Part Second.

REVIEWS.

Surgical Experiences: The Substance of Clinical Lectures. By Samuel Solly, F.R.S., Senior Surgeon to St Thomas's Hospital, Member of Council, and late Professor of Anatomy and Surgery to the Royal College of Surgeons of England, etc. 8vo, pp. 656. London: Robert Hardwicke: 1865.

The surgical experience of a Senior Surgeon to a great London hospital must of necessity be large, and a faithful record of it should convey much instruction. Such a position, while giving great opportunities for study and practice, carries with it the burden of a great responsibility, swaying as it does with a very peculiar influence the theory and practice of hundreds of old pupils of the school. To many such "St Thomas men," a book by "Old Solly," as we have often heard him called with affectionate irreverence, will have the force of a Delphic oracle, while to all of us who have studied "Solly on the Brain," the name on the title-page is a guarantee that the book will prove a record of much faithful and practical work for surgery.

As its name implies, this book consists of selections from the clinical instruction delivered by Mr Solly at St Thomas's Hospital, during a period of more than twenty years. Two methods of arranging such a selection present themselves,—either the chronological, in which each year would furnish its own cases and the accompanying remarks,—or the systematic, in which, under their different heads, the various cases and commentaries are grouped into one chapter. The first plan involves a risk of repetition and complexity of arrangement, the latter has the disadvantage that it is apt to condense clinical reports of cases into mere systematic treatises on disease. Mr Solly has chosen the latter, but has succeeded in avoiding in great measure the risk alluded to.

The table of contents shows an attempt at arrangement of the subjects. The first division, pages 1-204 inclusive, embraces Diseases of Spine, Injuries of Head, Amaurosis, Inflammation of Dura Mater, Concussion, Delirium Tremens, Epilepsy, and Paralysis,—most of which, though usually treated by the surgeon, are fairly in the domain of what Mr Solly is fond of calling "Medical Surgery." Against these foes the phial and the lancet—not the knife and saw—are the weapons used. In the perusal of these 200 pages, while finding much to admire in the diagnosis, and still more in the skilfulness of the treatment, one great broad fact at once strikes a northern reader, i.e., the enormous
and, in our eyes, fearfully dangerous use of mercury. Mercury as a purgative, mercury as an alterative, mercury to salivate, calomel, blue-pill, mercury and chalk, iodide and biniodide of mercury,—it seems the sheet-anchor, the summum remedium, the ne plus ultra.

This is no exaggeration. Of the thirty-three cases which are the texts for the clinical lecturers comprised in the 200 pages, fifteen were salivated once or oftener, thirteen others took mercury either as a purgative or alterative, while in the treatment of the remaining five we are not told that any mercury was given. It is a significant enough fact, that three out of the five who did not take it were treated after the year 1862, among the latest in date of the cases. Again, to quote verbatim from a lecture dated 1850:—"If you have to combat local inflammation, combat it by local depletion and mercury. Yes, my friends, mercury; this is indeed our sheet-anchor in all cases of inflammation and extravasation" (p. 131). We might quote other panegyrics quite as strong; thus, at p. 15, the purgative in cases of acute spine disease is to contain a greater or less quantity of mercury, according to the nature of the excreta. At p. 36, the use of mercury in small doses for periods of several months is recommended for chronic diseases of the retina.

Believing as we do that even for strong men a course of mercury is dangerous, that for strumous patients it is a slow but deadly poison, and that for many venereal cases the remedy is worse than the disease, and not unfrequently is the real cause of the tertiary symptoms of which the disease gets the credit, we cannot but enter a protest against such a very free use of this drug, which almost recalls the old days of foul wards, in which every patient must spit his daily pint or gallon, and where the seeds were laid which soon ripened into such fruit as mercurial ulcers, rodent ulcers of the face, sclerosis of the tibiae, and corona veneris. That Mr Solly gives it with a careful cautious hand we do not doubt; but if fifteen out of thirty-three cases were salivated in his practice, though they may have been salivated wisely and moderately, who can tell the mischief which may be done by followers who imitate the therapeutics and wield the dangerous weapon which in a master's hand may be comparatively innocuous.

Between the lectures on Medical Surgery and those more specially connected with Operative Surgery are inserted three lectures on a more strictly medical subject,—Scrivener's Palsy, its clinical history, pathology, and treatment; Mr Solly supports the theory that it depends on local structural changes in the spinal cord.

Diseases of Bones and Joints, chiefly the latter, occupy the next large section of the book; in every chapter, almost in every case, there is some interesting observation, and the flavour of that ripeness that experience only can give. The knee-joint as usual receives the largest share of attention. Mr Solly's success in the treatment of strumous disease of this joint is very exceptional. He aims at anchylosis, and perseveres in trying for it without
reference to the length of time required, in preference to either excision or amputation of the thigh; and if the cases seen are numerous, the results are certainly very remarkable, for in 1854, after a surgery of thirteen years, he was able to say regarding such a case,—

"I believe it is only the second time I have amputated a limb for disease of the knee-joint since I have been an officer of this hospital. In every other instance I have been able to procure ankylosis, though in one it required three years to accomplish it."

Again, in another clinical lecture, delivered in 1860, he speaks "Of nine cases of diseased knee-joint, in which I believe I have succeeded in saving both limb and life without any operation, and one case where the same ultimate result has been obtained by the excision of the joint."

A very long period of treatment is found to be requisite in many of these cases. On this Mr Solly remarks,—

"There is one point which must of course strike you on listening to these details, viz., the length of time that some of them have been in the hospital. The power of retaining our patients in the hospital until a cure is effected is a privilege which can only be enjoyed in the old well-endowed hospitals,—and, for the sake of humanity, what a blessed privilege it is."

A very excellent chapter is devoted to the subject of injuries of the knee-joint without external wounds, such as, sprains with considerable laceration of ligaments; cases are given which illustrate the excessive danger both to life and limb of fractures into the knee-joint, from the frequency with which they pass on to suppuration. Along with these is recorded an interesting case of dislocation of the knee-joint with rupture of the popliteal artery, in which Mr Tyrrell tied the femoral soon after the accident, and the patient died of gangrene of the leg.

After discussing the diseases of, and operations on other joints without any great novelty, the subject of caries of the tarsal bones is discussed. For this disease Mr Solly advocates frequent and free applications of the gouge for the removal of diseased bone. Theoretically, and from the pathological point of view, such operations are unsuccessful, from the fact that once the tarsal bones are carious, the disease is so extremely apt to return; and we must add, that Mr Solly's cases do not in the least contradict this theoretical objection, though in one at least the portion of the tarsus removed had been very extensive.

A lecture is devoted to the subject of excision of the upper jaw, having for its text a case in which, in 1845, Mr Solly excised that bone for an "osteofibrous tumour." In this case he used the old plan of two incisions,—one from the inner angle of the eye to the upper lip near the middle line, and another from the zygoma to the outer angle of the mouth, and no notice is taken of any of the simpler methods. We cannot help feeling that it would have been more profitable, and at least as interesting, had Mr Solly given us more of his experience of this operation, and, instead of a long and
involved history of the invention of the operation, given a better account of how and for what it is now performed.

Mr Solly succeeds, however, in bringing thoroughly out the principles on which, and on which alone, this operation can either deserve or command success; these are, first, that suitable cases should be selected, the suitability depending in a very important degree on the possibility of removing the whole of the disease; and, second, that the operation should be performed through healthy parts, excising, if need be, the whole bone, not, as has been lately recommended, through diseased parts, chipping it away piecemeal by gouge or forceps. To imitate the practice of Acoluthus (1693) is at once to return to the dark ages, and to ignore one of the most cardinal principles of surgery.¹

The lectures on hernia include a small but successful series of cases reported at considerable length. On the question of opening the sac, Mr Solly says:

"Do not open the sac if you can avoid it, but divide the structure external to it. . . . The danger of the operation is much less if you do not expose the intestine. . . . After having divided the stricture, you gently press the sac between the finger and thumb, and if the contents all pop back, if I may so express it, leaving the sac quite empty in your fingers, you may be satisfied with the result; but if you do not empty the sac, feeling that something remains behind which you cannot get rid of, you should then open it to discover the cause. Most probably you will find an adherent intestine or portion of omentum; or if the contents of the sac suddenly give way, and the sac feels soft and not empty, you may apprehend a gangrenous intestine, and then you must open the sac."

The next chapter consists of the paper on the remedy of intestinal obstructions in certain cases, by colotomy in the left lumbar region. Three cases are given in which Mr Solly performed the operation. They lived two months and a half, thirty-nine days, and twenty-one days respectively; but in each case the operation seems to have so far at least at least prolonged life, and certainly given very considerable relief. They may be added as a supplement to the cases tabulated by Mr Caesar Hawkins in the 35th volume of the Medico-Chirurgical Transactions, and the additional list given by Mr Curling in the third edition of his work on Diseases of the Rectum.

A case of ruptured bladder next affords Mr Solly a text for a disquisition on this painfully interesting subject. He is evidently by no means familiar with even the English literature of the subject, as he says he knows of only one case which recovered after this accident—that recorded by Mr Chaldecott of Dorking in 1846,—while two others at least have been recorded and frequently

¹ "My view is, that instead of attacking disease of the upper jaw at its circumference, as has been almost the invariable practice since Gensoul's proposal to excise the whole bone, it is better to get into the disease as it were, and cut from the centre to the circumference, making sure that in doing so that circumference shall be thoroughly encompassed."—Professor Ferguson's Fourth Lecture on Progress of Surgery, Lancet, 1st July 1865.
Recorded the alluded order Mr In the direction of pelvis, the middle chance for the

case while in the cellular at once; best chance. hitherto untried metalic and twelve the anterior wall.

Solly dated 1843 and 1848 operation divided also with few catgut being

Mr Wakley, advocated for bad cases of stricture, "When, however, such a case does occur, I should recommend you to adopt the operation of puncturing the bladder by the rectum, in preference to that of cutting down on and dividing the stricture." In the third lecture, on cases dated 1855 and 1856, the treatment advocated for bad cases of stricture is a modification of that of Mr Wakley, gum-elastic tubes and bougies being substituted by Mr Solly for the metal ones of that gentleman. The elastic catheter or tube is left in for hours or days to cause "suppuration of the stricture," and by this means a very rapid patency of the canal.
is attainable. The slightest acquaintance with pathology is sufficient to demonstrate the coarseness of this mode of cure, and the absolute certainty of the return in a worse form of such a stricture, whenever cicatrization of the suppurating portion of the canal takes place; yet at p. 538 we find the following sentence:—

"I have scarcely anything to add as regards the surgical treatment of stricture (January 1865)." There is not a word to instruct the students regarding Mr Syme’s operation for stricture, he never mentions his name; there is no allusion to Mr Holt’s plan of splitting strictures. The clinical lectures may have contained more information, we hope for the sake of the students of St Thomas that they did; but that it is not for want of room it has been omitted in the book is evident, from the extreme diffuseness of the style, and the admission into the clinical reports of such mild pleasantries as the following:—

"16th.—Much the same. Ordered eight leeches every alternate night. These little black gentlemen have proved most valuable allies to the cupping-glasses."—P. 530.

The two lectures on lithotomy which follow are a valuable contribution to the literature of the subject, and specially to its statistics, as they include a detailed account of the sixty-three cases in which Mr Solly has performed the operation, and furnish in nearly all the age of the patient, the method of operating, and the results. In all there are 49 recoveries to 14 deaths, or a mortality of 22.2 per cent.; but the relation of mortality to age is shown very distinctly, in the following table, compiled from Mr Solly’s data:

| Age        | Recovered | Died | Total  |
|------------|-----------|------|--------|
| Under 10 years | 21        | 1    | 22     |
| Between 10—30 years | 12       | 3    | 15  |
| Above 30 years | 16        | 10   | 26  |
|            | 49        | 14   | 63    |

After lectures on purulent absorption, and on a case of gunshot wound, a very interesting chapter on some cases of aneurism concludes the work.

We would specially refer to an admirable account of a case of abdominal aneurism, the progress of which was so much retarded, and its size so much diminished by sensible constitutional treatment, that several surgeons of eminence denied its existence, but which ended fatally by rupture of the sac some time after the patient had returned to active exercise and ordinary habits of life.

The one feature which more than any other will strike the careful reader of this book is its great inequality. Both in style and material, some chapters are so much better than others that it is hardly possible to believe that all are the product of the same brain. This may in part be accounted for by the manner in which lectures on similar subjects are placed in juxtaposition with very little reference to the date of their composition.

The publisher’s part is admirably done, the type and paper being luxuriously clear and pleasant.