

in one night to the hospitals. The details of these scenes are too shocking for description.

I am glad to stand here again, after the lapse of more than twenty years, and to congratulate the corporation of this great city upon all that it has accomplished for the removal of these great evils.

I wish I could speak in as satisfactory terms of the attendance of the youth of this great city at its schools, and of the disuse of beer, spirits, and tobacco, as I can of the public spirit which has regulated its police, sewered and paved its streets, removed nuisances, and, above all, expended the wealth of a principality on its magnificent water supply.

This sketch of the external relations of the art of medicine would be incomplete if I failed to remind you, that it is not merely in the attitude of an observer of Nature that you watch the great phenomena of life, and stand in the presence of the dread reality of death. Man is not a mere variety of the animal creation, whose instincts, habits, organization, and physiology you have to study. It is true that, in the attitude of a student of Nature, your success depends on high powers of generalization, on patient vigilance, calm fidelity, humility in the presence of great natural laws, which you can only learn to interpret by the collection of facts, which become the sources of those divine combinations of genius which enabled Newton to predict the combustibility of the diamond from its great refracting powers. This is all true. But the physician would be untrue to the high moral relations of his profession if he could live only as an observer in infirmaries and fever-wards of cities. If he could attend the ambulances or the hospitals of armies, watch the plague, the cholera, the yellow fever, or typhus, fulfil their missions as angels of death amongst the inhabitants of foul places, in which the race would degenerate if it were not cleansed out with the besom of destruction—without some inspirations of deep sympathy for the destiny of that great mass of mankind whom ignorance, poverty, and a life of toil have made the earliest victims of epidemic and contagious diseases. Remember how much of what you have to do formed part of the mission of Christ. I say it with a reverential recognition of his supernal power. When John sent his disciples to Our Saviour to inquire, "Art thou he that should come, or do we look for another?" he replied, "Go and show John again those things which ye do hear and see. The blind receive their sight, and the lame walk: the lepers are cleansed, and the deaf hear: the dead are raised up, and the poor have the gospel preached unto them. And blessed is he whosoever shall not be offended in me." It is of the very essence of Christianity to have a deep sympathy for the lot of man, and you would neglect the highest moral dignity of your profession, I will not say if you regarded it as a means of accumulating wealth, but even if, in the pure and noble office of an interpreter of Nature, you shut your hearts to the voice of suffering humanity.

There is much which the physician knows which is hidden from the eyes of the political economist and the statesman. Observe the advantage which Scotland derived from Dr. Alison's demonstration how much the recklessness of misery is to be dreaded as a source of the increase of the population beyond the means of subsistence. See how the Government has become the protector of those who labour in our mines and manufactories; of helpless infancy and suffering womanhood; because there have been faithful men, chiefly of your profession, who have fearlessly told what need there was to restrain the greed of gain in order that that the people might, in vigour, in virtue, and in intelligence, be worthy of the British race. Do not forget that the municipalities of England have been enlightened by physicians as to the existence of sanitary evils which kept alive the embers and accumulated fuel for pestilence in our great cities. In all these respects you may be the pioneers of civilization. But you may do much more. You may become the agents of great moral and Christian progress in society. You, more constantly than any others, witness the consequences of intemperance in starving the family of the labouring man, depriving his home not only of the comforts, but of the necessities of life; prodigiously increasing the rate of infantile mortality; ruining domestic peace; sowing the seeds of debauchery and crime amongst the children; wasting the strength, maddening the brain, undermining the constitutions of the victims; filling our workhouses and gaols, and preventing the moral and social progress of the class which spends upwards of fifty millions annually on beer, spirits, and tobacco. You can do more than any other class to expose this plague-spot, and to awaken all the authority of law, of public opinion, and private example and influence, to extirpate it as the most malignant ulcer in the body politic.

In like manner a physician is not at liberty to be indifferent to any social evil which depraves the health, or degrades the moral condition, and thus causes the race to degenerate. He is the enemy of pauperism, cretinism, the maladies peculiar to certain employments, and he is the indefatigable promoter of every improvement in malarious districts—in the construction of the houses of the poor, and the amelioration of their forms of labour, and in that mental and moral culture which may prolong and elevate their being. He ought to be the companion of Howard and Fry in the prison—of the ladies of England in the hospital—of Clarkson and Buxton amongst the slaves—of Martyn in preventing infanticide, the Suttée, and Thuggism—of Williams in protecting the aged Polynesian from the selfishness of the young—everywhere, of those who strive to rescue the race from oppression and barbarism.

Never forget the great work of Christian charity and genius which Dr. Howe wrought in restoring Laura Bridgman to the region of intelligent humanity. Have in veneration the labours of the Abbé Sicard for the deaf and dumb. Visit Guggenbühl on the Abendberg, and learn how he has taught Europe to rescue infancy from idiocy and cretinism. There are few things to my mind so unsatisfactory as that the charge of the sick in our great hospitals should be confided to nurses, whose highest praise, when faithful, is, that they have acquired a certain mechanical skill in fulfilling the directions of the physician, but whose moral relations with the patients are, even in favourable examples, limited to patience and vigilance. No one can have watched the self-denying ministrations of the Sisters of Charity in foreign hospitals without wishing that our Protestant faith had produced such a flower. The beds of our public wards are too much crowded to promote private devotion, to facilitate the ministration of religion, or even to protect the patient from painful, if not humiliating, observation, when under examination for disease. Simple expedients, consistent with perfect ventilation, might prevent these evils.

Then the physician and the minister of religion act too little in concert in the hospitals, and in the houses of the poor. Even in great epidemics, which call forth occasionally the most chivalrous self-devotion, this union of effort is too rarely seen.

Never forget that though you are not charged as priests with the great message of revelation to man, you follow the steps of disease and death, alike to the palace and the hut. You are witnesses of the equality of man in the eye of God. Before you, more than before any other class of men, is revealed the great mystery of the drama of life, from the cradle to the grave, and that though it is your duty rather to heal the body than to be physicians to the soul, yet, when you come, in age or in sickness, to make up the great account of life, nothing will console you, if you have been deaf to the voice of humanity, or if you have closed your eyes to the sublime spiritual destiny of man.

Clinical Lecture

ON

SOME POINTS CONNECTED WITH CARDIAC PATHOLOGY.

By W. HUGHES WILLSHIRE, M.D.,

ASSISTANT-PHYSICIAN TO THE CHARING-CROSS HOSPITAL, &c.

No. II.

(Continued from p. 516, vol. ii., 1855.)

GENTLEMEN,—Our clinical lectures ought, in my opinion, always to bear particular relations to the *treatment* or *alleviation* of disease. This is the purpose for which we are called to the bedside of the sick man, and unless we regard this as the great end and purpose of our art, the most recondite or ingenious pathology is only a stumbling-block to the physician, and, to the patient, foolishness. It so happens, however, sometimes, that cases come before us which offer much interest in a pathologic view, but which afford really little scope for therapeutic illustration; sometimes the treatment is one which seems definitely settled, well known, and satisfactory, whilst our notions of the pathology of the affection vary very widely; while, in other cases, the disease, from its peculiar nature and tendency, is equally as well known to refuse to yield to any

means of curative or scarcely even alleviative therapeia, though the *genesis* and exact nature of the malady is one of the discussions of the day. I find myself much in this predicament, for the cases I have under my care in the wards at the present time appear to serve the purpose of pathologic illustration rather than of showing you the value of any particular line of treatment.

Notwithstanding this, however, I take the present opportunity most readily of offering you some clinical remarks, because I have two cases at present in the hospital which seem to me to bear upon some points only but recently investigated, and which are essential elements in the neo-pathology, or the "young medicine" of our time. I allude particularly to the case of Edward K—, who lies in the corner bed of the smaller clinical ward, and is *hemiplegic*, and to that of Elizabeth H—, of No. 17 in the Bow ward, who exhibits, amongst other symptoms, a diminution, in some places, almost to negation of pulsation in the superficial arteries of the body.

I shall allude, in the first place, to the male patient, E. K—. He was admitted on the 5th of January, and the following account was obtained from his wife by our house-surgeon, Mr. Beck:—"The patient is twenty-eight years of age, has been married eight years, and has four children; is a carpenter by trade; and he is steady and sober. About two months back he was very ill, and was under medical treatment for lumbago, and also for 'gravel.' The pain in the loins gradually ceased; but he afterwards suffered pain extending from the right hip down the whole leg, which he also 'dragged' when walking. He frequently suffered from headache, more especially when working where painting was going on. The bowels have been generally constipated. His sight has always been weak, being unable to read long together. On the 22nd of December, he was forced to give up working, complaining of intense headache, increased by the slightest noise. Shivering came on, which lasted for an hour, his skin becoming afterwards hot and dry. His urine was very high-coloured, and the motions sometimes dark, sometimes clay-coloured. It was next observed that he talked nonsense, but was easily manageable the whole of the next day. The day after that it was first perceived that he had lost the use of the right side, and it was impossible to understand what he meant when he answered any question. He was salivated, and blisters were applied to the nape of the neck."

On admission, hemiplegia of the right side existed; the tongue, when protruded, curved markedly towards the right side of the face. The latter was slightly distorted when the patient was made to smile, but there was no ptosis. The countenance seemed somewhat heavy; the pupils were natural, but the tongue was coated with a dark fur, and was, if not actually dry, certainly deficient in moisture. It was impossible to understand what he intended by his replies to any questions put to him.

When we saw him the next day to his admission, we found him in this same condition; and we also observed, that though he appeared to understand all that was said to him, he answered "No" to everything, whatever it might be. We made him over and over again contradict himself, as an *experimentum crucis*; and from this, coupled with the fact that he put out his tongue when told, pulled up his shirt, took a pencil in his left hand when we told him to try and write, and then put it in his mouth, to write with it in that position, we assumed he could not help saying "No" to whatever we asked him, though he must have been aware it was often the wrong answer to give. The bowels were rather confined, and the motions were passed without control. Of his scrawls with the pencil we could make nothing, and, up to the present time, we have been unable to glean any further history of the case than that resulting from our observation.

Now, here was a case of simple hemiplegia, but it occurred, as I remarked to you at the bed-side, much earlier in life than it usually does; and moreover, the paralysis had not been preceded by any apoplectic fit, or coma, or loss of consciousness, so far as we could make out, though it was not improbable it might be sooner or later followed by such an event, if more blood should be extravasated. Though the skin was moist, the state of the tongue showed that the system was still suffering from what we may term the primary or acute irritation of the supposed hæmorrhagic effusion. We put a blister behind the patient's neck, gave him the nitrate of potash in scruple doses, and some cathartic mixture. I did not perceive there were any indications for anything further. Indeed, the man has been under the same method of treatment until the present, and you will perceive how much he has improved. His tongue is quite clean, his appetite has returned, he can, with assistance, use

the night-chair, instead of having involuntary defecations, and he attracts our attention occasionally by getting out the paralysed arm from beneath the bedclothes, to show it, as if it were improving. It appears, however, to be like a dead weight to him, as does, also, his right leg, poor fellow. Now, what I want to direct your attention particularly to is this: I was remarking at the bedside upon the propriety of endeavouring to find out, if we could, what might have been the cause of the disturbance to the cerebral circulation, or what gave rise to the assumed hæmorrhagic extravasation. Amongst other points, I told you that in modern times disease of the heart, particularly hypertrophy of the walls of the left ventricular chamber, had been regarded as a frequent cause of apoplexy and its consequent paralysis. How it operated, or even whether a chain of causation and effect between the two had been fairly established or not, I did not then, nor shall I now, stop to inquire. I passed on to tell you, however, that for some time past investigations had been prosecuted at one of our large hospitals, and which went to show that obstruction of a main cerebral artery might take place from the lodgment in it of a plug of fibrine, which plug had been detached from some of the valves on the left side of the heart, where it originally grew in the form of a warty growth or excrescence. The result of this plugging would be, in perhaps the majority of cases, to pervert the healthy nutrition of the part, the result of which, again, might be the occurrence of ramollissement, or softening of the brain, and thus the sequence of paralysis consequently followed. I said we would therefore examine the heart in this case, and find out whether the valves betrayed evidence of lesional disturbance. You will recollect that no sooner had I applied the stethoscope to the precordial region than I stated that a loud sawing soufflet was plainly audible over most parts of it. Several of you had at the same time the opportunity of corroborating my statement. We found the heart's shock not stronger than natural, but diffused over a somewhat wider area than normal; from a little to the right of the nipple towards the apex of the heart, the first sound, and part of the second, were so covered by either the rough blowing or aspirated sawing sound, according to which term you choose to bestow upon it, that the two normal sounds of the heart could scarcely be divided from each other. At the base, the first and second sounds were distinctly separated from each other, the former being accompanied by a sawing soufflet, and which slightly invaded the first part of the second normal sound too. Where the abnormal bruit had its seat of chief intensity, whether at the base or at the apex, we were not at all agreed. I have been undecided since, when I have examined the patient, but now I should be inclined to say, it culminates, as it were, midway between base and apex. It is heard distinctly behind, near the edge of the scapula, and it is also heard in the carotid arteries. Without wishing to appear over-refined in the diagnosis, I should say that we have here both mitral regurgitation and aortic constriction; at any rate, there is, to my mind, evidence of important valvular disease of the left side of the heart, the bruit evidencing which belongs rather more to the rough than to the soft type of murmurs, and which roughness indicates irregularity somewhere of the surface of the blood-course or channel.

Now this patient, Edward K—, strangely enough illustrated to some extent the remarks I had just made to you. We might have had case after case of paralysis, and either no evidence of heart-disease, or only of hypertrophy. But here was one indicating a probable roughened condition of the valves of the heart's left side, the detachment from which of some fibrinous growth, and its arrestation in the blood-stream of a cerebral artery had been, as I told you lately, pointed out as a cause of certain forms of paralysis. There are yet one or two more points I must dwell upon. Dr. Kirkes, of St. Bartholomew's, to whom we are so much indebted for a great deal of what we know about this matter, explains in this way many cases of partial and temporary paralysis suddenly ensuing in one or more limbs of *young* persons, and, so far as I recollect, would deem the paralysis thus produced as always the result of softening, or some perverted nutrition of the brain, rather than of hæmorrhage; and hence such cases thus produced would necessarily evince a somewhat different set of symptoms to those resulting from true apoplexy. In the case before us the man is only twenty-eight years old; has had no coma; is not a full-blooded, short-necked man, but the paralysis appears to me to have come on progressively or gradually. We examine his chest and find disease of the valves of the heart. Now may we regard the case before us as one possibly, if not probably, coming under Dr. Kirkes' category? If the doctrine I have alluded to should hereafter not seem to be sufficiently esta-

blished by observation, it is one you should at any rate have knowledge of, and as the present case seemed to offer me the opportunity of referring to it, I have thought it my duty to do so. It is necessary that I should tell you, however, that I cannot make out that our present patient has ever had rheumatism, and that to my mind there is some little difficulty in reconciling a *sudden* form of paralysis with arterial plugging by a detached growth, not followed by hæmorrhage. If the result of the plugging is softening, the result of softening is not generally sudden, but progressive. Why should not, then, the paralysis be more progressive than it is assumed to be, and as it usually is, in cerebral ramollissement. It is true we do meet with cases of softening so sudden in their symptoms, as to lead the practitioner to think he has a case of cerebral hæmorrhage to deal with, and my predecessor, Dr. Rowland, wrote, you know, a book upon this very subject. But, then, this is the exception and not the rule, whilst in the other case it is assumed as the rule, and not the exception. If the paralysis be due to the atrophy and degeneration arising from the supply of blood being cut off from the part, one would think it would be more gradual, or the symptoms more progressive than in those cases in which they are laid down as occurring.

I have already said, that in our patient the disease appears to me to have come on progressively, for you will bear in mind, that nearly two months before what has been considered as the *attack*, he was observed to drag the right leg when walking, and frequently suffered from headache. On another view of the matter, it would seem to necessitate, that either the mere stopping of the circulation in the vessel itself can give rise to paralysis, without there being any visible change induced in the cerebral substance, or that the plugging of the artery may give rise to congestion, and then to hæmorrhage. In vol. xvii. of Ranking's Abstract, you will find recorded a case of Dr. Rühle, which the latter gives as exemplifying the first occurrence; and the third case of the same writer was one in which upon the convex surface of the left cerebral hemisphere was a diffused extravasation of blood. But then, again, arises the question, whether these cases, where the plug in the artery was extensive, and occurred in the carotid, can be regarded as exactly analogous to those where it is small, and occupying a cerebral artery. In Dr. Rühle's first example, the left auricular ventricular opening was narrowed to a fissure only admitting the little finger, at the extremity of which lay a dry, brown coagulum, imbedded in a calcareous fissure. In the second case, two irregular, fibrous coagula existed on the mitral valve, between its free end and point of insertion. Well observed phenomena must silence, of course, all theoretic objection, and it is fair to say, that cases are recorded in which these three circumstances have been observed—suddenness of paralytic seizure, softening of brain, and plugging of artery; and if we could be *sure* they were regular and necessary sequences, (of an inverted series to the way I have put them,) having a strict *nexus* of causation running through them, we should readily arrive at the truth of the matter.

The occurrence of these fibrinous plugs in the arteries has been explained, I should tell you, by another class of pathologists, in a very different way. Their occasional existence being undoubted, they are supposed to be the result of a local chronic arteritis, a disease of the vessel itself. But upon this point I have yet to say a few words, when alluding to the next case, that of Elizabeth H—, in the Bow ward. Before considering her case, I may refer those desirous of more information upon this subject of detachment of fibrinous growths from the valves of the heart to vols. xvi. and xvii. of Ranking's Abstract, pages 90 and 32, and to vol. i. of THE LANCET for 1855, p. 238. In the last (xxxiii.) number, also, of the *British and Foreign Medico-Chirurgical Review*, some interesting cases of obturation of the pulmonary artery by fibrinous coagula will be found given *in extenso*.

Finally, with reference to the patient whose case we have been considering, I may just observe, that he is now able, to some extent, to say *yes* or *no*, as the question put to him may necessitate. Before, we remarked that with whatever answer he began the day, so he went on to the end of it. Next he mixed the two—*yes*, *no*—somewhat indiscriminately together. Now he can pretty judiciously appropriate each answer respectively.

TESTIMONIAL.—A testimonial, the subscriptions to which already amount to nearly £400, is to be given to Drs. Joseph and William Bullar, of Southampton, "for their many years gratuitous services in the cause of the poor, and great services to the Royal South Hants Infirmary."

REPORT OF A

CASE OF STRICTURE OF THE URETHRA,

TREATED WITH MR. T. WAKLEY'S URETHRAL GUIDE AND TUBES.

By WM. SETH GILL, Esq., M.R.C.S.E.

No apology is necessary for introducing the following case to the readers of THE LANCET, illustrating as it does the value of Mr. Thomas Wakley's simple but most effectual invention for the cure of stricture of the urethra without the aid of cutting instruments. I feel confident that if those surgeons, both at home and abroad, who have been taxing their ingenuity to contrive knives and devise incisions for the treatment of this disease, would take the trouble to investigate the method as practised by Mr. Wakley, they would perceive how unnecessary it is to subject their patients to the dangers of cutting operations. I have no hesitation in stating that the most confirmed sceptic, professional or otherwise, will feel gratified, as I do, in placing on record *facts*, proving that this disease, even in its most intractable form, is perfectly under control with these instruments, and that the plan of treatment is both safe and expeditious, and must eventually become a *sine qua non* in modern surgery.

Some years since, a gentleman applied to me, suffering from stricture, accompanied by the usual symptoms. Warm-baths and the ordinary medical treatment enabled him to pass a few drops of urine, and in a day or two I was enabled to introduce a small catgut bougie, followed at intervals by others of a larger size until the passage became permanent, and the patient's general health restored.

Seven years after this recovery, my patient relinquished his habits of total abstinence, and occasionally indulged in potations strong and deep, and after one of these fits of intoxication the usual distressing symptoms of stricture set in, and, some months afterwards, he was again obliged to apply to me, suffering from almost total retention of urine. Upon examination, I found the urethra hard and cartilaginous for at least two inches in extent, and my patient told me that for some time past he could only pass his urine guttatim. I failed in passing an instrument for several days, and then succeeded only in introducing a No. 1 bougie, which he retained for a short time only, for I was obliged to withdraw it on account of the recurrence of severe rigors. The effort to pass urine was continual and impracticable; loss of appetite, with mental depression, followed sleepless days and nights of suffering. Under these trying circumstances the urethra gave way, and the urine was diffused into the scrotum and perinæum, and my patient became in great danger. In this critical position I advised a consultation with Mr. Wakley, who at once decided on giving the patient chloroform, opening the deep, sloughy abscess in the perinæum, and making other small punctures, to allow the infiltrated urine to escape, and to *dilate* the strictured urethra anterior to the ruptured part of it, so that a full-sized urethral tube could be passed and retained in the bladder. Accordingly, a No. 7 elastic tube was introduced, as if by magic, through the stricture, past the opening in the urethra, on to the bladder, by means of the ingenious instruments employed by Mr. Wakley. I have no hesitation in stating, that such a feat by the ordinary method, or, indeed, by any other than that of *the knife*, would have been an impossibility. The command of the urethra was never once lost during the rapid and successful dilatation which followed, and in ten days the patient passed his urine in a large stream, retaining it for the usual period. The opening in the perinæum has closed, and my patient has regained his health and strength, and is now pursuing his usual avocation, to the surprise of all. Comment upon this case is superfluous; the successful termination must be received as a victory for the plan employed, and I would ask those surgeons who still use the knife or other cutting instruments, in the treatment of stricture, whether they should not *first* try the means adopted in the foregoing case?

29, White Lion-street, Pentonville, Jan. 2nd, 1856.

MR. OWEN AND THE COLLEGE OF SURGEONS.—The statement that appeared in *The Times* relative to the reduction of Professor Owen's salary has been denied in a letter addressed to that journal by the President of the College, who asserts that the Court never had any intention or wish to deprive the distinguished Curator of their Museum of any portion of his emolument.