

the incisors. He drank milk freely and without difficulty through a quill. He is now quite well. Cured by milk!

XI. *On the Nature and Importance of Clinical Surgery*,—being the Substance of a Lecture, Introductory to a course of Clinical Prelections. By ROBERT HUNTER, M.D., one of the Surgeons to the Royal Infirmary, Glasgow.

GENTLEMEN,—I have met you to-day chiefly for the purpose of directing your attention to those interesting cases of injuries of the head, which we have just now visited. But as it is our first *re-union* this session for clinical purposes, a few preliminary observations on the nature and importance of the study on which you are about to enter, may not be inappropriate or useless.

In our extensive and excellent Infirmary the surgical wards alone, as some of you must know, can accommodate rather more than one hundred and fifty patients. These are placed under the care of three acting surgeons, to whose practice you have free access. As the clinical lectures are delivered exclusively by the two senior surgeons, the wards under the charge of the junior surgeon are open for patients less adapted for clinical instruction. Undue pressure is thus taken off the clinical wards, and a useful selection permitted of the best cases for the clinical lectures. We are thus favourably circumstanced for carrying on the important work of teaching clinical surgery, and it will be the duty of my esteemed colleague Dr. Buchanan, and myself, to turn the favourable opportunities we enjoy to your advantage.

In the extensive field of observation which this hospital thus supplies, we have ample scope for investigating surgery in its various practical bearings, and of testing the correctness or proving, it may be, the insufficiency of the doctrines inculcated in the schools. The practical lessons given here will not supersede the systematic courses of surgical lectures delivered in the seats of learning. These lessons or courses of clinical instruction are instituted for higher practical purposes than can be reached by ordinary surgical lectures,—for confronting practical results with theoretical speculations, and thus making practice the touchstone of theory.

In the lecture-room, surgery in its widest acceptation is brought under your view. It is there taught both as an art and as a science, and its simplest elements are there explained as well as its more abstruse principles. But the surgery taught in the hospital is purely of a practical cast, and not even that kind of

practical surgery taught in the class-room. In the hospital we have the practice itself, pure and unadulterated; in the class-room the mere description of the practice. The one is therefore demonstrative, the other only descriptive surgery, and I need hardly say that the ocular demonstration of disease or of practice, is infinitely more valuable to the student, than any mere descriptive statement enunciated even by the most gifted.

Segnius irritant animos demissa per aures
 Quam quæ sunt oculis subjecta fidelibus et quæ
 Ipse sibi tradit spectator.

The surgery taught here is usually denominated *clinical*:—a term which expresses nothing in regard to the special nature of our inquiries, but etymologically refers to the bed in which the patient usually is found, and indicates in a primitive manner, by a reference to this expressive symbol, the practical character of our hospital studies.

By lectures on Clinical Surgery, we must understand such prelections, explanations, and statements regarding the surgical cases as may be made at the bed-side of the patients, or with the patients under our immediate observation. Clinical Surgery is therefore practical surgery in a pre-eminent degree. Not that it excludes altogether theoretical considerations or the reasons upon which our practice is founded, for the hospital surgeon must not be degraded into a mere operating or cutting machine. In no department of the profession is discrimination and sound reasoning, as well as extensive knowledge, more required than in the practice of surgery. That practical surgery has a reference to the use of the knife merely, is a common but erroneous idea. Though a very important, it is only a small part of the duty of the practical surgeon. His first duty is to save, not to cut off or mutilate, and to follow out with effect this conservative purpose, he must obviously know more than operative surgery. He must be especially acquainted with pathology and therapeutics. The best practical surgeon is he that *cæteris paribus*, performs the fewest mutilations. The knowledge required to mutilate, or to operate *secundum artem*, as we should say, is at best mechanical, and worthy of little commendation. But he who saves a limb which others could only cut off, displays higher intellectual powers, a more extended knowledge of the resources of his art, and gains a victory far more glorious and infinitely more to be envied than all the *éclat*, at best evanescent, which the most brilliant performance of such mutilations can ever confer.

Clinical Surgery, as I have said, is eminently practical. Standing, as we are supposed to be, at the bed-side of the patient, no time is afforded for discussing theoretical questions. These, however, are supposed to be known, and not obtruded, except on rare

occasions, upon your observation. Hospital surgical practice, in its widest range, may be said to include hygienic, dietetic, pharmaceutical, as well as the proper chirurgic management of the patient; because the treatment of any surgical case, from its commencement to its termination, necessarily includes points connected with all these departments of science. Who can doubt, for example, that cleanliness, ventilation, a genial temperature in the wards, and a comfortable bed, conduce to the cure of all manner of diseases? and it is equally certain that even in pure surgical diseases, dietetic and pharmaceutical means are powerful and indispensable adjuncts to the cure. You will find these facts verified in almost every case that comes before us. We are indebted to the late Mr. Abernethy for bringing this subject so prominently before the profession, and in his work on the constitutional origin and treatment of local diseases, the correctness of the principle now referred to is maintained and demonstrated. So strongly impressed am I with the truth of the general principle inculcated by Mr. Abernethy, that I verily believe if the requisite attention were paid to hygienic, dietetic, and pharmaceutical means, one-half of our surgical cases would be prevented, and nearly the other half would be cured without surgical interference. But such is at present not the case, and as these halcyon days have not yet arrived, we must be content with the present order of things. Surgical diseases, it is to be feared, will ever be amongst us, some the result of accident, others of ignorance, many of crime, and not a few the effect of pathological causes, over which we have little or no control. So long as these causes are in operation, surgical diseases cannot be few, and it behoves us therefore to prepare ourselves for affording an effective aid in the alleviation, cure, or eradication of diseases which, even in the most favourable circumstances, cannot altogether be prevented.

In my clinical prelections I shall confine myself in a great measure to the *practical management* of the cases that come before us. I shall exhibit and explain the various apparatus or means employed in the treatment of surgical diseases, and indicate the best methods of using these means or performing the various operations.

The armoury of the surgeon, though now furnished with less complex contrivances than in former times, yet contains many useful and valuable instruments. As these, however, must be viewed as the tools of the chirurgical workman, and cannot be dispensed with, you should train yourselves in an especial manner to their use: for practice here, is of the first importance. These surgical appliances may be said, in a general way, to include bandages, splints, plasters, tourniquets, ligatures, cauteries, cutting instruments—as needles, lancets, knives, scissors, saws, and various other mechanical contrivances adapted to some

peculiarity of structure in the parts effected, or appropriate to the nature of some disease or accident. Among these last, I may refer to cutting pliers, gouges, probangs, forceps, bougies, catheters, &c. &c.

I have said that the surgery taught here will be eminently practical, and the display of instruments and mechanical contrivances on the tables before us, ready to be brought into requisition in the time of need, cannot fail to impart a lively idea of the fact. But in our lectures on clinical surgery, more will be taught than the mere use of surgical instruments. If clinical surgery could lead no farther than this, it would at best be barren and unprofitable. But it leads to more important results,—to the practical discrimination of diseases, not only of those which, though essentially different, are liable to be confounded, and in which an error may be fatal, as the mistaking of hernia for hydrocele; but, also, to a more minute discrimination, as between diseases of the same kind, or species which differ in nicer shades of distinction only, as the different modifications of the same species of ulcer, or the different kinds of dislocation of the same joint.

To form a correct diagnosis, is admitted to be the most difficult part both of practical medicine and surgery. No reading, no closet study, no attendance upon surgical lectures, no natural sagacity even, can confer this power. For the attainment of this indispensable requisite of successful practice, the student must be first well grounded in anatomy, physiology, and pathology, and then he must still farther learn, by repeated observation and careful comparison of similar cases of disease in the living subject, to appreciate those essential peculiarities or differences of structure or function, on which a just diagnosis in every case depends. One of the chief ends of clinical surgery is to teach the diagnosis, and where can the subject be investigated or taught more satisfactorily than in the wards of an hospital?

There is a minuter kind of discrimination than that to which I have referred, which clinical surgery is also calculated to foster and cherish; I mean the practical investigation of the symptoms of disease. By close and sustained observation, by watching the daily changes in the expression of surgical diseases, and by learning the value of these expressions or symptoms, the student is led to cultivate a minuteness of observation which necessarily leads to accuracy of knowledge, to profound views of the workings of disease, and ultimately to important practical results. The power of minutely observing, and accurately discriminating disease, is to be obtained only by great labour. You must both observe and think for yourselves. To turn hospital attendance and clinical prelections to the best account, you should be observant of every case, and note more especially the daily progress of every *important case* that comes before us, and its results.

As the object of this course is to teach surgery by examples

rather than by precepts, our descriptions of disease will neither be extended nor systematic. We shall dwell rather on the essential and leading features as regards symptoms, diagnosis, prognosis, and treatment; and when death occurs we shall not omit the opportunity of searching out the cause, and elucidating the nature of the disease by post mortem investigations. In this part of our inquiries we shall have the active co-operation of our excellent curator, whose duty it will be to perform the essential part of each inspection, and to note down the morbid appearances in a book of reference kept expressly for the purpose. These dissections, as far as practicable, will be made in the public theatre here (to which all of you have access), and will thus form another important practical feature in our course of clinical instruction.

In short, the surgery taught here will throughout be of a practical character, or adapted to the wants and daily requirements of the surgical practitioner. We shall in each case give the *name* of the disease, and cause the same also to be noted on the card affixed to the bed of the patient, for easy reference.

In the history of each case, drawn up by the clerk, the *symptoms* and *phenomena* of the disease at the time the patient is admitted into the hospital will be carefully recorded, and the various *changes* that may arise, will from time to time be adverted to, at the bed-side of the patient, and noted also in the Journal, and our reasons for every change in the treatment will be given at the clinical lecture.

When the case leads to a surgical operation, we shall in such circumstances direct your attention:—1st, to the preparatory measures that may be required; 2d, to the successive steps of the operation, and the reasons for adopting one mode of procedure rather than another; and 3d, to the after treatment, in which the diversified plans of dressing and bandaging, in all their varieties, will naturally come to be exhibited and explained.

The office of hospital surgeon, complicated as it is here with clinical teaching, is fraught with no small responsibility. I am conscious of the full measure of that responsibility; and while I shall ever aim to fulfil, in a creditable manner, the duties appertaining to my office, I well know that I shall not fail to receive from you, that considerate indulgence which the arduous nature of my duties here demands. I shall uniformly treat you with that candour becoming your position and your prospects, as students like myself, of the same science—as prospective labourers in the same vineyard. If I make a mistake I shall be the first to admit it, that you may profit by the mischance or misadventure.

In return for this frankness, on my part, I shall expect you to conduct yourselves like young men of sense and education. That you will do or say nothing in these wards that can hurt the sensibility of the most delicate patient. When assembled in the operat-

ing theatre, that your conduct will be marked by a strictness of propriety becoming the seriousness of the occasion. That you will neither, by expressions of applause or disapprobation, give vent to your feelings, which cannot but tend to affect the equanimity of the operator, and may even disturb the patients in the neighbouring wards. In a word, I shall expect that on all occasions you will show by your exemplary demeanour, you are deserving the character both of students and of gentlemen.

Having made these general preliminary observations, let us now glance at the nature of the cases we have just now visited. In the wards, which it is my duty to superintend, there are forty-two cases at present, but by new admissions the full complement will, no doubt, soon be obtained. Of these forty-two cases, diseases of the osseous and articular systems, form the large proportion of two-thirds of the whole number; you will hence perceive the vast importance of such diseases, and the necessity of your devoting much attention to their study. The cases of fractures alone amount to fifteen, more than a third of the total number in my wards, and include some cases of great interest. Those of injuries of the head, with fracture of the skull, demand from you a more than ordinary share of attention. Among the cases next in importance to these, are two of compound fracture; one of both bones of the leg, and the other of the first or proximal bone of the thumb, complicated with sloughing of the surrounding tendons. These cases, though few in number, will enable you to comprehend the dangerous nature of compound fractures, and the constant attention they require from the surgeon. The rest of the cases of fracture, in my wards, are of the simple kind, and include some good specimens of those of the femur, tibia, fibula, patella, and clavicle, and in all these you could not fail to remark the extreme simplicity of the treatment, in comparison with the compound; the exemption also from pain which the patients experience, and, as we shall see by and by, the effectiveness of the treatment. As examples of diseases of the osseous system, we have also five cases of caries, some of which are well calculated to show you the intractable nature of this disease, and the consequent frequent recourse that must be had in its treatment, to excision or amputation. Of these cases of caries, in three the tarsal bones are variously affected but are progressing to a natural cure; in one the carpal bones and wrist joint are so seriously diseased as to require immediate amputation; and in one the pelvic bones are so extensively affected that in all probability the patient will not recover.

In the group of osseous and articular diseases, we have one case of necrosis of the tibia, in which exfoliation of the dead bone is progressing, and will ere long be discharged or removed; one interesting case of hypertrophy of the same bone; one of periostitis; one of dislocation of the ankle joint, of more

than common interest, from the necessity of cutting the tendo achillis to effect reduction; and three of complex articular disease, two affecting the knee, and one the hip joint.

Of the fourteen cases not related to the osseous or articular systems, their nature is as varied nearly as their number; yet it will be quite unnecessary to refer to them in this introductory glance, except in the most general manner. Thus we have one case, and in the male, of bursitis patellæ of great size; one case of wound in the throat, from suicidal intentions, but the wound is not so deep as to cause alarm or danger; one case of severe bruise of abdomen and pelvis; one case of fistula in ano; one case of remarkable deformity, arising from the cicatrization of an extensive burn of the neck and chest; one of ossification of a part of the fascia lata of the thigh; one of a severe lacerated wound of the hand; two of simple ulcers situated on the leg; and five cases remaining after surgical operations, and transferred to me from my predecessor and most excellent friend, Dr. Lawrie; of these surgical operations, one was an excision of a tumour from the hip, and the other four were amputations—two at the middle of the thigh—one at the upper third of the leg—and one at the upper third of the humerus, all, with one exception, rapidly progressing to a cure. Out of these forty-two cases, I shall select for clinical lecture the cases of injuries of the head at present in the wards.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

- I. *Observations on the Nature and the Treatment of Asiatic Cholera.*
By WM. STEVENS, M.D., D.C.L., Oxon. Pp. 475. London: H. Baillière. 1853.

THE propounder of any new theory, or the discoverer of any novel practical application, is certain to have his views ridiculed, and his statements denied. Such has always been the case, and such it will probably ever continue to be. This holds good, in an especial manner, as regards the theory and practice of medicine. True, there are discoveries made, such as that of the anæsthetic properties, first of ether, and then of chloroform, the reality of which are so speedily tested and proved, that they are at once accepted by the almost universal voice of the profession. But, to this hour, there are not wanting men, and those, too, of enlarged experience, and enlightened views, who condemn the use of these invaluable *preventives* of pain, by exaggerating the evils resulting, or likely to result, from their employment.

Twenty-two years have now elapsed since Dr. Stevens first declared that saline remedies were alone adequate to the cure of