knuckle of intestine underlying a mass of omentum was found rapidly approaching a state of sphacelus. The patient recovered; but a very little more delay would have proved fatal to her. It is the frequency with which difficulties in obtaining assistance and other inconveniences tending to delay occur in country practice, that leads me to dwell on this trite and obvious point. Some of the cases narrated by Mr. Griffin, in the number of the JOURNAL before referred to, to which he was called in consultation, are instances of this. In some of them, indeed, there was gross malpraxis, such as we may hope is not often met with even in the most remote districts. To spend three or four days in administering drastic purgatives and enemata, relieved, I conclude, at intervals by the efforts at the taxis, in a case of femoral hernia, amounts to little less than manslaughter.

Reviews and Notices.

THE STUDENT'S BOOK OF CUTANEOUS MEDICINE AND DISEASES OF THE SKIN. By ERASMUS WILSON, F.R.S. Pp. 275. London: 1864.

A CLEAN SKIN: HOW TO GET IT AND HOW TO KEEP IT. Skin-Diseases of Constitutional Origin; their Etiology, Pathology, and Treatment. By JOHN WILKINS WILLIAMS, M.R.C.S.Eng. Pp. 114. London: 1864.

THE first of these books is an attempt on the part of the author to supply a class-book on Diseases of the Skin; and we are glad to find that this task has been undertaken by a dermatologist of such high authority and practical experience as Mr. ERASMUS WILSON. The present volume is only the first part of the work; the second is announced as being about to follow in a few months.

The first two chapters of the book are devoted to an account of the Anatomy and Physiology of the Skin, its Pathology, and the Classification of its Diseases.

The first chapter—that on the Anatomy and Physiology—is evidently much the same as the similar

chapter in Mr. Wilson's larger book; and, indeed, the whole of the work before us appears to be a well digested abridgment of the same, for the use of students.

In the second chapter, the author enumerates the usual characters of skin-disease, and those which appertain to the sensations of the patient. It is on the visual characters that is founded the classification of Willan. The author regards this classification, of which he gives a sufficiently full outline, as "a rude classification of great simplicity, than which none can be better suited for the early training of the student. Its fundamental principles are few and distinct, easily carried in the mind, easily recognised by the bedside, and easy of application under every circumstance." He, however, does not employ this classification as the basis of the present work; but, "in the absence of a more perfect system", adopts an arrangement which he designates as "clinical", "as arising out of the analysis of a large number of cases of disease". This arrangement is as follows; the groups being twenty-two in number.

1. *Eczematous Affections*; including Eczema, Psoriasis, Pityriasis, Lichen, Impetigo, Scabies, and Gutta Rosacea.
2. *Erythematous Affections*; including Erythema, Urticaria, Erysipelas, and Roseola.
3. *Bullous Affections*; including Herpes, Miliaria, and Pemphigus.
4. *Furunculous Affections*; including Ecthyma, Furunculus, Hordeolum, and Anthrax.
5. *Nervous Affections*; including Hyperæsthesia, Anæsthesia, Pruritus, and Porrigio.
6. *Vascular Affections*; including Nævus vasculosus and Hypertrophica venarum.
7. *Hæmodyscrasic Affections*; represented by Purpura.
8. *Developmental and Nutritive Affections*; typified by Xeroderma, Ichthyosis, and Cachexia Cutis.
9. *Hypertrophic and Atrophic Affections*; exemplified by Nævus hypertrophicus, EcpHYma, Kelis, Bucœmia tropica, and Atrophica cutis.
10. *Zymotic Affections*; including Rubeola, Scarlatina, Variola, Varicella, and Vaccinia.
11. *Alphous Affections*; including Alphos alone.
12. *Strumous Affections*; including Scrofuloderma and Lupus.
13. *Syphilitic Affections*; embracing the syphilitic skin-diseases, of whatever form.
14. *Carcinomatous Affections*; including cancers of the skin in general.
15. *Leprous Affections*; including, as principal forms, Lepra and Vitiligo.
16. *Affections of the Hair and Hair-Follicles*; including Alopecia, Area, Canities, Hirsuties, Trichiniasis, Trichosis, Favus, Kerion, Sycosis, Plica, Erythema folliculorum, Stearrhœa, and Narcosis folliculorum.
17. *Affections of the Sebiparous Apparatus*; including Stearrhœa, Ichthyosis sebacea, Comedones, Accumulationes sebaceæ, Cornua, Tubercula miliaria, Tumores serosi, Tumores sebacei, and Acne.
18. *Affections of the Chromatogenous Apparatus*; including the Dyschromatodermata—for example, Lentigo, Ephelis, Melasma, Leucosma, and Chloasma.
19. *Affections of the Sudoriparous Apparatus*; as Idrosia, Anidrosia, Osmidrosia, Chromidrosia, and Hæmidrosia.
20. *Affections of the Nails*; including Degeneratio unguium and Onychia.
21. *Traumatic Affections*; including injuries resulting from the bites and stings of insects, and their