affectedly call "pure surgery," they in reality amount to a comparatively rare portion of true operative surgery. Many people have the idea that a surgical operation must of necessity be done with a cutting instrument, but it may be said with truth that probably not a tithe of manual surgery is of this kind. The varied applications of the fingers and hands in diagnosis, in dressing wounds and sores, in strapping and bandaging, in tying threads and making knots, in setting dislocations and fractures, are all, in my opinion, as much in the department of operative surgery as when the knife is in use; and what man of experience will not admit that catheterism has often cost him more trouble and anxiety than lithotomy? These are "pure surgery" as much as puncturing with a lancet on the face for erysipelas, or cutting from hip to heel with a bistoury for the same disease. I will not admit that this manual practice is less worthy of consideration than, or is of inferior grade to, wielding a pen. The popular idea is, that when the pen is used, some deeply garnered, highly cultivated skill is laid on paper in the form of a prescription; and so it may be. But why should it not be allowed that the correct wielding of a knife by the surgeon emanates from the brain as well?

It is the pride of modern surgery to prescribe as well as to act. There is head work in it as well as hand work. Without action, prescription would be useless; without prescription, surgery would be without soul!

I have endeavoured in this lecture to give each department its fair place and characters without disparagement to others; and, regarding all that I have spoken of to-day, there need be no doubt that favourable progress has been made in this the nineteenth century. Cheselden boasted that his first twenty-five operations for stone were witnessed by "above twenty" persons. There was no medical press—no "fourth estate"—in his day. Now, in our hospital practice, we can refer to witnesses by the hundred; and addresses like these are not confined to magnates such as I see before me, but are sent by our journals over the length and breadth of the world.

Sir and gentlemen, permit me to offer my thanks for the patient hearing which you have given to my humble efforts to fulfil the most interesting, and to me the most responsible, public duty which I have ever been called on to perform.

[*Note.*—The author has (as on former occasions) to acknowledge his great obligations to Dr. Westmacott and to Mr. Hart for the drawings and woodcuts which have illustrated these lectures. The sketch for the single illustration in the present lecture was made by a most intelligent and highly-educated friend, who enters thoroughly into the views expressed on the subject.]

ON THE

TREATMENT OF HEPATITIS IN ITS EARLY AND SUPPURATIVE STAGES.

By J. C. CAMERON, M.D.,

LATE ARMY MEDICAL STAFF.

I HAVE lately perused statements on the above subject from the pens of Dr. Morehead and Professor Aitken, on which I am desirous of offering a few remarks, as their opinions differ very materially from those which my experience has led me to express, and we mutually condemn each other's practice. It is a very serious question, then, for the interests of the service, and of Europeans serving in the land of "liver," to determine which of us is right.

The Netley Professor teaches the rising generation of medical officers that "bloodletting will not cut short the morbid process in acute hepatitis," and endorses Frerichs' opinion, "that it should only be ventured on in cases of traumatic hepatitis, and in robust, plethoric persons, where there is great tenderness with enlargement of the liver, and urgent dyspnoea." In the young and sthenic European it is in general necessary to take fifteen to twenty ounces of blood, or till the skin becomes soft and relaxed, or the pain abates. Much benefit may be derived from the local application of leeches and large blisters."

I do not think I ever read any medical statement which struck me as more utterly opposed to the teaching of clinical experience, or which would, in my opinion, form a more treacherous chart for the young physician in India to steer by. Dr. Aitken's excellent and useful compilation affords abundant

internal evidence that he has been much more occupied by the theory than the practice of his profession; and Herr Frerichs, I should say, has had much more to do with inspecting dead livers than managing live ones. But why they should coolly set aside the experience of others—say even of Sir Ranald Martin alone (not to mention older though not abler writers), and be unconvinced by his cases, is, I suppose, only to be explained by the influence of fashion, and the tendency of each successive generation to consider themselves much wiser than their fathers. It is so much easier to ignore facts that cannot be reconciled with our pet theories than to learn again what we fancy ourselves masters of.

I join issue with Dr. Aitken on all the points of the statement I have quoted. I say that bloodletting will cut short acute hepatitis, and that it is worth all the other remedies put together for so doing; but then it must be practised on a very different principle from Herr Frerichs' absurd idea of "fifteen or twenty ounces in a young and sthenic European." One might as well pour as much water on the back of such a subject, with the view of stopping the course of acute hepatitis. As for confining bleeding to "traumatic hepatitis," I should think this advice is purely theoretical. Such cases are very rare. I never saw one in upwards of twenty years' Eastern service, though I have often deeply wounded livers with the trocar (of which more hereafter). The man who refuses to bleed for hepatic congestion, except "in robust, plethoric persons, where there is great tenderness and enlargement of the liver with urgent dyspnoea," will lose many patients with insidious rapid suppuration, who might have been saved, as Sir Ranald Martin saved his celebrated surgical friend by *decision and promptness of action*.* The late Dr. Macintosh, of Edinburgh, was particularly anxious to impress on his pupils that "far more lives are lost by indecision than ignorance," and it is a maxim worthy of our constant remembrance, especially in the tropics.

When a patient has acute inflammation of the periphery of the liver, or the more dangerous and less marked acute parenchymatous congestion of the organ, our first object must be to obviate the tendency to suppuration. To empty the congested vessels of the gland as soon as possible is the great thing needed for the attainment of this end; as, putting aside pyæmic and scrofulous purulent deposits, we may safely say that without continuously gorged capillaries there will be no hepatic abscess. Now, Magendie's experiments of opening the great cavities of animals, and then bleeding from a vein, proved long ago that under such a process the liver shrinks remarkably. Here, then, is the key to the management of the cases we are considering. Bleed in the recumbent position, not to any ideal limit, but till the patient either faints or till he can breathe with perfect freedom, lie on either side, and bear pressure. Look not to quantity, but to effect. Never fear syncope: it will do good rather than harm. Having thus reduced the circulation and emptied the liver, keep it so by cutting off all fluids that can possibly be abstained from. This is an invaluable auxiliary proceeding. I always explained to my men that my object was to drain, as it were, a bog that they had inside of them, and they then readily comprehended the necessity of at once cutting off all streams from flowing into it, and cheerfully endured distressing thirst, to effect my purpose. I generally limited them to four ounces of tea morning and evening.

If pain returns, bleed again and again, rather than leech, which is but a wearying, roundabout way of relieving the circulation; and blood taken from the integuments of the ribs influences much less the capillaries of the liver than when drawn direct from the venous system. I am happy to agree with Dr. Aitken in objecting to the use of mercury in such cases. I soon abandoned it. The bowels should be well cleared out at first, and then kept constantly loose by a combination of rhubarb, neutral salts, and colchicum, so as to establish a continual drain from the portal system. Iodide of potass, with quinine, will be found very advantageous, as an alterative, tonic, and febrifuge; for many cases of hepatic congestion are attended with febrile exacerbations. So, indeed, is every disease in the tropics, I believe, though it requires vigilance to detect it sometimes.

Treated in this way, men, *seen early*, recover perfectly from hepatitis. On the old system of a single bleeding from the arm, cupping to the side, followed by a blister, and calomel and opium as soon as the bowels had been cleared out, I was very unfortunate with the disease, and quite dreaded it. After I took to the plan I have now described, I do not remember

* See Sir R. Martin's book, 2nd Edit., p. 482.

ever having an acute abscess form. Neither had I my wards encumbered with a number of pale, broken-down subjects for invaliding with "chronic hepatitis," such as everyone familiar with Indian hospitals must well remember, and such as are to be found daily in London consulting rooms. The usual history of such cases is as follows:—An attack of hepatic congestion more or less acute, sometimes gradually supervening on a state of dyspeptic "seediness," sometimes quite suddenly developed after a thorough wetting, or a chill, following great exertion and sweating. At any rate, the patient dates from an attack of pain and uneasiness in the side, for which he had either a dozen leeches applied, or only a mustard plaster. He took a good many purgative doses, and had several blisters, but never got rid of a feeling of weight and soreness in the side. Very likely he was ultimately salivated, and then no better; so that, his health being greatly impaired, a voyage home was recommended as the only chance for its restoration. He looks cachectic, has lost flesh greatly, has often slight febrile accessions, readily induced by cold, to which he is very sensitive. His digestion is weak, and his secretions are deranged. His spirits are wretched, so that he feels very miserable and despondent. On examination, there is more or less enlargement of the liver detected, with a degree of tenderness to pressure, and still more sensitiveness to sharp percussion. He has probably been put to much inconvenience and expense by his forced return to Europe, so that mental anxiety adds to his malady, and the great chances are that he never regains his former sound health, or, if a soldier, is never fit safely to encounter the vicissitudes and exposure of Indian service. Many such hospital cases have I seen, who had lost, by repeated drainings of from four to six leeches at a time during months of treatment, far more blood than, if taken from the arm at the outset, would have soon restored them, as well as ever, to their duty. Because we have wisely ceased to use the lancet indiscriminately, *more majorum*, and more especially in those paroxysmal fevers of the tropics which we know will naturally soon be succeeded by the collapse of remission, bleeding has been altogether proscribed, instead of being reserved as our most valuable resource for the immediate reduction of any extreme vascular disturbance, such as, if allowed to continue long, threatens either to destroy life or produce serious organic mischief. Are we to stand by a plethoric patient in a violent hot fit of tropical fever, and see him half-suffocated by congestion of the lungs, or semi-comatose from cerebral turgescence, which the opening of a vein would at once mechanically relieve, because, forsooth, "we never bleed now in fever"? If we consider the minute anatomy of the liver, an organ made up of a close network of capillary bloodvessels, continuous in every direction throughout its substance, all busily engaged in ceaseless secretion, while vessels of larger size permeate the mass, conveying the raw material in the shape of blood to be operated on, and returning loaded with it after it has served the purpose of this wonderful laboratory, we can readily conceive the irreparable damage such machinery is likely to sustain from any continued acute congestion of its innumerable tubes, followed, as it is certain to be, by effusion of lymph and obstruction of them. Surely every consideration of prudence should urge us not to allow the marvellously complex structure of this great gland (on whose normal action our bodily health and mental happiness so much depend) to be strained and weakened by vascular turgescence for an hour longer than we can help. How futile is it, when such a state of things is clearly before us, to attempt to deal with it by a few leeches to the skin of the ribs, or even by taking "fifteen ounces of blood from a young and sthenic European"! The "debility" bugbear, which frightens theorists into recommending such practice, is very certain to follow upon its most probable result—viz., a seriously damaged liver; far more so than from the loss of even some pounds of blood.

Every experienced military surgeon is familiar with cases of tremendous hæmorrhage following wounds, from which men have gradually recovered perfectly. The same may be said of accoucheurs and their patients. I feel certain that by far the largest share of the constitutional mischief laid to the account of the bleeding of our predecessors was justly due to the lavish use of mercury, which, in those days, never failed to follow the lancet. I believe, too, that very many deaths following on loss of blood were, and are, caused by depletion during a remission, when the smallest bleeding, even by a few leeches, has often proved fatal by sudden collapse. At the same time there cannot be a doubt of the vast amount of needless and often mischievous depletion then practised. All I argue against is the equally blameable error of total abstinence from it, from the mere dictate of fashion.

I shall now briefly detail three cases, illustrative of the different phases of acute hepatic disease, two of them showing remarkably the admirable effects of bleeding when properly employed—that is, not by any theoretical rule, but according to the exigencies of each case, as determined by the physician at the time.

CASE 1. *Acute hepatitis, affecting the membranous portion of the organ chiefly.*—Trincomalee, May 4th, 1845. James M—, an old worn Irishman; upwards of twenty years' service; drinks regularly half a pint of arrack daily, and has not been exceeding. He was admitted with symptoms of intense hepatitis, following a severe blow on the side. Has had the disease before, but never so severely, as he can hardly breathe, and cannot bear even the slightest pressure. Pulse 90, hard and full; was bled at eight A.M. to syncope (sixty-four ounces taken), without altogether removing the pain, though with great relief. There being no leeches to be had, six ounces were taken by cupping. He had three strong purgative pills, and was limited to half a pint of tea in twenty-four hours. Five P.M.: Pain as bad as ever; cannot breathe; pulse hard and resisting, 92. Forty ounces of blood were now taken in a full stream. Before half this had flowed, the pain began to yield. He fainted, and was convulsed. On recovery he could breathe nearly, but not quite free. Eight ounces were taken from the side by cupping, with complete removal of all pain. Bowels freely moved. To have half a grain of morphia now, and repeated if required.

May 5th.—Took both pills, but did not sleep, as the pain returned in the night, and now affects his breathing, though not nearly to such an extent as yesterday. He can bear moderate pressure on the side. Pulse 92. Forty ounces of blood were again taken from the arm, and eight more by cupping, which completely removed all pain. Took eagerly half a pint of thin arrowroot, the first food he has been allowed. Evening: No return of pain; had some sleep.

6th.—Slept well; perfectly free from pain; can bear firm pressure all over the side without wincing in the slightest; feels very weak; pulse 92, small and soft; very thirsty, having only half a pint of fluid in twenty-four hours. A cup of arrowroot; draught of rhubarb, sulphate of potash, and colchicum.

7th.—Had refreshing sleep; no pain; pulse 78, tolerably good.

This man returned to his duty in perfect health on July 23rd, having been specially detained so long to wait for the arrival of beer in the canteen, as I forbade spirits, and he candidly said he could not live without one or the other.

This was the most severe case of the disease I ever met. Life and health were only saved by the boldest depletion, and the battle for them had to be lost or won in *forty-eight hours*. One hundred and eighteen ounces of blood were taken in less than twelve hours, and forty-eight more next day, from this hard-drinking, grey-headed, worn soldier, of more than twenty years' service; that too in the height of the hot season in a notoriously bad climate. The theory of Messrs. Aitken and Frerichs would depict as the result of such treatment certain death, or at least cachectic anæmia, with a ruined constitution. Practice showed this old soldier returning to his duty, actually fat and vigorous, whilst many of his younger comrades were invalidated home for comparatively slight attacks of the same complaint, trifled with, and allowed to inflict irreparable organic damage.

CASE 2. *Parenchymatous hepatitis; threatening suppuration; feebly treated at first; saved at the eleventh hour.*—Ghazeeepore, Bengal, July 1st, 1858. I was requested to see Lieut. M—, a slender, but very plucky youngster, who had undergone great fatigue in the very hottest weather at Azimghur, and in the pursuit of Koor Singh. He had been ill for some days, but without any severe pain, &c. Had been treated by purgatives, mercury, and leeches to the side, without any benefit, so that his doctor was in much alarm about him, and not knowing what more to do, requested my assistance. I found this young officer looking pale and exhausted, with a quick, weak pulse. He complained of weight in the side, oppression of breathing, not much pain, some fulness and tenderness on pressure. The leeches had weakened him, but without relieving symptoms. His state was evidently very critical, and suppuration impending, if not actually commenced. His doctor, one of my own assistants, was a recent arrival, and had been educated in the dread of "debility," though somewhat shaken by what he had already seen in our hospital. He had had a good deal of general home practice, and served in the navy, so that he was by no means inexperienced. His first words, when we retired, were, in allusion to my known views on hepatitis, "Surely you would never bleed that case, at any rate?" I replied, "It is your only chance of saving him, and I almost fear it is too late."

The patient was accordingly bled to syncope, limited to the least possible amount of fluid, the mercury stopped, and in other respects my usual plan followed. The one bleeding relieved the side effectually, and gradual improvement followed, but as soon as possible I sent Lieut. M—— to Europe, where he perfectly recovered, though I understand he still suffers occasionally from his liver, on which disease had been allowed to fasten too long. He had a wonderful escape from abscess. Dr. I—— remarked to me, "After seeing this case I will bleed in hepatitis if all the professors in the world taught to the contrary." (Practice *versus* theory!)

CASE 3. *Fatal insidious abscess in an apparently healthy man—a parallel to Sir R. Martin's case before alluded to, but with different result.*—Captain N——, Royal Artillery, a fine vigorous man, stopped me one day in church, and, putting his hand over (apparently) the right kidney, said, "I have had pain hereabouts for some days back; can it be anything connected with liver?" I replied, "It seems too low for that. Have you been straining your back anyhow?" "Well," he said, "I have been hunting every morning, and twisting on the saddle very much, dodging trees and branches." "That accounts for it, I fancy," said I; and we parted. Next day he went off to the races at head-quarters, joined in all the gaieties, dinners, &c., but kept complaining more and more of his back, and fearing "liver," for which he was much laughed at, even by his surgeon, as he looked the picture of health. By the end of the week decided symptoms of mischief set in, and speedy death revealed a large abscess. In Sir Ranald Martin's case, his friend (a surgeon) casually complained of his back, was examined, and laughed at the opinion given that dangerous congestion existed; but a third party coinciding, eighty ounces of blood were taken away and life was saved. Capt. N—— was unfortunately a perfect stranger to me, or I might have seen more of him, and been led to examine the seat of pain, and detect the mischief going on.

I shall next speak of hepatic abscess generally.

(To be continued.)

ON A CASE OF CHOREIC JACTITATIONS.

By CHARLES OWEN ASPRAY, M.D., &c.,

HOUSE-SURGEON TO ST. PETER'S HOSPITAL.

THERE are many causes given in different works for the peculiar motions called choreic, such as diseases of the cerebellum, heart, uterus, &c. Those cases in which the symptoms are most persistent and difficult to treat often depend on organic changes of the nervous centres. I know a patient at the present time who has had chorea for many years, which was first brought on by the injury of the trunk of a nerve. This is analogous to a case in which a blow or an amputation has produced neuralgia, except that in the latter the sensory filaments are affected.

I think the causes of the jactitations may be well divided into two classes—namely, centric and eccentric. The first includes those cases which arise from organic lesions of the nervous centres, often occur in middle age, and are generally fatal. The second class (which is by far the larger and more common) includes all cases which are caused by the irritation of the terminations or trunks of nerves of the excito-motory system; generally occurring in youth.

The following case is peculiar, inasmuch as it occurred in a person of middle age, and was of that kind which generally only occurs about puberty—namely, eccentric.

At five o'clock in the evening of the 8th of March I was sent for to see Mrs. P——. On entering the room I found her sitting up in a chair, her face expressive of the greatest anxiety, and the right arm being thrown about in the most violent manner. She immediately began to ask if she were in great danger, and, although excited, talked in a clear, sensible manner, the movements continuing all the time. The arm was thrown upwards and downwards from the face to the knee, occasionally changing to the rotatory motion. I asked her to try and hold the arm still, and, with great effort, looking at the limb the while, she reduced the movements to perhaps half their original extent; but on her attention being withdrawn, the muscles recommenced their actions with as much violence as before. At the end of a quarter of an hour the

movements began to subside, and as they did so the pulse became smaller, until at last it was hardly perceptible. The arm was now quiet, and the patient gasping for breath. Stimulants were freely administered, and she recovered. No sooner, however, was she easy, than a twitching commenced in the left hand; this increased, and the forearm and arm became affected, until the left arm went through all the movements I had previously seen in the right. There was less faintness after this attack, the patient being freely stimulated. I had satisfied myself there was no heart disease. The patient had always had good health, but had suffered much from constipation. The bowels had not acted for the last fortnight. There was no obstruction about the rectum. She was ordered two minims of croton oil and a draught of ammonia-and-ether every hour. The bowels soon acted freely. I saw her twice during the evening: the attacks became less violent, and she had none after twelve P.M. She regained her strength in a few days, and has had no return of the complaint.

I remember seeing a case when studying under my respected teacher, Dr. Chambers, which commenced similarly to the above, but terminated fatally; a large tubercle being found in the spinal cord after death.

It would in the first instance be impossible to diagnose which class of case one had; but some exciting cause should always be looked for, the absence of such cause making the prognosis the worse.

Berners-street, April, 1865.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

PERFORATION OF THE STOMACH BY A GASTRIC ULCER, WHICH WAS SUBSEQUENTLY CLOSED BY ADHESIONS; CIRCUMSCRIBED PERITONITIS, AND LARGE COLLECTION OF PUS.

(Under the care of Dr. FULLER.)

WE publish to-day two cases of disease of the stomach differing in their pathological character, yet ending fatally by peritonitis. In the first instance, a gastric ulcer opened into the peritoneum, and gave rise to circumscribed inflammation, with an extensive collection of pus; in the second, a cancerous mass involved the small intestines, stomach, and colon, the last ulcerating into the peritoneum and pouring its contents into that sac. Both are clinically instructive and pathologically interesting; but they illustrate the futility of any efforts at present employed to arrest a fatal termination when once the integrity of the peritoneum is invaded by foreign matters. Nature did her best in the following case to effect a cure of the perforating ulcer by adhesion of the surrounding parts, yet the large collection of matter precluded the possibility of recovery, even in a young person. The notes of the case by Mr. Octavius Sturges, and the post-mortem appearances by Dr. Dickinson, we have taken from the hospital register.

Eliz. P——, aged twenty-one, general servant, admitted March 22nd, 1865. Family consumptive; has been subject to winter cough for some years; has never spat blood. Four days previously she was attacked with pain in the left side, and has kept her bed since. The attack was sudden; no rigors accompanied it. There has been very little sputum. Has had no sleep from the commencement of the attack; urgently distressed from dyspnoea.

The patient is a slightly-made, delicate-looking girl. She is sitting up, with an anxious expression and flushed cheeks; respiring deeply, 39 in the minute. Creaking sounds, as of