

Many are in favour of early lancing; my own preference leans to allowing them, as a rule, to break spontaneously under the influence of iodine paint or poultices. After the abscesses have broken and been sufficiently poulticed, the ointment of the iodide of lead will be found an excellent application.

Strumous enlargement of the tonsils is another very troublesome form of strumous constitutional disturbance. As a local application, I generally direct a solution of the nitrate of silver to be painted on the part once daily (a scruple to the ounce); but by many the tincture of iodine applied in the same manner is preferred.

Strumous otitis yields best to blistering behind the ear, correcting the digestive organs, and then giving cod-liver oil and quinine, with calomel and rhubarb twice a week as an alternative. I need scarcely add that the patient should be warmly clad in flannel. Anything indeed that can promote the formation of healthy blood, and prevent or improve depraved nutrition, must be sedulously recommended.

5. *Bronchocele*. Enlargement of the thyroid gland is an affection of very common occurrence among our out-patients; and it has not departed from the general rule of having presented much more frequently in the female than in the male. As internal medicines, I have generally given large doses of the liquor potassæ with the chlorate of potash, in doses of from five to ten grains. As an outward application, the iodine paint or the compound iodine ointment have been the preparations used.

6. *Purpura*. We have had a few cases of the simpler form of this affection. Although defined by Willan as a skin-disease, purpura is essentially a blood-disorder, in which, under a peculiar condition of system, the blood-corpuscles become disintegrated and diffused. The cases referred to appeared to depend upon passive congestion of the liver in the first instance, which in its turn produced exhausted nerve-tone, and malnutrition, with the purpuric spots.

In the treatment, after regulating the diet, which should be light, but mixed and nutritious, the liver should be thoroughly emptied either by repeated doses of senna with sulphate of magnesia, or by castor-oil. After this, the mineral acids or the tincture of the sesquichloride of iron, with or without quinine, will be the best remedies. In the low form of chronic purpura, with slow, draining, internal hæmorrhage, the oil of turpentine or the ammonio-sulphate of iron will often act beneficially.

7. *Hæmorrhoids*. The examples of this affection, included as medical cases, have been simply external or internal piles, but not sufficiently chronic or severe to require surgical treatment. I have always regarded this often painful malady as one of defective nerve-tone, and depending chiefly upon congestion of the portal circulation. With this view, while giving every night at bedtime a scruple each of magnesia and precipitated sulphur, I have always prescribed with the best effect, at the same time, an alkaline mixture, with full doses of aromatic spirit of ammonia and chloric ether. Cod-liver oil is also a medicine of much value in hæmorrhoidal disease.

CONCLUDING OBSERVATIONS.

I have now completed the running commentary upon the chief class of cases which have come under my notice as out-patients in the last two years. That medicine, as a science, is steadily advancing is unquestioned, and its chief progress is founded upon an increasing knowledge of minute physiology and pathology.

Disease is now not recognised as it was formerly, as being a something *per se*, a distinct and separate

entity, and differing altogether from the normal condition; but it is now regarded simply as a perversion of the natural and physiological phenomena, which are uninterruptedly taking place during health, but which, under the influence of various external and internal exciting causes, so affect the normal vital processes, as to constitute malnutrition or disease. The subject of perverted nutrition is largely occupying the attention of physiological and pathological inquirers, and the investigation of the influence which nerve-nutrition or its opposite exert upon the causation of disease, is full of practical interest and importance.

It is now generally admitted, that the tendency of most diseases, when unaided by treatment, is towards recovery, and that the influence of drugs is more correctly shewn in guiding to a termination in health, rather than by attempting abruptly to cut short the progress of the malady.

In order, however, to reduce our knowledge of the effects of medicines upon disease to as much exactitude as possible, it is, as I remarked at the commencement of these papers, very important that the results of individual remedies be faithfully and carefully collected and reported. For this purpose, nothing but "combined medical observation" can avail, and in no way can this be better effected than by inducing the individual members of our large Association to give a brief record of the results of their own treatment, and to test and report on the treatment of others.

Whatever course be adopted for the obtaining this result, whether by a reissue of schedules, or by any other method of inquiry, I would merely suggest the importance of condensing and simplifying the questions as much as possible, so that answers from the fully engaged practitioner may not be wanting.

NOTES ON HERNIA.

By JOHN THOMPSON, M.D., F.R.C.S., Bideford.

[Continued from p. 221.]

WHEN reduction of a strangulated hernia by the taxis and its aids is found impracticable, nothing remains but the operation by incision. It happens but too frequently that the patient either objects to this, or requests delay and further consultation. The difficulty of managing him may thus be more trying than the treatment of his disease. Keeping this in mind, it is generally wise at the outset to say that, in case the efforts with the hand, etc., do not succeed, it will be necessary to use the knife. A timid person often becomes reconciled to an operation when time is allowed him to make up his mind; and the more early this is done, the better the prospects of the case.

In provincial practice the results of operations are so generally known, and so long remembered, especially when they are unfavourable, that it is matter of importance, for the welfare of future sufferers, that an established operation should not suffer in reputation, which it must do, if performed only as a last resort, when pain and agony compel compliance. It is most notable how strong is the logic of facts on the mind of a sufferer; let him know that others afflicted as he is, have successfully passed through the operation, and your point is almost gained; but, on the other hand, sinister information of unsuccessful cases equally disposes in the opposite direction. Feeling that next in importance to the performance of the operation is the question of time, I have dwelt the more on these matters, which, though simple, may be of considerable consequence.

In operating, a surgeon experiences how much more easily the scalpel cuts a living than a dead tissue, and practice thus makes a man careful how he divides integuments tensely extended over a convex elastic hernial tumour. From not exercising a sufficiently delicate appreciation of the force to be applied, I have found my first incision to be more penetrating than I had expected, and I have known the same occur to others. Division of the integuments by transfixion is, I believe, the preferable practice, being more safe and less painful.

A firm director is next passed under the fasciæ, layer after layer, a friend guarding its distal extremity in each instance with his thumb-nail, the operator then adroitly runs the scalpel along the director with its back in the groove, and the tissues are easily and safely divided. Cutting against the director is a rather clumsy procedure, and moreover does the edge of the scalpel no good.

Where the patient is very fat, it is a point of importance to have the integuments along the incision kept clear of the knife; and here bent spatulæ are specially useful, but if not to hand, as may happen in country practice, bent knitting needles are easily extemporised, and answer almost equally well. When the sac is reached, if it be determined to open it, pinching up the bag and rubbing the layers as a powder is dealt with between the finger and thumb, enables one to discriminate between sac and intestine; a snip is made in the former, the director passed in, and a sufficient incision made in it to allow the easy introduction of the finger. The stricture is next felt for, and divided by a hernia-knife or a bistoury, either guided on the finger or along the groove of the director, and kept well up against the upper border of the ring. A very slight incision is sufficient, and a gentle to and fro movement with the knife is a good way of effecting it. A free division is unnecessary; it adds to risk, and probably may render the future protrusion more facile and bulky.

When the stricture is thought to be divided, gently pull down the intestine a little way, and press it with the finger and thumb; if it be relieved from the constriction, some of its contents will pass up, and the coats become flaccid; then holding the sac by the finger and thumb of one hand, and delicately pressing up the intestine with the finger and thumb of the other, it readily enters the abdomen; the forefinger may be passed along the canal after it, to ascertain that reduction is normal and complete.

Every step is more easily performed where the operation is undertaken early in the disease, than when by delay and oft repeated handling, congestion and inflammation have been set up.

Nearly twenty years ago, I was sent for at night to attend a respectable middle-aged man, afflicted with strangulated scrotal hernia. The taxis failed; bleeding and the warm bath were added, but without avail. I then injected large quantities of cold water *per anum*, and applied the same to the scrotum, but reduction was still impracticable. In the morning I obtained the assistance of two professional friends, and again a course of manipulation was employed, but nevertheless the strangulation was unrelieved.

I then proceeded to operate, and soon reached the sac, which was opened. Inside this there were felt some constricting bands from the tissue without, and I passed up a bistoury guided by a director, and with some decision divided them. The sudden liberation of the compressed intestine caused it to rebound, and it thus overlapped the edge of the knife and received a small wound, which penetrated the coats and allowed some contained fluid, which proved to be the water from the injection, to spirt out. After the gut was thus emptied, a fine suture was passed around the margin

of the puncture, which was only of about the size of a crow-quill, by one of my friends, and the intestine gently returned into the abdomen. The usual mode of treating the wound with sutures and plaster was employed, and the patient became relieved from his suffering.

No untoward symptoms followed for several days, when considerable inflammation and swelling of the scrotum took place; and the patient informed me that he felt as if the wind in his bowels "worked" to the part where he had been cut. I suspected that there was an escape of fæces and gas from the wound in the intestine, which caused the distension and attendant inflammation. After no long time, a discharge from the scrotum confirmed my suspicion; but, excepting this, the patient's state was very satisfactory, the functions of the system being normally performed.

It struck me that so small a wound could only produce a sinus, and that, in connexion with this, the intestine would be sure to contract adhesion near the mouth of the ring, after a little time had elapsed, when, by judiciously applied compression, I might obliterate the inguinal canal, which would be in an inflamed condition and apt for adhesion. Accordingly, after a sufficient interval, I applied a good compress, and supported it well by a figure-of-8 bandage. This completely answered my expectation; the passage became closed, and, by consequence, the discharge ceased, and the patient was cured.

In a short time, the man was again at his occupation; and he never suffered anything to indicate that the accident had done him lasting injury. I have recently examined his groins, and found a large inguinal hernia of the opposite side, and a smaller one on the side where he was incised; that the latter is relatively small, arises from the altered conditions effected by the adhesions consequent on the operation.

The man is now the subject of heart-disease, and holds his life precariously. Should he die before me, I shall try to ascertain, by a *post mortem* examination, the precise condition of the maimed gut and contiguous canal. I cannot omit to mention, in connection with this case, that my friends honourably kept the accident a secret; and, as the result of the operation was so favourable, I have ever since been much esteemed by the patient.

The operation of dividing the stricture without opening the sac has been so favourably reported on that, where the case is suitable, as happens very generally in femoral herniæ, it becomes a duty to adopt it. The cutting down to the sac is, of course, performed just as in the old operation, though the external incision need not be quite so extensive. On arriving at the sac, one surgeon may use his finger as a guide for the bistoury between this and the fascia, another a director; but it is worth mention, that either will readily pass over the falciform process and into the overlying tissue, unless care be used to see that the cribriform fascia over the sac is properly divided. I have seen this so tightly laid on the hernia that it seemed a part of the sac, and the director was tilted by it over the falciform process, where, of course, division of the fascia had nothing to do with relieving the stricture. When these matters are properly managed, there is no difficulty in passing the finger or a director up under the stricture, and making it the pioneer and guard of the knife.

After the stricture is divided, the intestine is readily returned, if the hernia be recent; but, in old cases, where the sac has become, as I have seen, prodigiously thickened about its neck, there may be considerable difficulty in pressing up the intestine. It

has happened that, in attempting to do this, both it and the sac have been returned together into the abdomen, an accident much to be regretted; but still it is not necessarily of such serious import as the opponents of this operation would have us believe; for, as the main cause of strangulation is in the unyielding fascia which has been divided, and not in the partially elastic sac, the latter, though holding the intestine as the finger of a glove does the finger, may yet permit circulation in the vessels and passage through the intestine.

I have never seen an unopened sac returned into the abdomen along with the intestine; but I have known the return of a partially opened sac, the neck being entire and closely embracing the gut, and yet no untoward symptoms followed; nay, I believe the patient was, in one respect, benefited; for, as inflammation had been already set up, the less the sac was incised the better, provided strangulation was relieved.

To avoid the possibility of returning the sac, I have adopted the plan of separating the fundus from the fascia to a small extent; then, on applying the finger and thumb of the left hand, the intestine is felt within, and probably separated from it by a little contained fluid. Holding the sac at its extremity with this hand, the intestine is to be pressed up with the finger and thumb of the other; so that, practically, extension and counter-extension are exerted, the one part being pressed up and the other held down at the same time; thus, I have found reduction easily effected. Of course, much of the ease with which we obtain our end, must depend on the state of the sac; but yet it is pretty evident that the plan named must be greatly better than that which permits the pressure to act on both sac and intestine at once and in the same direction. In this, as in other surgical practice, experience is the test; a trial of this proposal will, I am convinced, insure its adoption.

It is striking to notice how little comparative shock is given to the system by this form of operation, and the quickness with which recovery is effected. I operated on two cases of hernia in May of last year; in the one I opened the sac, and in the other I divided the stricture without opening. In the latter, the patient was pretty well at the end of a week, and about his farm business in a fortnight; but the former took eight weeks to recover. Much stress cannot be laid on impressions produced from small experience; but yet I cannot help feeling strongly persuaded of the superiority of this operation, which, I suppose, may, in its main points, be termed that of Mr. Gay.

[To be continued.]

ROYAL MINT. Dr. Stenhouse, F.R.S., has been appointed by the Master of the Mint non-resident assayer to the Royal Mint, in the place of Dr. Hofmann resigned. (*Chem. News*.)

THE PHYSICIANS OF CHAMBERSBURG. The sad experiences of the citizens of Chambersburg, during the past summer, when subjected to the tender mercies of a portion of the rebel army, who wantonly sacked and destroyed that beautiful village by fire, is yet fresh in the memory of our readers. It came incidentally to our knowledge lately, that every one of the physicians resident in the place at that time, viz: Drs. A. H. Senseney, J. Montgomery, J. L. Suesserott, S. S. Huber, Samuel H. Boyles, J. C. Richards, and Langheim, lost their all, including household goods, office furniture, surgical instruments, libraries—everything. Some of them barely escaped with their lives. (*Philadelphia Medical Reporter*.)

The Medical Council.

REPORT OF PROCEEDINGS, APRIL 1865.

THURSDAY, APRIL 6TH.

G. BURROWS, M.D., President, in the Chair.

The Army and Navy Medical Examinations. The following communications from the Directors-General of the Army and Navy Medical Departments relative to the Examination of Candidates for Medical Commissions, were read.

Army Medical Department, June 20th, 1864.

SIR,—In acknowledging the receipt of your letter, dated 27th ultimo, conveying the request of the General Council of Medical Registration to be furnished annually with information on the following points; viz.:

“(a) The total number of candidates for medical commissions who have presented themselves for examination;

“(b) The number of those who passed, and of those who did not pass, the examinations of the Board, distinguishing the number of successful and unsuccessful candidates under the respective heads of the several licensing bodies mentioned in Schedule (A) to the Medical Act, and specifying their qualifications, medical and surgical, and whether they had failed in medicine or surgery;

“(c) The general nature and scope of the examination conducted by the Board, together with a list of the questions proposed by the Examiners”;

I have the honour to inform you, in reply, that Lord De Grey has been pleased to accede to the wish of the General Council, and I shall be obliged by your signifying from what date the information is required.

I have the honour to be, sir,

Your most obedient humble servant,

(Signed) J. B. GIBSON, *Director-General*.

F. Hawkins, Esq., Registrar, General Council of Medical Education, 32, Soho Square, W.

Army Medical Department, Feb. 23rd, 1865.

SIR,—With reference to your letters dated 27th May and 24th June last, the former communicating a resolution passed at a late session of the General Council of Medical Education, that certain information should be furnished by this Department, annually, in regard to the number of candidates who have presented themselves for examination, and specifying certain points on which the Council request to be informed, I have the honour to forward a statement on the subject, with a list of the questions proposed by the Examiners; and to observe, in regard to the general nature and scope of the examination, that the enclosed copy of the regulations for the admission of candidates into the Medical Department of Her Majesty's Army (section 5, page 8) will probably supply the information which the Council are desirous to obtain.

I have the honour to be, sir,

Your most obedient humble servant,

(Signed) J. B. GIBSON, *Director-General*.

Fras. Hawkins, Esq., Registrar, General Council of Medical Education, 32, Soho Square.

[A list of the subjects of examination was appended to this letter.]