spect I feel that I am addressing many, to whom I could more fitly and willingly listen than speak. And considering that the casuistry of this group of maladies has afforded me about 600 cases, certified by necropsy, and narrated (from the striking character of their symptoms) with far greater accuracy than is usual in promiscuous records, I have felt that the deductions from these materials (which probably represent little less than a quarter of a million of necropsies in deaths from all causes) were far more valuable than a mere recital of some dozen of cases. Indeed, as any further notice of these vast materials was out of the question, I felt that it would be neither logical nor impartial to parade my own scanty contributions; which, however important to myself as the materials of that clinical study incorporated in the foregoing remarks, could have no more specific interest for my hearers. But now, in so far as personal and recorded observations represent two comparatively independent sources of information; and thus almost constitute two boundaries of research, in the directions of depth and width respectively; I feel that it would be wrong to suppress the argument adducible from their concord, by fusing them into a single and subjective statement.

Of such deductions from personal experience, there are three which I would specify in respect to the treatment of obstruction. (1.) That accuracy of diagnosis as to the presence, and even the variety, of obstruction, is generally attainable. (2.) That the medical treatment above recommended is often successful: far more so than that which it claims to forbid and replace. And (3) that in both successful and unsuccessful cases, it not only diminishes suffering, and protracts life, but especially lengthens the comparatively painless early stage, by deferring the access of distension, enteritis, and peritonitis.

The only qualifications these statements require are as follows. Firstly, that in the term "variety of obstruction" it must be remembered that we have necessarily included lesions pathologically distinct:—a band, a diverticulum, a ruptured mesentery, a vagrant slip of omentum, giving rise to obstructions noway distinguishable in symptoms or treatment. Secondly, that the casual successes of the antagonist treatment—purgation—have to be verified, before they are explained.

The last allusion requires a more explicit statement. A patient, to all appearance dying of an intestinal obstruction, takes croton oil, or crude mercury, and forthwith recovers. And anyone who demurs to the statement implied by these facts, or to the practice they recommend, is bound explicitly to state his objections.

I need hardly say that we are not here criticizing the statistics of imposture,—the incredibly frequent pneumonia of homœopathic quacks, or the still more incredible reactions of matter in proportion to the quantity in which it is *not* present,—but the narrations of skilful physicians and surgeons, whose statements are undoubted, and whose opinions deserve the sincerest respect. It is possible that, in some of these cases, the diagnosis may have been erroneous; and that in others, the relief experienced was an illustration of the "*post hoc, ergo propter hoc*." But in most instances it can hardly be doubted, both that obstruction was present, and that the action set up by the remedy speedily removed the obstacle.

But I believe that if such cases themselves are weighed dispassionately, there are other reasons for looking at them with doubt. Interpreted by pathology, there is reason to suppose, that the violent remedy only anticipated a natural result, which would have occurred less painfully and dangerously in a short lapse of time: or that it restored a peristalsis, which, under more suitable treatment, need never have been interrupted or exhausted at all. Still more do similar doubts suggest themselves, as regards that mass of cases, of which the successful event forms the true object of treatment. The occasional benefits of such remedies are outweighed by the fact, that they not only often fail; but that, where they fail, they reduce the patient's chance of recovery. Such a conclusion is equally deducible from recorded cases, and from pathological considerations: which latter quite explain how that very aggravation of peristalsis and dilatation which rarely overcomes an obstacle frequently increases exhaustion, pain, and collapse; that it may burst the bowel; may prevent or destroy the adhesive process, and the chance of recovery this modification of inflammation sometimes affords; and lastly, may increase peritonitis and effusion.

And though any statistical comparison of the two plans at present quite fails us, I venture to anticipate, from personal observation, that such a comparison would afford striking proof of the superiority of the treatment I have advocated. Nay, more, I hazard the prediction that it will hereafter be proved so. Not because I have long advocated it. Not because its

every detail has been matter of careful consideration, gradually ripening into strong conviction. Not even because the drift of professional opinion has evidently for some years past shown signs of setting into this channel. But rather because I believe it to rest upon a scientific basis; upon physiological and pathological foundations both wide and deep: because it seems to me to offer an illustration of the immortal law, "*Natura enim non nisi parendo vincitur*;" and to show that in a disease often incurable, always dangerous, Providence has still confided to us the lives of our fellow-creatures:—teaching us how, by studying his own body, Man may often remedy one of its stormiest diseases, just as, by studying inanimate Nature, he may, with means no less simple and apparently inadequate, avoid the whirlwind, guide the avalanche, put back the glacier, attract the fertilizing rain, and control the devastating flood. Comparing the duties we have to perform with some of these tasks, and with others which, though strictly medical, the individual cannot undertake, and the social organization called Government is only beginning to count amongst its functions—the directness and readiness of the means we wield in these, as in other diseases, may well mingle gratitude with those feelings of reverence and responsibility which animate the toil of the Physician's life.

The following is a summary of the treatment suggested by the foregoing remarks for the several forms of obstruction:—

In intus-susception of the large intestine, repeated injections of liquid into the rectum, so as to distend the bowel to its utmost dimensions.

In stricture of the large intestine, the institution of an artificial anus above the obstacle.

In obstruction from bands, diverticula, &c., mostly affecting the small intestine, gastrotomy, and division of the cord-like cause of strangulation; a procedure which, if interrupted by unforeseen impediments, may further require the institution of an artificial anus in the most distended part.

In obstruction by stricture, however, a tobacco enema should be administered at least once; a measure which should be repeated, if need be, in obstruction by bands, and especially by gall-stones.

In all cases, opium and support to be freely administered from the earliest stage of the malady. The bulkier liquid constituent of the food to be given as sparingly as possible by the mouth, but administered freely per anum. Distensive enemata to precede all operations, if only as a means of aiding or assuring diagnosis. Where vomiting is excessive, nourishment to be also injected into the rectum in small and frequent doses.

After recovery, all food which can introduce indigestible substances into the intestine should be carefully avoided; the bowel having sometimes undergone changes of calibre and arrangement such as permit substances easily transmissible through the healthy canal to cause fatal obstruction.

To you, Sir, not merely the President of this College, but the fit representative of its learning and wisdom, I now respectfully resign the office which your kindness selected me to discharge. I do not apologize for having attempted to bring a subject so large within limits so small; for our motto, "*ὁ βίος βραχύς ἡ δὲ τέχνη μακρὴ*," is an ample justification for my saying here, what I have waited twelve years before fully submitting to my professional brethren at all. Nor is it in the present era, and within the walls of this institution, that a Physician need excuse himself for dwelling on the physiological principles of Medical and Surgical practice. But if, in the stress of what has often been a hasty and casual utterance, I have unwittingly swerved from the tone of calmness and dignity proper to scientific discourse, I trust you will look indulgently upon a labourer who can truly say that his heart has been in his work; for the errors of which he therefore, not irreverently, hopes to be forgiven, in some sense like one of old, "*quia multum amavit*."

WOUND OF THE PALMAR ARTERY,

TREATED SUCCESSFULLY BY PRESSURE OF THE BRACHIAL.

By HENRY OBRÉ, Esq., F.R.C.S.

THE LANCET of the 21st ult. gives the report of a case, at St. George's Hospital, of wound of the palm of the hand, the hæmorrhage from which being uncontrolled by pressure at the wound, at the seventh week the radial and ulnar arteries were tied, and that not proving successful in arresting the bleeding,

on the 53rd day the brachial was ligatured, but with no better result, and the arm was amputated at its upper third two days after the latter operation. Having some years since taken considerable interest in the treatment of those particular wounds, I read a paper at the Harveian Society on their treatment by pressure on the brachial, and hope that the publication of the following two cases may lead to a trial of my treatment before any operative procedure be had recourse to in future :—

CASE 1.—Susan L—, aged fourteen, on the 10th of July, 1846, fell when running in the Park, and wounded the palm of the right hand with a pointed flint-stone. The bleeding was so severe as to require her immediate application to a surgeon, who bound up the hand, placing a compress on the bleeding point. At the end of three days, on removing the dressings, a pulsating swelling occupied the wounded part. The same treatment was continued till August 10th, when the surgeon advised her removal to an hospital. I now saw the child for the first time. The swelling, which was of the size of a chestnut, was situated in the median part of the palm, between the ball of the thumb and transverse line of the hand. The cut occupied the apex of the tumour, and a dark coagula filled the wound, the edges of which were slightly gangrenous; the epidermis of the palm was loose and dark, and, with the decomposed blood, produced an unpleasant fetor; the pulsations of the tumour were distinctly visible. Pressure on both the arteries of the forearm at the same time, stopped the action in the aneurism, on one alone only had the effect of lessening the pulsation. Compression of the brachial was also found to control the action in the swelling. I bandaged the fingers separately, placed a large lint pad over the swelling, enclosed it in the bandage which surrounded the hand, and carried the bandage up the arm, placing compresses on the radial and ulnar arteries near the wrist.

On the 11th the pulsations in the swelling were lessened, apparently by a deposit of fibrin under the integument.

12th.—The pulsation has in some degree returned, with a slight bleeding from the wound. A tourniquet was applied on the brachial, about its lower third, and arranged so as to press on the artery only. Directions were given to keep up the pressure with the tourniquet as long as it could be sustained; then to be gradually loosened, and again tightened, with a view of diminishing the circulation and its force in the tumour.

15th.—This treatment has now been continued for three days with most marked improvement, all pulsation having disappeared. The swelling is becoming firm from the deposit of fibrin, and there is every prospect of a speedy recovery. The patient, suffering a great deal of inconvenience from the continued pressure, imprudently removed the tourniquet; about an hour after which the bleeding returned, and had it not been for her previous knowledge in the application of the pressure to the brachial, she would no doubt have lost a very considerable quantity of blood. I immediately opened up the swelling, emptied its contents of fluid and solid blood, and made a long and fruitless attempt to secure the wounded vessels, the blood coming from all parts of the cavity at the same moment obscuring the bleeding points. The cavity was now filled with lint, covered with a thick pad, and firm pressure applied by means of two pieces of wood placed transversely across the hand, and their extremities tied together. The tourniquet was also replaced on the upper arm.

18th.—The pieces of wood were now removed, and a simple bandage substituted.

In a few days the wound had granulated. The brachial pressure was continued until the parts had quite healed. The hand eventually quite recovered its powers.

CASE 2.—J. D—, a dairyman, aged thirty-five, while cleaning windows, cut the palm of the right hand with broken glass on the inner side of the flexors of the little finger. There was extensive bleeding at the time. A surgeon enlarged the wound, with a view of tying the wounded vessels, but did not succeed in so doing. He removed some pieces of glass from the wound, placed a pad of lint on the part, and secured it with a tight bandage. In a few days the bandage was removed, the cut found healed, and the hand considered well.

August 27th, 1857.—I saw him for the first time. The region of the cicatrix was swollen to the size of half a walnut, circumscribed, pulsating, and painful on pressure. He says he has felt a degree of stiffness in the hand ever since the accident. I opened the aneurismal tumour for the purpose of securing the wounded artery. In doing so the knife grated against a hard substance, which proved to be an irregular-shaped piece of glass, about two inches long, and half an inch wide. It being impossible to discover the bleeding points, the wound, which

was very deep, was filled up with fragments of lint, and a compress applied, secured by pieces of wood, as in the former case. A tourniquet was also placed on the brachial at its lower third.

The hand went on favourably, with no appearance of bleeding, until the 3rd September, on which day he walked about three miles from home, when the bleeding suddenly returned in the street. He went to the nearest surgeon, who cut down on and ligatured the radial and ulnar arteries immediately above the wrist. This treatment only arrested the bleeding for a short time. It returned again in about two hours, when I again replaced the palmar pressure, but discontinued the tourniquet on the upper portion of the arm.

The patient went on favourably until the morning of the 9th, when the hæmorrhage returned, and continued to do so several times during the day. The propriety of placing a ligature on the brachial was now considered; but the integument on the palm of the hand being inclined to slough, I was fearful, if the three main arteries of the arm were completely obstructed, that the man might lose his hand from gangrene. I determined to obstruct the passage of the brachial artery by the tourniquet for a few hours at a time, and then continue the pressure as long as he could bear it. One recurrence only of bleeding took place from this time, and that was when he had the tourniquet taken off in consequence of swelling of the arm. In a few days the wound, which was dressed with water-dressing, granulated and healed up entirely, but with great loss of power in the whole hand, which was eventually restored by electricity.

Melcombe-place, Dorset-square, May, 1859.

REPORT OF A CASE OF ACUTE SPINAL MENINGITIS.

By W. E. C. NOURSE, Esq., F.R.C.S., Brighton.

JUNE 25TH, 1856.—A married woman, aged about thirty-eight, tall, large, and dark-complexioned, complained of severe pain in the loins and abdomen; great superficial tenderness over most parts of the trunk and shoulders, and sensation of “a lump” in the throat; micturition painful; bowels confined; pulse small and weak; skin cool and clammy. Appears nervous, fidgetty, and anxious about her case. Has been ill nine days, with pains about her, distress, and occasional short rigors. Had rigors yesterday. The attack came on after getting wet through in very heavy rain. Has had much anxiety lately, and has been “nervous” and out of health for some time. Ordered, compound tincture of senna, one drachm; jalap powder, two grains; tincture of hyoscyamus, one scruple; ammoniated tincture of valerian, half a drachm; camphor mixture, an ounce and a half: every four hours.

26th.—Bowels not moved; pain and deep-seated tenderness in the abdomen; knees not drawn up. Pain in the loins increased, exactly central, passing through to each groin, and running several inches down the front of each thigh. Pain on micturition; urine scanty, and red; pressure over each kidney causes no increase of pain; skin cool, perspiring; pulse small; tongue furred. I ordered an assafoetida enema, and a full dose of calomel and colocynth directly.—Six P.M.: More pain; nausea; great distress and irritability; bowels not moved. The enema to be repeated, and a full dose of castor oil taken.—Eleven P.M.: Still no action of the bowels; bilious vomiting; no hernia; pain extreme and constant, most severe in the upper part of the sacrum, where there is a puffy, acutely tender spot, discoloured with superficial veins; no pain or tenderness over either kidney; deep-seated pain and tenderness in the abdomen increased; superficial tenderness of the skin as yesterday; no sign of fever; pulse small; skin cool; face bedewed with sweat; distress and anxiety excessive; a peculiar helpless look about her; very slight tingling in the feet. I had her cupped on the loins, but only three ounces of blood could be obtained; and gave her six grains of calomel, four grains of James's powder, and one grain of opium.

27th.—Pain partially relieved by the cupping last night, but now as bad as ever. No action of the bowels; frequent vomiting, with intense distress and anxiety. Ordered twelve leeches to the sacrum, a common enema directly, and to be repeated in