CLINICAL LECTURE

BY

SIR A. CARLISLE.

*Delivered at the Westminster Hospital, on
Oct. 9, 1839.*

ON going round the wards of the Westminster Hospital, on Saturday last, Sir A. Carlisle made an inflammatory address to the students, in reference to a report which had appeared in *THE LANCET*, headed, "Specimens of Clinical Instruction." The accuracy of the report was not denied; but the senior surgeon declared that it was an insult both to himself and to the students, that anything said by him in the wards of the hospital should be published! He had heard that a gentleman had been seen taking notes of what he said, and he, Sir A., then publicly declared, that the students had his full authority, should they observe a note-taker on any future occasion, to drive him from the hospital with "large sticks." He requested, however, that they would not do the "delinquent" much bodily harm; the students smiled, and the senior surgeon proceeded to "instruct" them at the bedside, in the following terms:—

GENTLEMEN:—A regular system of Clinical Instruction in this hospital does not appear to me to be at all advisable. I do not think it a good plan to give a lecture on another surgeon's case; and, as we have four surgeons at this institution, all, perhaps, taking different views of disease, perhaps you will be satisfied by my occasionally giving you clinical remarks, and in answering such questions at the bedside, as you may think proper to ask me. There are, however, some questions which it would not be advisable for the student to ask. Thus, for instance, if we were at the bedside of a patient who was in a very precarious state, if you were to say to me, "Do you think, Sir, that woman will die?" you would ask an obviously improper question. I have said that I think a course of clinical instruction is not advisable for the student to attend; there are, indeed, too many lectures for him to attend beside these, elsewhere, and it would only be wasting time to be constantly at clinical lectures. The College of Surgeons and the Company of Apothecaries, require the student to attend a great number of lectures; many of them may be necessary, but a great deal may be got from books, that now is required to be learned in the lecture-room. I regret that it is so, but the thing is as it is. The College of Surgeons have even, of late, made an increase in the number of lectures in their curriculum; but it was not my fault—I did all I could to prevent any changes in the system.

I again repeat, that the studies of the student are too multiform; he should, however, be well conversant with anatomy, and this should be studied systematically, and not in a desultory manner. I studied anatomy under two good schoolmasters, Baillie and Cruickshank; one a thorough practical man, the other, a scholar and a philosopher. I know that they taught anatomy systematically: they began by describing the blood in all its properties; they then went to the dry bones, demonstrated the number and names of their processes, the points to which particular muscles were attached; and this they did in a laborious manner. You may think so, when I tell you that I have attended two lectures, of two hours each, on the scapula alone! It is not well for you, however, to trust to an accurate knowledge of any particular part; the examination at the College is a very desultory one, and you will probably not get the part you know the best. Recollect, there are ten persons to examine you, and each of these may take you on a different subject; and, if you are deficient, you will suffer all the humiliation of a rejection, which, I hope, will occur to none of you; you may prevent it by studying your anatomy systematically. When my schoolmasters had described the bones, so far as I have already mentioned, they then demonstrated all the parts entering into the formation of joints, and all the points of attachment for the muscles. They described the bones of the head and face, and all the holes at the base and other parts of the cranium. All these are required to be known accurately; and if you only know some parts, and not others, you will be liable to be rejected; for you see that every examiner consults as to the fitness of the candidate for the diploma, and the copies of his examinations at the different tables are compared; so if you do well at one table, you may get rejected at another. The examiners, however, I can assure you, show no illiberal or uncharitable disposition; quite the contrary. In fact, there is a positive law on the subject. If a candidate is failing from great moral distress, he is allowed another examination; and it is not speaking disrespectfully of any person, to say, that the candidate who could not get on in his first examination, has succeeded to admiration in his second; proving that his incompetency was not owing to ignorance, but absence of self-possession. Whatever the examiners do, I can assure you, is owing to justice and feeling, and it is very painful for them to reject a candidate.

I shall now speak of what you should do in the hospital. Always be present at the admission of patients, and notice the questions put to them; for nothing betokens a man's knowledge so much as the apposite nature of his questions; silly, irrelevant questions show his ignorance. I recollect

in the old hospital, twenty or thirty years ago, that the students were quite ignorant as to the mode of putting questions; they were not taught it at Oxford or Cambridge. Now, therefore, attend the admission of patients.

Another thing I would recommend is, that you should, if possible, take part of the evidence for yourself. This you can generally do. You can, for instance, feel the patient's pulse; there is nothing offensive in that. I would recommend you to do so, particularly in inflammatory diseases; mark, also, what effect bleeding and purgation have on the pulse. These, I can assure you, are very important things. When I was a young man, we had various kinds of pulses; as, for instance, the full pulse, the soft pulse, the hard pulse, the quick pulse, and the frequent pulse. We made a difference, however, between the quick pulse and the frequent pulse; and this distinction, I believe, is still kept up.

You must then look at the complexion of the patient, inquire into his habits and avocations, all of which will have a great effect on the progress of the case, as well as throw considerable light on the causes of the maladies you witness.

When the patient is in the ward, attend to the treatment that is pursued. I think we have as many accidents in this hospital as they have in any of the same size in London. The house-surgeon told me we had as many as forty-seven in one week. You will have great advantages in this hospital, in seeing a variety of modes of treatment. I understand that, in University College Hospital, they apply lint dipped in water, instead of poultices and greasy unguents. Now, my experience proves that poultices and greasy applications are very often injurious to old sores. I have found the simple application of flour of very great service in ill-conditioned ulcers; there is no disgrace in using it, it is quite as good as a greasy unguent, with a fine sounding name.

I will go to another subject, that of scalds and burns; there is a great variety of methods of treating them; it is a pity that there is no definite mode of treatment laid down in books. One of the first remedies with us is oil of turpentine and linseed oil. Sometimes we apply a cerate, consisting of lard, vinegar, and chalk. There is, you must remember, however, a difference in the extent and nature of scalds; thus, if the scald was produced by boiling water, it would be only at the temperature of 212° ; if from boiling oil, it would be 500° , and crisp up this pen if it were put into it.

In bad cases, however, that is when half the body is decorticated, or decuticulated, if you like, the presages or prognostics are bad; the patient invariably falls into a bad state, and—he dies. The symptoms preceding death from extensive burns are very

curious, and one of these is sleep. This, if it be so profound that you cannot easily awake the patient, is the sleep of death. Yet in the worst cases, all that medicine and surgery can do should be done.

Let me advise you to learn how to do the minor operations of surgery, such as venesection, well. All people are able to judge of your ability in rolling a leg up in bandages for an ulcer or fracture, and I am glad to say that in this hospital we are most exemplary in regard to bandaging, and we are not surpassed by any hospital in London. The house-surgeons here seem to have handed the plan down from one to the other. Nothing is more important to the surgeon or the patient than the skilful application of a bandage; the patient can judge of it, but he cannot tell your depth in philosophy or metaphysics.

The success of a man often depends upon these little operations. I knew a case in which a man owed his rise to it; for you are not to suppose that you will get your practice all at once; you generally find it begins with one or two patients, and rises not from striving to do what others cannot do, but doing what you do, well. The idea of rising by doing what others cannot is a vagary, a mere delirium of youthful fancy, and fraught with much mischief. When I was a young man the politics of the French Revolution were all the fashion, and every man attempted to be a philosopher. Two or three fellow students of mine took up the cause, and were totally ruined, dying beggars somewhere, I do not know where. There is no such danger now from politics; there is not that enthusiasm there was when I was young.

We will now go back again to what you should do in the hospital. Watch the effect of medicines; when a man has taken a purgative, inquire what it was, and what were its effects. You saw the other day, when I was walking round the wards of the hospital, that I questioned a man who had taken hydriodate of potash. I thought the febrile derangement he suffered under arose from the medicine, and I ordered him to discontinue it. I am doubtful if, even in experienced hands, hydriodate of potash is not a dangerous medicine; it is, however, new, and I suppose, like other new things, it will have its day.

Therefore, note all the effects of medicines on the patients, and see what changes arise from them, whether for good or evil.

Now, in regard to bandaging and other operations, I should wish each of you to be dressers in turn. Do not trust to sight, but operate for yourself, and do a thing again and again till you are perfect. A man seldom does a thing well unless he has done it often. I shall endeavour to make some arrangement about the dresserships.

Gentlemen entering to this hospital have

the advantage of having four—no, three of the surgeons out of ten of the examiners of the college as their teachers; so that you see you will have three friends to protect your interests, that is, in a fair manner. We are not allowed to examine our own pupils, but we are there. I wish you all well through your examinations.

MEDICAL SOCIETY OF LONDON.

Monday, October 14th, 1839.

D. LEONARD STEWART, President.

TURPENTINE IN RETENTION OF URINE AFTER PARTURITION.

Mr. ROBERTS, in the absence of more important matter, informed the members that he had lately been employing the oil of turpentine with much effect in cases of retention of urine after parturition. In these cases generally, the daily use of the catheter was required, for a week or a fortnight; the administration of the oil of turpentine would, however, prevent the necessity of such a proceeding, after the first day. The plan he had adopted was simply the following:—When he found that the urine was retained on the day after delivery, he introduced the catheter, and drew it off; he then administered fifteen minims of oil of turpentine, mixed with a small quantity of copaiba and mucilage, every four hours, and the bladder afterwards performed its function properly. At first he had been afraid to give turpentine so early as the first day, but he had found it of so much service at a later period, that he was tempted to try it. He had never seen bad effects follow its employment. He considered that the retention of urine after parturition might be explained on the simple ground of the sphincter vesica becoming bruised during the passage of the child's head; that inflammation followed, and the function of the organ became suspended. This paralysis was removed by the stimulating properties of the turpentine.

Mr. HOOPER did not agree with this explanation. He believed that, in most cases, the obstruction to the urine was mechanical, and existed in the external meatus. Sitting over warm water would frequently be found sufficient to remove the impediment.

Mr. HEADLAND agreed that the inability to evacuate the urine arose frequently from that condition of the meatus urinarius which succeeded to the pressure which the child's head exerted upon the urethra, during the progress of parturition, and that the obstruction was a mechanical one. He did not see, admitting Mr. Roberts's explanation of the cause of retention of urine, was, in some cases correct, that the presence of inflammation contra-indicated the employment of turpentine. Of course, however, if the prostate was diseased, or the bladder discharged

mucus, such a stimulant as turpentine would be inadmissible. But recollecting how frequently turpentine was employed in puerperal peritonitis and other diseases called inflammatory, he did not see an objection to its use in a similar condition of the bladder.

Mr. PILCHER said that retention of urine after parturition did not depend on the cause which had been stated by Mr. Roberts, but arose from the contractile power of the bladder having been suspended by over-distension.

EFFECT OF ERGOT OF RYE ON THE CHILD.

Mr. Hutchinson and Mr. Hooper had never seen the ergot of rye produce any ill effects upon the infant. Dr. Severn thought that in some cases the death of the child could be attributed to no other cause.

After a few observations on scarlet fever, the society adjourned.

MEDICAL REFORM.

The following are the Extracts of Letters addressed to the Secretary of the British Medical Association, to which we alluded in our last number:—

From Professor MAUNSELL, of Dublin.

"I am just starting for Scotland, and I am sorry that it will not be in my power to be at your dinner on the 7th, as I should like to see all your reformers collected together. * * * I look upon the subject of medical reform as one of the deepest interest to society, and I think there never was such an opportunity for effecting something in it. The Bishop of London's motion in the Lords, and Mr. Muskett's notices in the Commons, as well as the manner in which some of the newspapers have taken up the subject of public health, all show that now medical affairs might be forced upon public attention, and that once done, reform must be obtained."

From J. P. GLEN, Esq., Secretary of the Glasgow Medical Association.

"We rejoice to hear of the increasing prosperity of the British Medical Association, as upon the exertions of that body rest our hopes of achieving those changes in our profession, the urgent necessity of which has become so obvious to every one who is not blinded by interest. We feel that, zealous although such a body as our's may be in the cause of medical reform, yet isolated as we are, and placed at a distance from the seat of government, we could not hope to exert such an influence upon the legislature as would lead it even to consider, far less to adopt, our views. The existence of the British Medical Association is of happy omen to the cause of medical reform, and its prosperity