so antediluvian as might be supposed, and possesses two recommendations not unworthy of notice. The first of these is, that instead of swelling out into the corpulent proportions of those huge compilations in which surgical principles are hardly less difficult to find than needles in a bottle of hay, it has become gradually thinner; my object in its improvement not having been to stuff it with irrelevant matter, but to weed it of every statement not possessing some practical utility. The second claim on your confidence is, that it contains principles which have stood the trial of thirty-five years' constant application in clinical teaching and practice, and also that it has been found a trustworthy guide by the long succession of pupils who have emanated from this school, including not a few of your own parents.

The diagnosis having been accomplished and the principle of treatment determined, the next difficulty is to do what may be requisite for the treatment. In most of the derangements strictly belonging to the surgical department some sorts of manipulation are necessary, and the performance of these constitutes the operative surgery which is too frequently regarded as the principal object of a surgeon's attention. The unfortunate expression, "surgical dexterity," has led to the most erroneous belief that the success of a surgeon in his operations depends greatly upon manual skill; the truth being that, with few exceptions, there is no difficulty whatever in the execution, the real difficulty lying in the determination of what should be done—what part should be cut, and what should be avoided; so that the man who flourishes his knife and studies attitudes exhibits a subject of compassion rather than respect.

In order to be good operators, you must be well acquainted with the human body in regard not only to the relative situation of its various parts, but also the sensible characters of its component textures, so as to recognise them by touch when obscured by blood, or otherwise out of sight. You must also be familiar with the use of instruments, such as knives, scissors, and forceps. There can be no greater error than to suppose that performing operations on either the dead or the living body can ever supply these essential qualifications, which may doubtless be improved by practice, but cannot possibly be acquired from this source alone, as is too frequently shown by hospital surgeons who have entered upon the discharge of their duties without due preparation. It is in the dissecting-room that you must learn the structure on which you are to operate, and it is in the hospital that you are to acquire sound principles of practice, by studying them in connexion with cases admitting of their application.

The external appliances, such as bandages and splints, are readily administered by anyone who knows the objects of their employment. It is necessary, however, that you should be so familiar with the use of these means as without any hesitation to employ them properly when called upon to do so; and you should therefore imitate in private what you see done in public, and I shall take care that every sort of bandaging you can possibly require is shown and explained in this place.

I have only further to say that in addressing you it will be my constant endeavour, as it has always hitherto been, to impart instruction that may be useful in the practice of your profession, being more anxious to obtain your permanent regard than to afford you merely temporary satisfaction. With this view, while endeavouring to impress the principles that seem to me sound, I shall not scruple to warn you against the mischievous projects that, under the guise of novelty, are apt to mislead the judgment. By doing so I shall, no doubt, incur the resentment of would-be improvers, but be amply repaid for their hostility by the consciousness of having discharged my duty.

Before concluding these prefatory remarks, I may say a few words with regard to the clinical examinations which it is my duty to conduct, since here also there is room for diversity of opinion. The idea generally entertained of a clinical examination is that it should be an exercise in bandaging and diagnosis; but the former is so easy and the latter so difficult that neither the one nor the other can be safely regarded as a test of qualification. While therefore expecting candidates to be familiar with surgical appliances, and able to discriminate simple forms of disease, I shall make it my great object to ascertain how far they are provided with sound principles of practice. With this view, having placed patients before them, and, so far as may be necessary, explained the nature of their derangements, I shall ask what should be done to afford relief. This every candidate for a licence to practise is bound to know; and if he does not, it will be the greatest kindness to give him an opportunity of removing the defect that would prove so dangerous to his patients, and injurious to his own character.

A FOURTH REPORT

OF

CASES OF CONSUMPTION TREATED WITH PANCREATIC EMULSION OF SOLID FAT,

AT THE ROYAL INFIRMARY FOR DISEASES OF THE CHEST.

BY HORACE DOBELL, M.D.,

PHYSICIAN TO THE INFIRMARY, ETC.

I AM informed by Messrs. Savory and Moore that, since my last report in THE LANCET of Nov. 18th, 1865, the quantity of pancreatic emulsion ordered by medical men throughout the United Kingdom and in the colonies has been very great, and rapidly increases; and, from numerous letters received by Messrs. Savory and by myself, it is evident that those who have prescribed the emulsion, and those who have taken it, have been, as a rule, well satisfied with its effects. It is clear, therefore, that a large experience in the use of this remedy is being accumulated by other medical men as well as by myself, and it is most desirable that they should report in the medical journals the results of their experience. In the meantime, I have myself prescribed the emulsion, in private and public practice, with most encouraging results, notwithstanding the difficulty which has been encountered, during the hot weather, in consequence of the preparation spoiling when kept for any length of time. I have often feared that this difficulty might prove insuperable, but I am happy to find that within the last few weeks Mr. Schweitzer has succeeded in perfecting a process by which a pure pancreatic emulsion can be produced, of uniform quality, which he is confident will keep for any reasonable length of time. We are now using this preparation at the Royal Infirmary, and I am assured that in future nothing else will be sold by Messrs. Savory and Moore.

From inquiries addressed to me it appears that many medical practitioners are uncertain as to the mode of administering the emulsion, and I may therefore state that I have found it best to give the dose as nearly as possible two hours after a full meal, such as breakfast or dinner, particularly avoiding a longer interval, and also avoiding warm drinks for two or three hours afterwards. When cod-liver oil agrees, I give a tablespoonful of oil directly after breakfast to supply olein to the blood through the portal system, and a tablespoonful of emulsion in a cup of milk or water two hours after dinner to supply the blood with pancreatized solid fats through the lacteal system.* If cod-liver oil cannot be taken, I give the emulsion two hours after breakfast and two hours after dinner.

In the very few cases in which the stomach does not easily tolerate the emulsion, I have found it due, almost as a rule, to excessive acidity of the digestive fluids, and an alkaline powder of soda and calumba, or an effervescing draught of citrate of soda and potass, given before the meal which precedes the dose of emulsion, has generally overcome the difficulty. It must be borne in mind that some adults cannot digest milk, and in these cases the emulsion should be mixed with water instead. Brandy or rum may be added in any case if preferred.

In the following 100 cases the notes kept at the infirmary are complete in all the points mentioned in my former reports, and I therefore submit a summary, which will be found uniform in its headings with the summaries already published. In former reports emulsion was prescribed chiefly in cases where cod-liver oil disagreed. No such selection was made in the following cases.

Summary of 100 Cases of Consumption treated with Pancreatic Emulsion of solid Fat since Nov. 1865 at the Royal Infirmary.

25 cases in the 1st stage (advanced)—Condition on discharge measured by general symptoms: Improved 25. Measured by physical signs: Improved, 23; stationary, 2.

Emulsion agreed, 25.

Cod-liver oil agreed, 11; disagreed, 9; not tried, 5.

35 cases in the 2nd stage—Condition on discharge measured by general symptoms: Improved, 33; stationary, 2. Measured by physical signs: Improved, 31; stationary, 4.

Emulsion agreed, 34; disagreed, 1.

Cod-liver oil agreed, 16; disagreed, 19.

* For further particulars of the theory of this action and for the three preceding reports see my work, "On Tuberculosis: its Nature, Cause, and Treatment." Churchill. 1866.

40 cases in the 3rd stage—Condition on discharge measured by general symptoms: Improved, 29; stationary, 3; worse, 8. Measured by physical signs: Improved, 19; stationary, 13; worse, 8.

Emulsion agreed, 39; disagreed, 1.

Cod-liver oil agreed, 20; disagreed, 20.

Total results in 100 cases—Condition on discharge measured by general symptoms: Improved, 87; stationary, 5; worse, 8. Measured by physical signs: Improved, 73; stationary, 19; worse, 8.

Emulsion agreed, 98; disagreed, 2.

Cod-liver oil agreed, 47; disagreed, 48; not tried, 5.

Average duration of treatment for each case, ten weeks.

In conformity with the plan adopted in preceding reports, I append the following short extracts from the infirmary notes, selecting especially the observations made by patients with reference to the emulsion.

First Stage.

CASE 97. After taking emulsion eight weeks, appears to be quite well, and declares that he is.

99. Had suffered much from frequent creeping rigors; they soon ceased when taking emulsion.

105. Eight brothers and sisters died of consumption, also father and several of his family. Cod oil had never seemed to do good. Emulsion agreed, and patient improved much.

114. Did not improve under cod-liver oil. Says emulsion soon did good. Much improved.

122. Says emulsion does great good; has gained 8 lbs. more weight than he ever weighed before. No morbid chest-sounds left.

132. Has lost 20 lb. in eighteen months, though taking cod-liver oil. Oil and emulsion both agree; likes emulsion best. Discharged himself in five weeks—he “felt himself so much improved.”

134. Constant craving for food; no satisfaction from eating. Terrible flatulence. After taking emulsion seven weeks, lost craving for food; appetite natural; gained flesh; altogether better than for twelve months.

137. Oil disagrees. Likes emulsion much. At seventh week appears well.

145. Says emulsion does much good; eats with appetite; and whereas he was rapidly losing flesh and strength, is now gaining both. At eighth week, nothing to complain of.

146. Emulsion agrees well. After fourth week, instead of losing flesh as before, has gained much, and feels quite well.

148. Had been losing flesh, spitting and coughing, twelve months. After emulsion eight weeks, apparently well.

150. Much troubled with sickness. Likes emulsion; it removes sickness. At tenth week, no sickness; appears well.

152. Appetite capricious; never could take anything fat. At fourth week, appetite good; gains ground. Emulsion agrees.

154. Says emulsion agrees exceedingly well; makes him feel quite different. At fourth week, extraordinary improvement in appearance; says he has lost cough, eats well, and is jolly.

171. Emulsion seems to heal chest, and improves appetite.

172. Child of seven years. No appetite; sick with food. Emulsion agrees. At third week mother says she is wonderfully improved in so short a time: not sick; appetite good; nothing the matter.

174. Oil wont keep down. Emulsion keeps down nicely. After five weeks, much improved; complains that she does not get enough emulsion, as when short of it she gets worse.

175. Improves so much under emulsion that she asks to have double quantity.

182. Age ten. Ravenous appetite; faint after eating; sick when hungry. Emulsion agrees. Her mother says it does a deal of good; soon stopped the ravenous appetite, faintness, and sickness. At tenth week, quite well.

183. Complains much of missing the emulsion when short of it. At ninth week, appears well.

184. At eighth week, cough gone; has gained flesh; appetite good.

189. Says he can take any quantity of oil, but has no appetite, and brings up his food. Emulsion agrees; gives appetite and keeps down food.

Second Stage.

CASE 93. Has taken cod oil three years; agrees, and he likes fat. Appetite good, but food leaves sense of sinking, and he loses flesh steadily. Emulsion agrees; loss of flesh stopped, and he gains in weight.

94. Oil agreed four months ago; now will not keep down. Emulsion agrees; likes it much better than oil. Appetite improves; gets much stronger.

102. Has taken cod oil without benefit; it disagrees. Emulsion agrees; sleeps, eats, and feels better; loss of flesh stopped.

103. Sick with everything but emulsion; it keeps down, and she feels better while taking it regularly.

117. Took oil with no improvement. Took emulsion, and improved much.

119. Wonderfully improved under emulsion. Walks now four miles a day; before could hardly walk from exhaustion.

123. Has taken oil thirteen months, losing flesh and strength all the time. Now sick; oil and food both come up. Emulsion agrees; sickness stopped; gains strength.

124. No appetite; all food passes through bowels directly. After four weeks' emulsion, appetite good; food does not pass as before; complained much of missing it when the quantity of emulsion ran short.

125. Took oil five weeks; got much worse; it now produces sickness immediately. Emulsion agrees; says he could take a good deal of it. Appetite improves; general condition better.

126. Oil agreed once; now comes up. Appetite bad; loses flesh. Emulsion agrees. Appetite improves; gains flesh. At twelfth week considers herself quite well.

130. Takes oil, but gets worse and worse. Emulsion agrees at eighth week; not losing flesh, and is much improved.

135. Oil spoils appetite. Emulsion improves it.

136. A case of very rapid and extensive deposit, quickly softening. Tried oil and emulsion; both agreed. Liked oil best at first, but in a fortnight lost appetite. The oil produced sickness. Asked for emulsion twice instead of oil; it agreed; sickness stopped. Appetite returned; gained strength.

139. Oil agreed for a time, then produced sickness. Emulsion agreed; all general and physical signs improved. Went to Bournemouth; left off emulsion, not being able to afford it. Seven months afterwards returned to town in advanced third stage; came to hospital, begging to have emulsion again.

141. Oil agreed for short time, then produced bile and sickness; no general improvement. Oil tried again, with same effect. Emulsion agrees, seems to stay the system.

149. Oil disagreed. Emulsion agreed, improved in all respects while taking it, and menstruated first time for three months.

151. Has taken oil, and it agrees, but she loses flesh and strength. At first does not like emulsion so well as oil. After taking it three weeks much improved; thinks it does much good. At sixth week says cough is better while she takes emulsion, worse when without it. At eighth week cough much better; has gained strength and flesh; says emulsion does much more good than oil.

157. Oil rises; always ill after it. Likes emulsion; asks for double quantity. At sixteenth week has gained flesh and strength; feels well.

160. Oil agreed six months ago, now produces sickness; feels constant craving and sinking, not relieved by taking food; food comes up. Emulsion agrees; food does not come up; stomach feels stayed; picks up flesh.

164. A large-made man; weighed 12 st. 6 lbs. two years ago; has been taking cod-liver oil; it agrees, and he eats fat, but present weight is only 9 st. 6 lbs. Emulsion agrees; says that stuff does a deal of good; if he leaves it off a day or two he falls back; at eighth week has gained strength and weight.

165. Says emulsion relieves wonderfully; it revives, soothes, and strengthens. At eleventh week no cough; feels well.

168. Says nothing does good like the emulsion.

177. Thrown up oil almost directly. Emulsion agrees well; feels much better for it.

179. Has taken oil; it does more good than other things, but she gets fearfully thin in spite of it; used to be fat. First dose of emulsion disagreed; stomach was acid. Tried again after alkaline powder; agreed well. At ninth week discharged much better; gaining flesh.

Third Stage.

CASE 90. Oil will not keep down; has tried it three months and gets worse. Emulsion at first kept down with some difficulty; afterwards well. While laid up with influenza sent for emulsion, missed it so when without it.

96. Emulsion increases appetite wonderfully; on leaving it off appetite fails. At sixteenth week very much improved. Menstruated first time for many months.

98. Oil agreed two years ago; now produces sickness. Emulsion agrees well; improves appetite.

101. Says emulsion agrees first-rate. While under treatment all moist sounds cleared up.

108. After five weeks' emulsion, discharged much improved; soon came back asking for emulsion, she missed it so much. Oil disagreed.

109. Oil agreed; at first threw some up. Emulsion agreed; gained flesh and strength; at eighth week nothing to complain of; appetite good.

110. Has taken oil in all forms at different hospitals; makes him sick. Lost four stone in four months, and has oedema of the legs. Emulsion agrees. At sixth week oedema disappeared.

113. Has taken oil eight months, but lost ground steadily. Likes emulsion very much; misses it much if without it; gains strength and flesh, and improves altogether while he takes it regularly.

115. Oil comes up. Emulsion keeps down; says it does him much good; gained seven pounds in four weeks; appetite improved. At seventh week all moist sounds cleared up.

116. Liked fat till ill; cannot take it now. Emulsion agrees; appetite improved; enjoys meals now.

121. Neither oil, food, nor emulsion will keep down a minute.

127. Had lost much flesh while taking oil. Emulsion agrees; gained four pounds first eight weeks; three pounds the next two.

129. While taking oil alone has no appetite. When he takes emulsion as well as oil appetite returns.

131. Larynx much affected; much diarrhoea. Emulsion agrees; gains flesh, appetite, and strength. After taking emulsion fourteen weeks is able to go to work the first time for twelve months.

133. Oil rises. Emulsion agrees; asks to have more; gains flesh and strength.

143. Appetite good. Says he has a fearful job to keep down oil. Emulsion twice a day; is all right; fancies it does much good.

144. Mother and brothers and sisters all died of consumption; all took oil. She takes oil twice a day, and likes it; but thinks emulsion does most good, because while taking oil five months she lost flesh and strength, but under emulsion does not lose flesh.

153. Has taken oil seven months; agrees, but does no good. Likes emulsion much better than oil. At eighth week, has gained weight and improved in all respects.

155. A very advanced case. Has taken oil off and on for four years; it always produced sickness after a short time, and now wont keep down. Emulsion agrees; and although food and drink come up he continues emulsion, and thinks it keeps him alive.

156. Has tried oil in every way. A few minutes after taking it it sets up sickness, and he has no rest till everything comes up. Has tried three pints of milk per day; it keeps down, but he loses flesh and strength. Emulsion agrees. Says it does a deal of good.

159. Has taken lots of oil, but gets worse and worse. Likes emulsion; it stays sense of sinking. At eleventh week, considers herself well, and wishes to be discharged.

161. A very advanced case. The only thing that would stay on the stomach for many weeks before death was emulsion, which she took to the last; and her friends and medical man thought she must have died many weeks sooner but for emulsion.

163. Oil agreed twelve months ago; comes up now. Emulsion agrees; stays on stomach. While taking it diarrhoea ceases; comes on when without emulsion.

170. A very advanced case. On admission, oil would not keep down. Emulsion agrees; likes it. After taking it eight weeks, much improved, and is now able to digest oil.

173. Emulsion stays stomach, and gives more feeling of support than oil.

176. Has taken lots of oil; it agrees, but gets worse while taking it. Likes emulsion; gains flesh and strength while taking it. Discharged at twenty-fourth week, improved in all respects; looks well, and appetite good.

185. A very severe and chronic case. Long used to take oil. Objected much to try emulsion, or anything but oil. After trying emulsion a few weeks, found so much more good than from oil that as often as her letter ran out she came back to hospital again and again for emulsion.

I have now reported the results of 187 carefully watched cases, and the sum of the whole series, which has extended over about three years, is as follows:—

In the first stage (advanced), 45 cases; second stage, 69; third stage, 73. Condition on discharge measured by general symptoms: Improved, 158; stationary, 8; worse, 18; not noted, 3. Measured by physical signs: Improved, 118; stationary, 46; worse, 18; not noted, 5.

Emulsion agreed, 180; disagreed, 7.

Cod-liver oil agreed, 75; disagreed, 98; not tried, 14.

Harley-street, September, 1866.

TWO CASES OF SEVERE INJURY TO THE HEAD, WITH EPILEPTIFORM CONVULSIONS; RECOVERY.

By HENRY POWER, Esq., F.R.C.S.,

ASSISTANT-SURGEON TO THE WESTMINSTER HOSPITAL.

CASE 1.—A. B—, a traveller acting as agent for a firm, drove out with a friend a short distance from town. They stopped at a public-house, where he took two glasses of sherry, and they then drove home. He recollects dimly having an altercation with his companion, which became heated, and they proceeded to blows. When on the ground he was severely kicked. He was picked up by the police in an insensible state, and was taken first to the station-house and then to a neighbouring hospital, whence at an early hour in the morning he was carried home. He suffered much pain on the following day in the head, and a discharge of thin serum and blood took place from the right ear. He attempted to get up, but on stooping to pick up an article of dress he fell forward, and had a violent epileptiform fit, which lasted for twenty minutes, and was followed by a deep sleep of two hours' duration.

On the second day the pain and discharge from the ear continued, and he was obliged to remain in bed.

I saw him for the first time on the evening of the third day (July 24th) after the accident. His face, arms, and legs were much bruised. Pulse 72, of moderate volume, but very soft. The discharge from the ear had ceased, but there was a good deal of yellowish deposit filling up the meatus. He complained of the most violent darting and throbbing pains in the head, and sat up in bed with both hands compressing the temples in a very characteristic position. There was no disposition to chatter, nor any symptoms of delirium tremens. The pupils were of medium size, and the bowels had been opened. He had been applying vinegar cloths, and taking an effervescent saline. He was directed to omit the cloths, as the head was not hot, to take some food, to have a glass of wine in some arrowroot, and a five-grain pill of extract of hyoscyamus before going to sleep.

On the following day (25th) there was no improvement, and he had had scarcely any sleep. He was ordered to take three pills, each containing half a grain of morphia, at intervals of three hours, and to continue the wine (six ounces in the twenty-four hours).

On the 26th he was no better. The pain was intense and incessant, yet he lay perfectly still, as any movement increased it; it chiefly occupied the forehead and occiput. He had had little or no sleep for four days and nights. The pulse was 80, small and soft. There was no sickness nor wandering. A little discharge of serum again took place from the right ear in the course of the night. Looking at the pulse, and the absence of pyrexia, I determined to employ wine in larger quantities, and to try the effects of chloric ether in ten-minim doses every hour till a decided result was produced. Both proved unserviceable and injurious. On the following morning the face was flushed, he had had no sleep except for a few minutes at a time, and he had been delirious, though not violently so, after each dose of the chloric ether.

On the 28th I ordered him to discontinue the wine and chloric ether, and to take instead three grains of mercury with chalk, one grain of opium, and one grain of quinine, every eight hours.

On the 29th he was better, and on the 30th manifestly improved, the pain being much less and the spirits higher, and he had passed a good night. The debility, however, was very great. On attempting to get out of bed he fainted. The bowels, which had been regular up to to-day, were confined, and were relieved by a little confection of senna. The mercury and opium were continued till the 2nd of August, and were then discontinued, and a quinine mixture alone administered. From this period he made an uninterruptedly good recovery.

For the notes of the following case I am indebted to Mr. Moore, the present house-surgeon at the Westminster Hospital.

CASE 2.—Henry T. R—, aged twenty-five, married, a bricklayer, admitted into Westminster Hospital on August 1st, under the care of Mr. Power. He fell off a scaffold four months ago on his head, but did not feel any ill effect from this beyond a temporary headache. Again two months ago he fell in the