

be added to or removed from the body;—a state of things analogous to the old demoniac possession. Every disease is supposed to have its remedy—every bullet has its billet, and if the practitioner called do not supply the required cure, it is because he will not or knows it not, not that it does not exist. The poet may write—

“What drug can make
A withered palsy cease to shake?”

But hope is eternal, and a friend is always ready to say—“Try Dr. So-and-So.” He is tried, and the patient, if not the disease, is attacked with a zeal and vigour that merit the highest success if it had only been attempted to compass the possible. Of course failure is inevitable, but what then? Blot out that word impossible from the dictionary, said Napoleon, and in a similar spirit. Another confidential friend whispers—“In these cases there is none equal to Dr. Thus-and-Thus.” But a more effective reason for the present condition of our art is that, by the regular administration of several or many remedies at the same time, we have made the problem of recognition of the separate action of each insoluble. The human body is the most highly organised and perfect machine in creation, and being so, it is the most complex. Now, when a physician is called in to correct some deviation from the normal condition of function or organ, what does he do? He orders a change in the action of the mind, change in the position and motion of the body, change in the diet, change in the habits, and then a combination of more or less active remedial agents, from two to twenty in number. If after that he can apportion to each its proper share and merit in contributing to the cure, he is a wonder of judicial discernment, imitation of whom with me would be perfectly hopeless. The effects are disastrous to the profession. The attempt to get precise knowledge is never made. It is said—“What does it matter if the patient be cured? Articles of diet are given mixed, why not those of pharmacy?” The fallacy is palpable, but from age to age the ignorance is perpetuated. The very fault against which the tyro is also warned on his entrance into the profession, that he must not believe that *post hoc* is *propter hoc*, is incultured by the practice of the oldest practitioner. That the system is artificial and not natural, is proved by the fluctuations in the favour with which different remedies are regarded.

“Multa renascentur quæ jam cecidere, cadentque
Quæ nunc sunt in honore.”

To judge of the value of treatment by the more broad result of the case, is to put ourselves in the same category with the charlatan or heretic. Here I again join issue with the medical orator at Birmingham, who said that the best doctor was he who was most successful. Best, certainly, as far as his own interests are concerned; but we all have duties to our profession. I should say that he is the best doctor who most accurately connects cause and effect, and who applies no more remedies than he is certain of obtaining distinct results. Unfortunately, the regular as well as the irregular practitioner, is ever ready to credit his appliances with the body's return to health, really due to other causes, or to its own inherent powers.....In truth, the natural tendency of the body to revert to the state of health after exposure to poisonous agents, or morbid conditions of life, has never since history began been studied without remedial interference. Among tribes of savages, so rude as to have no knowledge of the Deity, there is yet found the medicine man, to whom the treatment of disease is entrusted. And it seems one of the most distinctly inherent instincts of humanity that that office shall be perpetual. What, it matters not; but some system there shall be, and nature shall never have the *κῶδος* of working out her own salvation.

What might not be the effect of commissions of competent persons to report on the evidence of disputed questions, and what happy results might not ensue, if instead of being the stepping-stones of professional success, scientific investigation were made the sole lifelong occupation of those philosophical temperaments fitted for such pursuits. But our inquiries are left to haphazard or to energies of such associations as our own; and the only wonder is that so much is achieved when the opposite difficulties are so great and the temptations to desert so seductive. The history of the introduction of a new remedy puts the weak points before us of fortuitous individual effort. Started with a few dexterous puffs in the medical journals, the little stranger flies with progressively increasing speed over the whole medical world. The stately hospital gives its letters of recommendation to the humble dispensary, the consulting-room to the rural surgery.....The inevitable reaction sets in. The too confident expectancy is doomed to disappointment in case after case, until at last it is well if the real properties of the remedy are not denied because it has not proved the panacea it was once supposed.

“Oh, happy he who still can hope
Out of this sea of error to arise.
We long to use what lies beyond our scope,
Yet cannot use even what within it lies.”

As says the learned Dr. Faust.

The last feature in the process of evolution to which I shall allude is the elevation of certain members of the profession above the gross atmosphere of an empirical art to the pure empyrean of the savant or professor of science. Practitioners of medicine may be said to occupy the position of middlemen between the cultivators of abstract and natural science and the general mass of the public. Herein they exercise the useful function of being translators of a language unintelligible to the multitude, or, to speak technically, they are the media of dilution of scientific ideas. But at no time has the profession wanted members to hold the front rank amongst the pioneers of truth—the original thinkers and the workers among the hidden things of the heavens above, and the earth beneath, and the waters that are under the earth. What distinguished names at once rise to the lips when we dwell on this fact of those who have gone from amongst us not to return, but whose wholesome influence is felt through every rank of the profession at large.

Every year, every week indeed, furnishes evidence of the incessant intellectual activity which is being exerted towards some solution of the manifold problems of life; and though at present we may only have to admire the ingenuity and the beauty of the hypothetical speculation, we may rest assured that every discovery of truth will have its phase of practical utility. . . . It may be that the laborious investigations which are being carried on to elucidate the subject of spontaneous generation may also incidentally illustrate the abnormal condition of the blood, and that ready tests may be supplied by which we may be able to detect and exhibit the presence of foreign agents or poisons which now we can only recognise in their effects. It may be that our pathological theories may pass from the region of speculation through the discoveries perhaps already trembling to their birth, of the influence of the different portions of the nervous system over the blood-supply, and the share in the complicated phenomena of mal-nutrition and inflammation. It may be that the study of the causation of diseases may receive large aid from meteorology. For though in spite of the large accumulations of facts, the laws by which the phenomena of atmospheric change are regulated are not yet discovered, yet does it seem quite feasible to associate the simultaneous appearance of instances of disease with certain conditions of the atmosphere altogether independently of the more palpable changes produced by alteration in temperature. . . . The influence of the *savant* is, moreover, not only felt through the profession as a guide through unexplored regions, but there is an absolute gain in his companionship. We learn from his example and from his careful and precise habits of observation, to avoid hasty generalisation and that precipitate jumping to conclusions which has ever been the bane and disgrace of the art of medicine. Another lesson we may too learn, that with us as with him, there is no stage of completeness or perfection to be reached where we can stand still—no rest and be thankful—until waning powers and failing senses warn us that the time has arrived when we must hand over our task to our successors. It is better to avoid the complacent survey of the past and to look with humility on the vastness of the future, though the pride might be pardonable with which we pass in view the changes which the process of evolution has wrought in us, and the large spheres of activity, general or special, which we claim as our own in the right to diminish human suffering, and in counteracting the evils of modern civilisation to prolong human life. Lowly though our origin, we have almost reached in stature to the skies, nor need we fear comparison with any other profession in the purity of our intentions or the nobility of our aim. Most excellent of all is it that our success, our very existence is identified with progress, and that we can adopt as our motto the laureate's lines,

‘Not in vain the distance beacons, forward, forward let us range,
Though the great world spin for ever down the ringing grooves of change.’”

UNRECORDED CASES OF DEATH BY CHLOROFORM :

AND THE NEED OF A SUITABLE ROOM FOR INJURED
PERSONS IN CONNEXION WITH MINES AND OTHER
SIMILARLY DANGEROUS PLACES OF LABOUR.*

By WILLIAM BROWN, M.R.C.S.Eng., Callington.

MUCH has been said lately on the important subject of anæsthetics—on the comparative danger of the inhalation of chloroform as compared with that of æther. I shall not enter into this controversy. But, as is usual in all disputed questions, the disputants all follow one another in dwelling on the one aspect of the question first presented to public

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observation. No one has remarked, in the matter under consideration, on the *unrecorded* cases of death by chloroform, and, it may be, by other anæsthetics. I am disposed to think they are frequent. At any rate, I venture to produce the following case; and especially as it inculcates, in my view, another lesson—the necessity of a suitable chamber or room, with bed or beds, in the immediate vicinity of, or as part of the buildings on, all mines or other works where the employed are unusually exposed to physical danger.

At a mine in a neighbouring parish, where accidents had been sadly frequent and equally severe, on December 29th, 1869, "ground" fell away, and more or less injured five out of six persons working at the particular part, underground, of the mine. Of these five persons, two were killed on the spot; and my patient, whose home was in the parish of Stoke Clemsland, was fearfully injured. His son, also, was working with him, and was one of the five persons injured, but not fatally or very seriously. The weather had been for some time exceedingly cold and bad (frost and snow), which had given way to cold wet—sleet. The accident took place at about ten o'clock in the forenoon. After the necessary delay in extricating the injured persons from underneath the fallen "ground", and getting them to surface, the nearest surgeon was sent for, and a messenger was sent on to me. This messenger, I am told, was a boy, and the weather caused excessive delay in his reaching my house. The qualified assistant of the surgeon referred to came to the mine. Temporary appliances, by means of boards and "bal shag", were applied to the part most injured—the right lower extremity. This was done, in their usual way, by the miners, who brought the injured man to surface. What time the patient and his bearers left the mine, I do not know, but they did not reach his home until 4 P.M. All the time the poor man was in his wet underground clothes, was carried on boards in the cold sleet, over the most dreadful roads, losing blood continuously and very considerably all the way; and this "dead march" was over a distance of from four to five miles. At two villages through which they passed, they had to stop to give him spirits. What time the messenger came to my house, I do not exactly know, as I had gone out of town, but my man was sent after me. I hurried back, and got to the patient's home as soon as I could, but I believe it was quite six o'clock in the evening before I reached the house; and, of course, I did not know it was necessary to carry my full set of amputating instruments. I found the patient on the boards on which he had been brought to his home; but he had been lifted, framework of boards and all, on to the table. He was smoking, and spoke firmly, but was wet, pale, and cold—in a state of semi-collapse; still in his underground clothes, blood still oozing away, the same temporary wrappings on, boots on—in fact, in the same state in which he left the mine. The assistant referred to was in the house, and had been there all the time, awaiting my arrival. I presume he did not like to take any active steps until my appearance. After making a general inquiry and inspection, and ordering suitable nourishment to be prepared, etc., I had him undressed, and put in the most comfortable state possible under the circumstances. On making a proper examination, I found compound comminuted fracture, with terrible contusion and laceration, below the knee of the right leg. This injury was so extensive and hopeless as to render immediate amputation necessary; and it was so near to the knee-joint, and so far involved the joint, as to make it absolutely necessary to go above the knee for the amputation; had there not been any other reason, sound flaps could not have been had below the knee. But I further found that, unfortunately, there was compound fracture in the upper third of the thigh also, near the trochanter major. But in this fracture there was not any laceration, except that of the end of the femur having been simply thrust through the soft parts. I could pass my finger into the fracture, but there was not any comminution of the femur. What was to be done under these circumstances? I had but one course—to make the patient as comfortable as possible, so as to get him into as fit a state as possible for operation, and send for efficient help and a more complete supply of instruments. I sent a note to my neighbour, Mr. John Kempthorne, who, with all possible promptness, came with his amputating case, and my assistant. I had made up my own mind that it would not be safe to ignore the fracture in the upper part of the thigh, to the extent of treating it as a curable fracture, considering that it was compound, and that I must, irrespective of it, amputate in the thigh. I thought, under these complications, that the only true course was to amputate in the upper part of the thigh, instead of at the lower third, or near the knee. But, to go clear above the upper fracture, I must have gone into the hip-joint; but as perfectly good unbruised flaps could be had at the place of fracture, I decided to transfix there. Mr. Kempthorne assented to this.

The patient having previously had suitable nourishment, and having been placed in proper position, was put under the influence of chloroform by the assistant who came with him. The artery having been duly

compressed, I made my anterior flap; and then, passing the knife between the fractured ends of the femur, I made my posterior flap. But now our difficulty came on: the fracture through the femur was oblique. Hence I had to remove the projecting portion or point of the bone. The incisions were so far up into the thick part of the thigh, that we found we could not keep the flaps upwards sufficiently out of the way so as to be able to use the ordinary amputation-saw; and we had not with us a Hay's saw. I had a clasp finger-saw, but this also proved inefficient, as the teeth were not fine enough for such a slender, hard point of bone. And, in fact, the bone was so enormously hard that we could not cut off the projecting portion with the bone-forceps. While we were trying to overcome our difficulty, the effect of the chloroform began to pass off, the man to struggle and to call out. Unfortunately, to prevent these efforts on the part of the patient, the gentleman having charge of the chloroform began to reapply the vapour. I and Mr. Kempthorne were too intent in our united endeavours to make a proper stump to the remaining portion of the femur, to watch the administration of the chloroform also; when all at once the pulse gave way, the patient gasped, and was dying from the immediate effects of the chloroform. We made every effort, by admission of cold air, drawing forward the tongue with forceps, attempting to produce artificial respiration by Silvester's method, to restore animation to the patient, but too late. Life was extinct. Now, how did *not* the immediate cause of death get *publicity* here? The man had suffered terrible injuries and a terrible shock; had suffered delay, wet, cold, loss of blood; had gone through a grave capital operation; and he and his friends had been warned beforehand by me of his great danger. These were tacitly accepted by the friends, and most of those around, as sufficient causes of the death. A statement that chloroform was the cause would have produced painful excitement, and perhaps brought blame on the assistant, whether rightly or not, who had charge of the administration of the anæsthetic; and there was great probability of the patient dying at a future stage else; hence I did not dissipate the general impression that became current. How many cases, probably, are allowed to pass away in the same manner. Of course, for this to be possible, you must have a very grave dangerous operation, or the patient must have sustained great injuries to necessitate the operation, whether in itself great or not, or must have been in a precarious state of health previously, so that death might almost be expected to happen at any moment.

Now for the lesson which grows out of this case, as to the need of a proper room and bed or beds at all large works of a dangerous kind; and for the more forcibly inculcating which lesson, I have been thus particular in giving the history of the case. How indescribably sad must have been the feelings of my patient to have to wait about, to be carried about, hour after hour, in December sleet—wet, hungry, cold, stiff, mangled, and bleeding, suffering excruciatingly at every jerk of his bearers. Whereas, if he could have been put into a proper room at once, undressed, placed in a suitable bed in a regulated temperature, means taken to arrest the continual oozing of blood, proper nourishment given, instead of the frequent repetition of raw spirits—the strength thus every way succoured—how much better would have been his chance to go through the necessary operation, and to recover from it. While, had such conveniences existed, and a suitable messenger been sent away, I could have rendered my services to him hours sooner also. And I am sorry to say that this is not at all a solitary or unfrequent case, although it is an extreme one I admit. I have seen dozens of miners who have had to be carried on stretchers or in carts, mile after mile, often in the dead of night, bleeding all the way, burnt, fractured, or contused and lacerated—some hopelessly, some less so—to their homes, before they can have that surgical help which they so urgently and so promptly require; and not only so, but with adjuncts or surroundings of the most favourable and helpful, instead of the most depressing, kind, as is too often the case with these so-called homes—small, dark, damp, crowded huts, without ventilation, with perhaps only one bedroom, and no fireplace in that—ill-kept and comfortless dens in every respect.

CLINICAL MEMORANDA.

HÆMATOMA AURIS.

THE remarks recently made on hæmatoma auris in the JOURNAL may usefully revive an old discussion as to the nature and cause of the curious pathological condition known under that name. More especially is the question an interesting one, whether this form of swelling about the ear is only met with in persons of unsound mind, and if so, whether violence is always concerned in its production? Now several cases are