

of acute suffering.\* Perhaps too little attention has been paid by surgeons generally to the great distress which such prolonged compression causes—the ulceration, the enlargement of glands, the pain, the engorgement of the limb, and the mental distress and disappointment. But, nevertheless, if it could be clearly shown that all this is necessary in order to diminish the mortality, it would clearly be our duty to induce our patients, if possible, to submit. I cannot say that this has at present been shown, nor can I show it by any evidence I have been able to collect. All the facts in my possession tell the other way. Pressure does sometimes succeed after prolonged perseverance, but usually, I believe, it fails ultimately when during the first few days it has not, at least so far, succeeded as to ameliorate the patient's condition, to diminish the size of the tumour and the strength of its pulsations, and produce some enlargement of the collateral vessels.

This risk of ultimate failure would, again, be of the less moment if the doctrine which is now generally taught, and which has been adopted into our text-books, from Mr. Jonathan Hutchinson's researches, were true—namely, that when compression fails, it does not usually fail utterly, but that its failure is balanced by the diminished risk which, under those circumstances, attends the ligature of the femoral artery. But I much fear that this doctrine is not true. Mr. Hutchinson's numbers were very small, and were not in themselves very convincing. The larger experience contained in my table of hospital cases leads to precisely the opposite conclusion, and it is that which seems more consistent with *a priori* probability. I am reluctant to abandon an opinion which I have taught, and, as I then thought, on sufficient authority; but I must admit that the evidence up to the present time leads to the conclusion that a patient is not more but less likely to recover from ligature of the femoral if a prolonged application of pressure has previously been made.

And if to all this we can add, as I hope we can, that the Hunterian ligature is much less dangerous than we have been taught to consider it, the motive for avoiding the alternative of tying the artery, even at the cost of much suffering to the patient, would be taken away. And I think I can show very good reasons for believing that the estimate of the danger of ligature of the femoral artery, based as it is in a great measure on the results of practice in former generations, handed down to us by Norris and other statistical writers, is much more unfavourable than present hospital experience justifies. So that the general conclusion would be that it is better, after a careful but very moderate trial of the compression treatment, to abandon it, if it does not seem to be doing good, and to resort to the ligature before the patient's chance of recovery from that operation has been permanently impaired. How long a time is involved in the expression "a very moderate trial" it may be rash to try to specify. There must be much variation in individual cases; but my own impression is that more harm than good generally results from protracting the attempt beyond a week. I would, however, stipulate that the trial should be really careful—that is to say, that precaution should be taken to see that, whatever form of pressure is adopted, it is constantly applied with accuracy, and is really producing the effect intended during the whole period of its application. And I would urge upon country surgeons, and others who are not in a position either to superintend the compression treatment themselves or to leave it in the hands of perfectly careful and competent assistants, to reflect whether it would not be safer for the patient either to tie the artery at once, or to send him to some institution where the more troublesome mode of treatment can be efficiently carried out.

\* In a case of this kind, referred to previously, in which the treatment extended over half a year, and where the patient is said, and, in fact, is proved, to have been "endowed with exceptional powers of endurance," Mr. Walker, of Liverpool, who relates the case, terminates the account of a fruitless application for several days of weights and tourniquets, by saying: "Next morning showed no change, and at noon, being sick with disappointment, our patient wished to be left to die in peace."

At a meeting of the Royal Medical Society of Edinburgh, the following gentlemen were elected annual presidents:—R. Saundby, M.B.; W. Garton, M.R.C.S. Eng., L.S.A.; M. R. Simpson; R. A. Gibbons, M.B., C.M., M.R.C.S. Eng.

## THE ECONOMY OF CONSULTATIONS.\*

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To make clear the object of this communication, I beg leave to observe that its title is in one sense, the professional, too general; in another, the literal, too restricted.

That medical science is one in its foundation,—that its parts are inseparably linked,—and that its objects are uniformly beneficent, are truisms so generally assented to as to call for no comment here. But, as a matter of fact, the practice of the profession is divided into many branches; and experience proves that, whatever may have been the aspirations of student days, the circumstances of life compel men to follow separate paths: all traced through the same domain, it is true, and all beset with difficulties; but none the less distinct. You will be good enough to understand that I lay no claim to being able to discuss the economy of consultations in all the walks of the profession. It is in my experience as a surgeon that the facts have been gathered, and the opinions formed, on which this communication is based. With this limitation of the title, I must now beg you to accept its first word, not in the literal and narrow sense of every-day usage, but in its broader philological, and more correct, significance. It is not as a synonym of frugality or thrift that I use the word "economy"; but as the equivalent of management, or general conduct and disposition, of consultations.

The days are still fresh in the memory of veterans, whom we are proud and happy to see amongst us, when the economy of consultations was in a very narrow compass. While the skill of operating surgeons gave them a position and influence apart, the bulk of the medical work of the population was done by the apothecaries, who were in every way subordinate to the physicians. These, learned and exclusive, obeyed the laws of their college, the high principles of which have been handed down with traditional fidelity from the days of Linacre, for the good of the public and for the honour of the profession. But with the lapse of time, and with the diffusion of learning within and without the professional ranks, it has come to pass, that while the College of Physicians has striven to maintain untarnished the honour of its inheritance, its members and fellows have entered into new relations, and have engaged in the practice of a variety of operative procedures. The narrow mechanical views of the functions of operating surgeons had no sooner been demolished by the master spirits of the French Surgical Academy, than the way was open for the philosophical teaching of John Hunter, who, through Abernethy, Bell, and Brodie, largely contributed to the foundation of the modern school of scientific surgery. At the same time other sections of the profession have achieved brilliant results in learning and social status; the growing requirements and the improving tastes of the public have militated against exclusiveness; and the profession has for some time been in a transition state, with only one happy certainty—that we are on the high road of intellectual progress; no longer a priesthood claiming to be endowed with mysterious powers and speaking an unknown tongue, but amongst the pioneers of investigation, pressing onward with the cleaving axe of reasoning inquiry. The very rapidity and diversity of the advance have loosened some of the old bonds. Free thought and discipline, the spirit of independence and a conventional regard for ethical rules, do not instinctively adapt themselves; and we are, as a profession, in need of a bond of union, which shall link us as useful and cultured fellow-workers, and place us in a more intelligible and better defined position before the public.

In no department of our work are we more exposed to criticism, nothing we have to do requires more judicious and delicate management, than our relations in consultation, with the threefold object of the patient's health, the profession's honour, and the practitioner's interest. In the every-day occurrence of being summoned to a person who

\* Read before the Midland Medical Society, Nov. 18th, 1874.

has been ill some time, the question is of course asked, who has been the ordinary attendant? Not unfrequently a positive and untrue statement is made that no practitioner has seen the case, and in perfect good faith an examination is made and remedial measures are adopted. The family attendant, hearing of the occurrence, too frequently takes umbrage, and blames the newly called physician or surgeon, who has acted in perfect good faith. It is always important to bear in mind that a good many people are ready to tell an untruth, in such matters, to get rid of the expense or trouble of two opinions, or in the belief that they will obtain the advice of a hospital physician or surgeon more candidly if seen by himself without the intervention of the general practitioner.

The cautious mode of expression which is the outcome of ripe experience is one thing, and cannot be too highly prized; the ambiguous diction of some persons, who think it dignified to be mysterious, and who, like Fouchet, use words as masks for their thoughts, is quite another thing, and cannot be too strongly condemned. No one would counsel blunt candour to a suffering person; and anyone who prizes the amenities of culture knows how much comfort can be conveyed in considerate expression. It is of the highest importance to educate the public in the confident belief that every member of the profession, who is consulted as to a patient's ailment, will, to the best of his judgment, give a candid opinion as to its nature, and employ the best remedies for cure or relief. The popular disinclination to be trammelled with professional rules is, I think, best met, while faithfully adhering to them, by showing the reasonableness and safety, in the interest of the patient, of holding a consultation with the previous attendant. The progress of the case, an account of the remedies employed and of their effects, the evidence resulting therefrom of constitutional power, can only be learned with fulness and precision from the surgeon who has watched the case from the commencement; and it is of the highest importance to the patient that all these facts should be known by the second practitioner whose opinion is specially sought.

It is needless to dwell on those cases in which the aid of a consultant is requested by the concurrent voice of patient, friends, and medical attendant. The relations are then devoid of complications, and the agreeable duty of doing all for the best is discharged under the most favourable circumstances. It is far otherwise in some cases, as for instance where a family practitioner and a surgeon, whom he has called in consultation, are agreed that a great operation must be performed, and, the advice being unwelcome, a third opinion is sought. The following cases will serve to illustrate the position.

A youth, aged sixteen, had been for some time suffering from necrosis of the tibia; discharge was profuse, pain intense, appetite and sleep impaired. Two family surgeons (partners) had done their best for the patient, but with so little apparent benefit that they felt convinced amputation was necessary to save life. At their suggestion a hospital surgeon was consulted, and his verdict was conclusive for amputation above the knee. The family were very averse to the operation, but wished, if it was inevitable, that I should perform it. At the first consultation at which I was present I was impressed with these facts: the chest was sound, all the members of the family were healthy, and, although the whole shaft of the tibia was involved, the knee and ankle joints were intact. Several cloacæ led down to dead bone; why not unite them with a few strokes of the mallet and chisel, turn out the sequestra, and clear the cavity for natural repair? The discussion in consultation was rather protracted, and no little difficulty resulted from the family decision that I was to perform whatever operation was resolved upon. Nothing would ever induce me to perform an operation against my conviction of its absolute necessity, and of its justifiableness on scientific and practical grounds. My friends, in consultation on the case under review, could not gainsay that, if the minor proceeding failed, there would still be time to amputate the thigh. I opened out the whole length of the tibia, to within half an inch of the knee and ankle respectively, cleared away the dead tissue, lodged in the cavity a long drainage-tube with depending ends, and suspended the limb. The lad slept, ate, and fattened, and was very soon on crutches, on the way through rapid convalescence to complete recovery, under the care of the family surgeons, who, though dissenting from my advice at first,

most loyally exerted themselves to ensure its success, which in the event could not have been more complete.

In another case, Mr. — called on me one evening to see his wife, who was to undergo amputation of the thigh the next day, by the urgent advice of the family attendant and of a hospital surgeon whom he had called in consultation. I remarked that a full knowledge of the facts was essential to the formation of my opinion, and appointed an hour for consultation the following morning. I found the right knee-joint full of pus, in a delicate woman who had been ill some weeks. She had a clean tongue and cool skin, and was taking a fair amount of nourishment. The first consultant was for amputation at once; I counselled at least twenty-four hours' delay to watch the effect of an attempt to save the limb. My advice having been accepted, I passed a drainage-tube through the knee-joint, packed it with tenax, applied a long pasteboard splint at the back with a gently compressing bandage, and suspended the limb. Improvement was immediate; there was no need for reopening the question of amputation at the end of the first twenty-four hours; the joint gradually emptied itself, and the skin covering it changed from a red and shining appearance to a white and withered look; pressure was gradually increased, and in due course the drainage-tube was withdrawn, and a silver wire left in its track for a few days, lest fresh matter should accumulate. In fact, not a single untoward accident occurred, and the patient can now walk long distances, with a limp it is true, but without the aid of a stick. After my second visit the patient's husband wished the family attendant to discontinue his visits, and the latter was quite inclined to absent himself, but I informed both that I should leave the case unless the family surgeon remained in attendance. I supplemented this information to the husband with the remark that his family adviser had acted to the best of his judgment, that he was an honourable man, and deserved every consideration. To the surgeon, who was a little displeased because I had been called in without his previous consent, I pleaded in confidence, that a man might be excused being hasty and forgetful of professional etiquette, even supposing he had ever learned it, if his wife's thigh was to be amputated next day. Assuming that the man had erred, was it not, under all the circumstances, expedient and prudent to overlook the error? Nelson was a philosopher as well as a brave man when he put the glass to the blind eye at Copenhagen; and Pope was a shrewd man of the world as well as a poet when he wrote,

"At every trifle scorn to take offence;  
That always shows great pride or little sense."

Here is a difficulty in consultation of a different kind. A messenger came in from the country to request my attendance on a man who had fractured his leg some weeks previously. He had been under the care of a surgeon, but the bones had not united. The hour was fixed for my visit next day, and I sent due notice to the surgeon, but had not the pleasure of meeting him on arriving at the patient's house. In his place I met his unqualified assistant, who explained that his principal was too busy to attend, that he had almost exclusively had charge of the case, that the patient had been very troublesome in taking off the splints, and that, though now a man in good circumstances, he claimed the privilege of attendance as an old member of a sick club. On the other hand, a good deal was said by the patient's friends about want of attendance. Experience has proved over and over again that an ununited fracture is the frequent cause of other important disunion besides that of the bony fragments, and I thought it best to say nothing, while I immovably fixed the limb in a pasteboard apparatus extending from the foot to the middle of the thigh. Consolidation was rapid, and a few weeks afterwards the patient, his wife, and their nephew called on me; the latter announced himself as a solicitor, who took great interest in his dear uncle's affairs. I showed my legal friend into another room to read *The Times*, while I attended to the uncle's leg, which I found progressing most satisfactorily. The patient said he thought it only right his nephew should write a letter to the surgeon informing him how matters were progressing; and when I rejoined the solicitor for a separate chat, he only wanted a few details from me to avoid the risk of any error in a friendly letter which he intended writing to the medical attendant. It did not require much sagacity to foresee the probable issue. As the party had come some distance from the country, and the apparatus was loose, I could not refuse

to readjust it; but as to conversation, I could enter into none in the absence of the general practitioner. No cases demand more consideration than those of ununited fracture. Union may fail from constitutional causes, in spite of the best treatment; but whatever opinion a consultant may form on that point, his clear course is to do all he can to repair the bone without incurring the risk of breaking the practitioner. My patient's nephew made a few more attempts, but he very soon perceived that, if his case was to rest on me, he could entertain very poor hopes in bringing an action for compensation, of which I heard no more.

That consultations, rightly conducted, are as much in the interest of the profession as of the public,—that too few consultations are held, and at too late a period in the progress of many cases,—that it is a mistake to suppose that division of responsibility necessarily involves division of reward in reputation and fees,—are general propositions of the truth of which no impartial observer can entertain a doubt.

How different the state of affairs in the legal profession. In almost every case of difficulty, and at succeeding stages from its very commencement, a solicitor takes counsel's opinion; and, if a case go to trial, a number of counsel are generally engaged on both sides. But it is only just to bear in mind that the relative position of solicitor and counsel is so clearly defined, and the rules of the Bar are so binding, that legal practitioners can afford to be just to their clients and generous to their brethren, without imperiling their individual interests. What chance would there be of equity counsel being consulted by solicitors on knotty questions of property law, if there were any risk of the former supplanting the latter in the management of estates? It is no use framing rules of professional morality in opposition to the dictates of common sense; and it is not to be expected of any men that they will act in opposition to the instinct of self-preservation. Our first aim should undoubtedly be a patient's welfare; but members of the profession cannot have too scrupulous a regard for the legitimate susceptibilities and rightful interests of their brethren; and these remarks apply not merely to the relations between consultants and general practitioners, but to those between hospital physicians and surgeons practising general and special departments. It is even truer now than when Pope wrote—

"One science only will one genius fit,  
So vast is art, so narrow human wit;  
Not only bounded in peculiar arts,  
But oft in these confined to single parts."

*Essay on Criticism.*

It must be admitted that, in spite of the utmost care, it is impossible to steer clear of difficulties. When our opinions differ, a host of scribblers, who call themselves literary men for no better reason than that they live by writing, are ever ready with the famous truism, "when doctors differ....."; forgetting that the very construction of our courts of law, from courts of first instance to courts of error, and the highest tribunals for appellate jurisdiction, is to provide for differences of opinion, amongst learned men, often on the simplest matters of fact and with the clearest legal precedents. But, in justice to the scribblers, they are not our only detractors. Molière's satires against doctors have passed into proverbs, and, though the laugh is against us, it is impossible not to enjoy the pungent wit of the *amour médecin*.

The taunt of proneness to differ in opinion is, after all, not so harmful as the charge of jealousy, which is certainly one of the commonest of human failings. A rather extensive acquaintance with men in most callings of life has convinced me that, if we except lawyers, the men of no class, be it ministers of religion or men of letters, statesmen or soldiers, artists or artisans, are less embittered or hampered by jealousy than our professional brethren. If two blacks do not make a white, *à fortiori* ten or a thousand do not; and we must all agree that to uproot petty jealousies and to encourage generous rivalry in the most catholic spirit should be our constant aim; and, while working at our own advancement, let us unite in repelling the charges often so inconsiderately brought against us. An anecdote in point may be excused. It recently happened that several distinguished physicians and surgeons differed in an important case, in which one of our leading manufacturers took great interest; and he is in the front rank, not merely for the magnitude of his works and for reputed wealth; he really can talk Eng-

lish and knows something besides. Talking over with me the difference which had become apparent after the consultation, he exclaimed, "All owing to professional jealousy." I merely remarked, which I was able to do most conscientiously, that the case afforded an instance of legitimate difference of opinion, honestly expressed. "By the bye," I suddenly interpolated, "I have a favour to ask you. I have some friends here from abroad, who take a great interest in manufactures: one of them is a skilled engineer, a clever draughtsman, and a very enterprising man. May I have the pleasure of introducing them to you to-morrow at your works, in order that they may enjoy the privilege of inspecting them?" "I am always happy to oblige you," rejoined the manufacturer—and I quote his answer literally,—“but we have a large amount of patent machinery which we never show to strangers.” I assured him that any physician or surgeon from any part of the world would be welcome to go over our hospital or any similar institution in the kingdom, and might rely on having access to all the records for any information he might be desirous of obtaining. We can well afford to smile at taunts of jealousy, from manufacturers at any rate.

In one sense, but only in one, let us plead guilty to the impeachment of jealousy—for our professional honour; and let our energies be devoted to proving that the best interests of the profession are one with the best interests of the public, and that both may be promoted by directing with wise liberality the economy of consultations.

Birmingham.

## SUCCESSFUL REMOVAL OF THE TESTICLES, SCROTUM, PENIS, AND SUPRAPUBIC SKIN FOR EPITHELIAL CANCER.

By THOMAS ANNANDALE, F.R.S.E.,

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PETER R—, aged thirty-one, was admitted into my wards on Oct. 7th, 1873, on account of epithelial cancer affecting the genital organs. The disease had originated in the extremity of the penis four years ago, and had since gradually implicated the surrounding parts. On admission, the greater portion of the penis had been destroyed by the disease, an ulcerated mass of epithelial cancer occupying the position of the organ. The greater part of the scrotum was involved in the disease, which had destroyed the superficial textures, and become adherent to the testicles. The skin and cellular tissue over the pubes were also affected with the disease to an extent of rather more than two square inches. The entire disease presented the appearance of a large, irregular, ulcerated surface, implicating the parts enumerated, with hardness and discolouration of the tissues forming the circumference of the sore. There were one or two glands slightly enlarged in the right groin, but this enlargement appeared to be the result of simple irritation, and was only of recent origin. The patient had much difficulty and pain in passing water. His general condition of health was fair, but he noticed that he was becoming markedly emaciated.

As it seemed to me possible to remove the entire local disease, and as the patient's strength was considered good enough to admit of an operation which did not involve any great loss of blood, I undertook, with his consent, to remove the diseased parts after a careful consideration of the case.

On the 15th of October I performed the operation in the following manner. An incision being made over the external abdominal ring on one side, the spermatic cord, including its vessels, was carefully cleared, and, a ligature of strong silk having been placed round it, it was cut through below the ligature. The same proceeding was adopted on the opposite side, and then the root of the penis, having been exposed by dissection as far back as possible, was cut across, a temporary ligature being first passed round it. In this way the testicles and diseased remnant of the penis were detached, and all bleeding from their vessels was prevented. The next step consisted in dissecting away the whole disease and a margin of healthy texture from the scrotum and