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CHANNING, W.

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PROFESSIONAL

REMINISCENCES OF FOREIGN TRAVEL.

BY W. CHANNING, M. D.


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CHANNING Walter [1776-1878]

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ALPHABETIC

# PROFESSIONAL REMINISCENCES

OF

## FOREIGN TRAVEL.

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BY WALTER CHANNING, M. D.

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*To Dr. J. V. C. Smith.*

DEAR SIR,—I have recently returned from Europe, after an absence of about five months. In my wanderings I have met with medical men whose whole position makes their acquaintance a matter of much interest to the professional traveller, and which I cannot forget, and for which I shall always be most truly grateful.

I left Boston for England early in May, and after a short rest from a severe voyage, I left London for the Continent the first of June—crossing the Channel at Dover for Calais, and proceeding through France, Belgium, Prussia, Mecklenberg, Hanover, Hamburg to Stettin on the Oder, and thence by the Baltic to Cronstadt, and by the Neva to St. Petersburg. Moscow terminated my progress north. My return was through Denmark, the Duchies, Prussia, Saxony, Austria, Bavaria, Baden, &c., entering France by Strasburg; and by way of Nancy, Epernay—the land of Champagne—Chalons, Vitrey, &c., reached Paris. You will see by following me on the map, that I passed up on one side of the Continent—returned along the other—completing the triangle by the almost straight line from Vienna to Paris. My wanderings were not yet over. I left Paris for the South of France, after some days rest, and having passed through this most exquisite portion of that noble State, I reached Behobie, “the last crumb of France,” and at once was on the bridge of Bidasoa, which joins France and Spain. You see that you are here in a most novel position. Here on the banks of the Bidasoa, and on the first plank of the bridge, stands the French sentinel in his blood-red pantaloons and blue coat; and there the Spanish soldier, on the last plank of the same bridge, in his national uniform. The middle of the bridge is the dividing line of two great nations. As I walked across it, with one foot in France and one in Spain, the thought came with an intensity of interest rarely felt, that this almost imaginary dividing line, and which the rapid river

changed every moment, gave political birth to two vast nations, as opposite to each other in language, thought, habit, everything, as if mighty oceans rushed between, or the everlasting mountains separated them. At ~~Jura~~ <sup>Jun</sup>, the Spanish frontier town, I *felt* I was in Spain. After six heavy days and nights, almost uninterrupted travel, crossing the Pyrenees, I reached Madrid—then visited the Escorial, and soon after began my return journey to France, to England, to Scotland, to America. In how few words have I sketched a voyage through many, many distant empires, various languages, different customs—which embraced many thousand miles of surface, and some months for its completion.

One of the objects of foreign travel with me was to see distinguished physicians, and especially, as far as possible, to see their practice in the department to which I have been for nearly half a century devoted. Hospitals were objects of great interest. Of these I was most desirous to see specimens in countries which are not generally visited by American travellers. I was very fortunate in obtaining letters in England which were of the greatest service to me. I particularly would here most gratefully refer to Sir James Clarke, whose letter to Sir James Wiley in St. Petersburg, secured to me the very best opportunities for visiting Russia as a medical observer. A little embarrassment was produced by the letter being addressed to the *nephew* of Sir James Wiley, who was named for his uncle, and had been knighted—who was the physician to the Grand Duke, and who had been dead a year and a half. I handed this letter to Sir James Wiley, *Baronet*, having armorial bearings by which he was honored by George III. of England—the patent of which I was desired to read. Sir James is physician to the Emperor, is 85 years old, and has been successively physician to Catharine II., Paul I., Alexander I., and Nicholas I. the present Emperor, and sixty-three years at the head of the medical bureau of Russia. He was in the great battles of Russia against Bonaparte, and before Dresden amputated both legs of Moreau, who paid for his treachery with his life. I said there was a slight embarrassment produced by the mistake in the direction of my letter, but this was soon explained, and from that moment during my whole stay in Russia I was daily having the benefits of the introduction, in the important and varied hospitalities of Sir James Wiley. I was placed by special commission under the guidance of a medical officer of the grade of Colonel in the army, and proceeded with him on a hospital pilgrimage. He took me to five military hospitals, to one civil, and to one maternité hospital. The military are for sick soldiers and officers. In some cases a regiment of 3000 men have a hospital. In others two regiments, or 6000 men, have one. About 120

beds for a single regiment, about 250 for two. And these furnish ample accommodations for the demand, or *command*. Belonging to one or more regiments is a church. These are built in the very best style of church architecture; and are among the imposing and ornamental buildings of the city. I was shown into some of these, and found the interior quite as striking as the exterior. Beside this provision for worship for the regiment, in each hospital is a chapel for those who are not able to attend public worship. The same care is manifested in these, as to architectural fitness, as in the churches. The hospitals are magnificent in their dimensions, plain in style, but most perfectly neat. Ventilation is well provided for, and there is one arrangement to secure this object which is rarely if ever met with elsewhere. In each ward a fire is perpetually kept in a Russian stove, of sufficient power to keep up a full draught of air through it; and to render this perfect, the door of the stove is kept constantly open. The bedstead is of iron, and the bedding entirely clean. The diet is strictly regulated by the medical officers. A soldier's food in health is black bread and water. He has two meals a-day, noon and evening. The quantity of bread daily is three pounds. One pound and a half is a meal. When in hospital, his diet is regulated by the disease, and its periods. It is white bread—gruel—soup—vegetables—meat—as may be indicated. I was desired to eat of each article of diet, and found it excellent. As convalescence occurs, the demand for black bread declares itself, and the love of this bread is expressed in the strongest terms. This is not peculiar to the soldier. You may find the same kind of bread on the table in public or private houses, and the national fondness for it always manifested. The neatness of the ward shows itself in every part of the house. When the medical officer makes his visit, every soldier or patient who is able to stand, rises from his bed, and wearing a long grey woollen dress, walks to the foot of the bedstead and there remains erect as if on duty. On the bed is a paper which contains a report made by the *interne*, or house-surgeon or physician, of the symptoms, &c. of the preceding day. The visiting officer examines this, and gives such directions and makes such further investigations as are suggested by the reports. I cannot but think, from an experience of about twenty years as Physician to the Massachusetts General Hospital, that the Russian method would be a great improvement on the present system of daily examinations by the attending physician of the events of the preceding day. The house-physician, or clerk as he used to be called in London, and where the method of Russia was then in use, could with great ease make the examinations in the morning, as he at present makes them on the admission

of a patient, or the examination *en chef*, and would thus greatly forward the most important business of the house. Seeing some soldiers eating the black bread, I asked if they were allowed to eat this in hospital as they pleased, as it seemed to me so coarse, and, as I thought, so acid, that it might aggravate many troubles. I was told they were not allowed so to eat it, but only during convalescence, and that no harm was observed to come of such use.

I had thought that the Russian was undersized when compared with the men of other parts of the Continent, and expressed my surprise to find them in these hospitals so tall. I soon learned the cause. These regiments in St. Petersburg are the Guards, and are picked men, and better paid than soldiers of the line. They were quite remarkable men in appearance, and cannot but show to great advantage on parade or in service. I visited a very large hospital. This, like all the others, was in most perfect order. I examined here the bathing apparatus. Newly-admitted patients were here undergoing their first preparation for the wards. The Emperor, in his equal and universal oversight of every public interest in his vast empire, had recently, as I was told, visited this establishment at an earlier hour in the morning than was usual. He found it in disorder, and severely rebuked those who were in its management, allowing but little for the apparently unseasonable hour for his visit, saying that order in his empire should never be dependent on accident, but should at all times and in all places manifest itself. Now this early visit was not made without some effort. The hospital is at a considerable distance from the palace, and could be visited only at some sacrifice of time, and to Nicholas there is nothing, or but few things, more truly valued than time. Many other hospitals were visited by me, and the same strict attention, the same severe devotion to the whole well being of the patients, were everywhere manifested. In all this was seen the importance of detail in every department of these national establishments. The apothecary's was examined, and with the same result. I was told that during the cholera invasion every arrangement was made before hand to diminish its power, and to minister to the whole public safety. Civil hospitals were opened everywhere, and conveyances prepared for the immediate removal of those who could not be cared for at home. The Emperor made personal and frequent visits to them all. This was done by him by night as well as by day. His ministers proposed that a *cordon sanitaire* should be drawn round the palace at Peterhoff, the royal residence, several miles from the city, to prevent the approach of persons from the city who might carry the disease with them there. Nicholas listened to none of these expressions of interest in his personal



safety or that of his family. "Where I am," said he, "there may come at all times my people." So sudden and so rapidly destructive was the cholera in St. Petersburg, that men fell and died before aid could be procured. The crowded Exchange was exposed to this danger, and the Emperor, to meet such chances, had a hospital prepared with physicians, nurses and medicines in the building itself, so that the merchants assembled there might be at once attended when seized. To show the malignancy of the disease, notwithstanding all this care, 3000 deaths occurred in one day in St. Petersburg. These facts were communicated to me by men thoroughly acquainted with them, and who could have had no motive to state to me what was not true.

My next visit was to civil hospitals—establishments for the poor. I had a special reason for these visits. The power of Russia is in its army. A military government in every sense of the word looks ever to the soldier as its only sure defence. It was not at all to be wondered at that he should receive the most scrupulous attention, especially in regard to health, from the government, and the evidence of such care was everywhere manifested. But how is it in Russia with the poor—that vast social encumbrance and perpetual inheritance of civilization, in despotism, limited, constitutional monarchy, and in the purest republic. I found the civil hospital in Russia as perfect in its kind, as was the military in its. The year is divided here into two seasons—the summer and the winter, and for the poor is a summer, and a winter hospital. The latter was empty at my visit; and repairs, painting and whitewashing, &c., were in hand everywhere. The sick were in the summer hospital, in the same enclosure with the other. Here were walks, shrubberies, trees, and every out-door arrangement for the comfort and well-being of convalescents. Those who could not go abroad, were in wards. These were perfectly clean and well ventilated. The bed-furniture was white, and the dress of the patients uniform, also white. As we entered the grounds, I was much struck with the effect of this dress—a long white garment, and a large white cap, or turban. I was in the grounds for the men, and moving about in the shade of the trees, they looked more like ghosts than living people. I asked my most friendly and useful guide what all this meant; for at first there seemed to be a good reason for the question. It was easily answered. In the female ward a patient interested me much by the strong expression of disease she manifested. It was a hot day, and this added to the appearance of exhaustion. Close to her bed, on a stand, was a basin of ice broken up as it might be used, and from which she seemed to derive most needed comfort. I will not go into further detail. In this little arrangement for poverty

and deep disease, was there not a whole volume in which to read kindness and care, and for those, too, who most need both? I shall remember that woman and that charity, whenever St. Petersburg is in memory. In Denmark I saw the system of changing a hospital so as to correspond to the seasons, and in which the change was productive of the most salutary results. But of this by-and-by.

The Maternité I visited was a small one, containing less than a hundred beds. The physician had just finished his visit, and I met him at the door. As soon as I was introduced to him, and the object of my visit made known, he most kindly invited me into his hospital, and returned with me to show and explain its arrangements. The nurses and a class of female pupils first attracted my attention. They were very good looking, dressed with entire neatness, and of unusual courteousness of manners. The interior management of the house devolves upon them, they acting directly under the medical officers. In this case the physician to whom I was introduced is a professor and teacher of midwifery. What has been said of the neatness, ventilation, &c. of other hospitals, applies with full force in this. I was taken to the room in which the several articles of linen, including dresses, are kept. It is a large room, containing presses with glass fronts in which these articles are exposed to the light, but entirely excluded from air, dust, moisture, &c. The amount is very large, and the nice appearance of the patients satisfied me that they were not kept for show. The wards are not large, which has the advantage of preventing all crowding of patients, and this remark applies to all the hospitals I visited, except only that of Vienna, in which the long wards with their two rows of beds prevail. An apparatus was pointed out to me in use, and which has important uses. It was a species of cradle without rockers, in which infants are put when prematurely born, or when imperfectly developed, and for whom a steady and higher temperature is required than that of the atmosphere. It is made of brass, and is everywhere double, a space being left between the two plates composing it, with openings into which warm water may be poured, and others for drawing it off when cooled. A soft bed, and a properly-arranged canopy, when needed, complete the apparatus. At my visit there was a new-born child in this cradle, if such I may call it, of about seven months uterine life, and was kept constantly in a warm and salutary atmosphere. Its skin was of a lively red, and temperature natural. In this ward, where there may have been half a dozen of recently-delivered patients, my attention was drawn to an unpainted case or box standing by itself against the wall between the fire-place and a window. This box consisted of two equal parts con-

nected by hinges. The physician opened it, and exposed the dead body of a woman, or what appeared to be a recently dead person. I learned, however, at once, that it was a plaster cast of a woman upon whom the Cæsarean section had been done. The infant was alive, but the woman was dead. The deformity in this case was extraordinary in its extent, and rendered delivery by the natural passages impossible. Was not this a singular article of furniture for a ward of a midwifery hospital? It was perfectly clear that it was in no sense an annoyance to the patients, and I was the only person in the room who was disturbed by so singular and unexpected a sight. The cast was very perfect, and showed well the place and extent of the operation.

By rail-road from St. Petersburg to Moscow in twenty-two hours uninterrupted drive. I obtained letters to some of the distinguished men of that city, from whom I received very acceptable attentions. Among these was a letter to Prof. G. Fischer de Waldheim. Early in the morning of the day following the delivery of my letter, a visiter was announced, and I desired he should be shown to my parlor. I was told that he was a very old, infirm and blind man, and perhaps I would come into the hall where he waited for me. I went to him immediately, and found he was Prof. Fischer, the most distinguished naturalist in Russia, and whose works have made him known and respected throughout Europe. He took my arm, and came to my room. I learned that he was 85 years old—that cataract had covered both eyes within the last six months—that he was engaged in a work on the Insects of Russia—*Entomographie de la Russie*—a copy of the fifth volume of which, and which was published in 1851, he gave me afterwards at his house, when I had the pleasure and honor to dine with him. The next day I devoted to visiting the Museum of Natural History, and one of the largest hospitals I had visited on the Continent. I went to the Museum under the guidance of Mr. Secretary, Dr. Renard. Its principal interest to me, was in the collections of the animals of Russia, and these are extensive and valuable. Among the most curious articles in the Museum, are the remains of the soft parts of the mammoth which was found on the banks of the Lena in Siberia, lat. 70°, by Mr. Adams, in 1803. The skeleton of this animal, which I saw, is in St. Petersburg. It is nine feet high, and sixteen long. Near it is the skeleton of a common elephant, which is two feet less in height, and in proportion to that less than it in length. Portions of the skin remain attached to the skeleton, particularly about the head, and some of the ligaments of joints. A large piece of skin lies before the skeleton on the floor. This rare animal was found perfectly preserved by the ice, in which for ages it had been

incased, and from which it had been recently liberated, the bears and the wolves feeding on its flesh. Dr. R. gave me a portion of the brain and adipose substance of this animal, and in return for which I promised to procure for him, if possible, a tooth of the mastodon of our own Continent, as the Moscow museum contains only plaster casts of them. Said Dr. R., when I gave to Mr. Owen, of London, a small bit of the skin of the mammoth, he was in ecstasies. I heartily thanked him for the priceless present he had made to me.

From the museum I went to the great hospital under the care of Dr. C. Pfœhl, to whom I had a special introduction from Sir James Wiley, and from whom I received the most welcome and useful attentions. The hospital contains 1800 beds. There were 1109 patients at the time of my visit, July, 1852. The diseases were :

Acute and Typhoid Fever, . . . . .	259	Scrofula, . . . . .	28
Pulmonary Diseases, . . . . .	160	Syphilis, . . . . .	107
Ophthalmia, Egyptian and com- mon, . . . . .	100	External Diseases, . . . . .	172
Chronic Internal Diseases, . . . . .	157	Scabies, . . . . .	66
Rheumatism, . . . . .	60	Total, . . . . .	1109

Of these, besides soldiers,

Officers, . . . . .	23	To be discharged from service, . . . . .	36
Boys, . . . . .	69	Discharged, . . . . .	64
Soldiers to undergo punishment, . . . . .	31	Wives of soldiers, . . . . .	50

The *résumé* of two years, of the whole operation of the hospital in its medical department, is thus :—

	Remained.	Received.	Discharged.	Dead.	Remained.
From Nov. 1, to Nov. 1, 1850,	743	9067	8106	720	983
From Dec. 1, to Dec. 1, 1851,	865	9711	8902	781	923

There is a difference between the *remained* of 1850, Nov. 1, 983, and the *remained* of Dec. 1, 1851, 895. This difference may be explained by the discharges or deaths which may have happened between Nov. 1, of one year, and Dec. 1, of the other—namely, one month.

I desired Dr. P. to give me these statements or statistics of two years, for comparison. And it is worthy observation how nearly they correspond, in the proportionals of numbers received and discharged—of deaths and remaining. There were diseases which I suppose belong to the chronic class, which much interested me. One of these was dry gangrene. It occurred in young men, in whom this disease is not ordinarily met with. It was observed only in the lower extremities, and in the lower

parts of these, for instance the ankles. Another disease was scurvy, the disease being very much the same with that which is observed in ships after long and exhausting voyages, without vegetables on board. The Russian soldier has only vegetable food allowed him. It consists mainly of one article, black bread. It is a question how far such diet, unchanged, may predispose to, or produce the disease.

There was an insane ward. I did not learn how many patients were in it. The Hanwell system of *non-restraint* obtains here; and though a suggestion was made to me before entering the ward that I might be incommoded by the manners, or their want, of some of the patients, I met with no annoyance whatever. They were perfectly free, in a large room, and seemed very comfortable and quiet.

The wards for pulmonary diseases were very interesting to me. Here were cases of gangrene of the lungs, the physical signs of which were well marked. For the most part the diseases were chronic, as phthisis, &c. Auscultation was practised in all cases, and the manner was peculiar. This especially regarded the respiration and cough. I have never met with such *voluntary* or *forced* breathing before. It was loud in an absolutely startling degree, and the characters of the sounds indicated lesions as I have never before observed, or seen described. The cough was as remarkable as the breath, and my conclusion was that both must have been produced by practice, an extension of the *drill* which was novel. It gave the patients no visible discomfort to breathe and cough thus, and for diagnosis it was admirable. The object was so *magnified*, that it could not fail to be noticed, and the diagnosis thus obviously aided.

The whole culinary arrangements were excellent, the food perfectly good, and adapted to diseases and their stages. I was walking with Dr. Pföehl in the grounds, when some servants came along with food, for soldiers and officers, in large trays. It was covered with plated dish covers, and in perfect order. The men were stopped, the dishes opened, examined and tasted. It seemed to be as well prepared as could be demanded any where.

I have not spoken of the architectural arrangements of this great establishment, but they failed in nothing of the excellence and fitness observed in other hospitals. It was as neat, as clean, as well aired as are all others in Russia. Every thing told the same story of the care and science which had been used in its whole construction. It stands alone in a large plain, and in its vast dimensions, and whole management, cannot but command one's admiration for itself, and reverence for its Imperial founder. I feel deeply indebted to the gentleman who so courteously gave me his time, and did so much to make me acquainted with his im-

portant charge. He speaks many languages, English, French, German, perfectly; and in his accounts of cases, and references to pathology, showed how faithfully he had studied medicine in the best of its literature. The Report now before me, and from which I got my statistics of the hospital, is printed in the Russian language. Dr. P. very kindly gave me a full translation of it in English.

From Russia I proceeded to Denmark. Copenhagen was a new region. Every thing showed that in a few hundred miles a great step had been made towards the completeness of social institutions for individual comfort, and progress. It is an excellent city, and has in it objects of great interest. I went to Copenhagen, in part, to see Thorwaldsen at home. He is dead, but here are his works for admiration, reverence, and everlasting memory. Here are the models from which were made his sculptures—his finished and unfinished works which at the time of his death were in his possession. His collections of engravings, paintings, books, &c.—all that was his, is here, in this magnificent dwelling-place for the highest art, erected for it; and there, in the large quadrangle which it forms, lie the remains of Thorwaldsen, the exact place marked by a slight enclosure of granite, say six or eight inches high, which bears on its sides, his name—his birth-place—the day of his birth and of his death; and in it are beautiful flowers always growing—the fitting coronation of such a genius, and such a life.

I visited two large hospitals in Copenhagen. One of these was a city hospital, and arranged very much as such institutions generally are. The medical officer resides in the house, and is followed by pupils at his morning visit. I made mine at this time. The number of patients was large, and they were well provided for. The Maternité especially engaged my attention, and from the resident physician I learned much of its history. It is large, and can contain many hundred patients. It has suffered much from puerperal fever, and substantial efforts have been made for its prevention. Success attended, and has continued to follow them. The principal feature in the plan pursued, is insulation—the insulation of the hospital, or of its wards, and so of its patients. The hospital is divided into two parts. One of these is occupied half the year, the other remaining empty. This last is painted, whitewashed, &c. &c., the furniture renewed, free ventilation secured—so that when it is again used, it has all the characters of a new house. Each patient has a room to herself. The room is very high, and of ample dimensions in length and breadth. When a patient leaves a room, every article of furniture is taken out—the bed made over—the hair washed—in short, every means used to make the apartment and furniture as clean and as

pure as possible. Ventilation is thus provided for. Air is admitted from abroad in sufficient quantities. An opening is provided for the constant escape of air. A tube proceeds from this to a large foul air chamber in the highest part of the hospital. From this chamber a chimney descends to a room in the cellar, in which is a fire-place on the top of a brick structure which stands in the middle of this room. The only air for keeping this fire alive comes down upon it from the foul air chamber above. The fire burns constantly night and day, from the beginning to the end of the year. The flame was well sustained by this mode of admitting the air, and I felt the current distinctly on my head. The rooms are heated in the winter by hot-water pipes. I visited patients in their wards, and found every thing in as perfect order as it seemed possible for it to be. At times these rooms, one or more, are insulated, because of some occurrence, and are left empty for a month or more.

Now what is the result of all this provision for health, in a public institution, and for the poor? You look at, walk through this immense house, and you see every where evidences of the labor for health which is constantly in operation within its walls. The purity of the air, the order, the universal cleanliness, the healthful appearance, of the sick and of those who look for delivery. Then as to final results. These tell the same story. There have been no cases of puerperal fever since these arrangements for preventing it were made. The experiment has now lasted between three and four years. Before its institution, fever was scarcely ever absent; and the mortality was as great as ever attends this disease in lying-in hospitals. It may be said the fever was never absent. This method of ventilation is that of Reid, with such modifications as circumstances may demand. It may be said that more time is required before these methods for prevention can be considered as established. The distinguished physician of the Copenhagen Maternité, Dr. Lever (if I have correctly spelled his name), will try it until all questions concerning it are settled. I would here express my sincere thanks for the uniform kindness and courtesy of its physician.

At Vienna I had the pleasure to become acquainted with Dr. Arneth, and was introduced by him to Dr. Brown, the resident physician of the Maternité department of the Vienna Hospital. This is an immense establishment, well situated in regard to air, and has extensive grounds and parks for the use of convalescents, and of such incurables as are able to leave the wards. Some idea may be got of the extent of the midwifery department, when I state that I was told that as many as between thirty and forty women have been delivered in it in one day. There is a male and female class of pupils here, and they have distinct

parts of the house allotted to each. Puerperal fever is a frequent and fatal disease in the Vienna Hospital.

I was very desirous to learn how far ventilation, and insulation of wards and patients, were attended to here. These, it would seem by the answers obtained to my questions, had been but little regarded. Insulation had engaged no attention; and I was distinctly told that in wards in which ventilation and cleanliness had been most attended to, puerperal fever had most frequently occurred. I had examined with much interest a maternité in St. Petersburg. Nothing can exceed the care taken to prevent disease, and the success is perfect. In Copenhagen the frequent occurrence of puerperal fever in the large lying-in hospital in that city led to the efforts already described to prevent its appearance there, and with entire success. In the Vienna hospital no such care is taken, and it would appear that none is thought necessary. Puerperal fever is in that hospital frequently, and is very fatal. I gave an account in Vienna of what I had seen in Copenhagen, and was told that Reid's method had been tried in the Westminster Lying-in Hospital, London, and had been abandoned on account of the expense, the trouble attending its use, or its failure. It was my purpose to have visited that establishment on my return to London, but failed to do so. I cannot but express the belief that the experience in Denmark and in Russia of the beneficial results of the preventive means employed in each, make a very strong case in favor of their use elsewhere. Much labor and some expense are and must be involved in such arrangements for the health of puerperal women. But were it not unnecessary, how easily might it be shown that this class of patients have the strongest claims to the best regard of communities and of individuals. Especially should they be spared the hazard of death after an ordinarily most safe function, from being placed within the easy, almost necessary reach of a most malignant disease.

I visited the lying-in rooms while cases were in progress or just completed in each, namely, the one attended by general medical students, and the midwifery class of women. They presented busy scenes, I assure you. Here were women in labor, in its various stages. Here women just delivered. The children had special care. There was no want of water. A large tub was placed on a table half full or more of water, and the new-born was well immersed in it, screaming and struggling for dear life. I believe it is Dewees who dwells strongly on the benefit of crying to new-born children. I think the Austrian children must be specially strong in the lungs. The medical students, or some of them, were at a table writing, making notes probably of the cases just



finished in their ward. Everything had a business air, and it was evident that here was a place in which intellectual and physical activity was the order of day and night—of all day. The question arose if such an amount of work, such exhaustless variety of cases, might not produce hurry and confusion in what was constantly in hand, and give rise to intellectual habits perhaps less favorable to the prosecution of more confined, and limited, professional interests, than might a narrower range of observation. In the midst and pressure of so many observations, such crowds of facts, may not thought be interfered with, and the senses more occupied than the mind? If there be truth in the affirmative of such question, then the inference might be that there was some chance that superficial knowledge might come to occupy the place of more substantial learning. Against such chance, however, the student may always guard himself.

Another question occurred to me in this late visit to Europe. It was if it would not be better to visit foreign countries, and mainly for professional purposes, some years, say ten or fifteen, after beginning practice at home. My first visit to Europe was made after getting my degree, and after a not very long, but very fruitless exercise of that patience, which in the young physician “hopeth all things.” I was gone between one and two years. I was never so fully convinced of the mistake I made in the time of that visit, as during my recent one made forty-two years after the first. I had not then learned my wants. I had not learned how little I had then acquired. The old routine of lectures, &c. was pretty faithfully pursued, with some of its ordinary results. I cannot but think, after my later experience, that half the time then bestowed on foreign travel and study would, at a later period, have been productive of much more advantage to me than was the whole earlier time which was devoted to the same objects.

These questions are put because of the deep interest taken in foreign travel, and because of the questionless advantage which may be taken of it. The most crowded hospitals, and the severest demands upon the time of the student, are both full of the means of most profitable learning. The question is, how shall they accomplish most for him who is placed within their reach and use. As to later travel, some light respecting this may be derived from the practice abroad concerning it. There it is very common for the established physician to travel, as the language is, to take a vacation by visiting distant countries. In this way visits have been made to America, and others are promised, and by men of the highest eminence. At Edinburgh I learned that Retzius, of Sweden, had been for six weeks the present summer in that city, the guest of Prof. Simpson, and with him had besides been to Ireland. This visit

had been devoted to science as well as to pleasure, and doubtless with advantage on all hands. Prof. Simpson represented it as a most agreeable and important fact to have such a man his daily companion, and dwelt on the mutual regret with which they parted. These professional holidays may now be easily kept. The voyage to Europe is very short, and at most two months will furnish abundant opportunities for seeing and learning what will be of most profit and pleasure. Then the expense is reduced to the smallest sum; for travellers tell us that they go abroad and pass three months in the most important portions of Europe for about a hundred pounds sterling, or five or six hundred dollars.

EDINBURGH.—I visited here the Insane Asylum. This is an extensive establishment, very large, with abundant accommodations both for medical treatment, and for in-door and out-door occupations. The inmates seemed perfectly contented with their situation. In my wanderings among them I heard no complaints. Many were at work in shops, as tailors, shoe-makers, &c., and as busily employed as are others in the same business. I was very much struck with this, or with its degree. The industrious workers scarcely looked up from their work as we walked among them. Large numbers were employed on the grounds. The time of harvest had arrived for some products, and the men were quietly and industriously getting them housed. I was told that the health of the inmates was very good, and the recoveries a fair average. Freedom from restraint is practised as perfectly as circumstances permit, and I should think in some regards, is carried farther than elsewhere. Amusements form a part of the system of moral management here, and with great benefit. I need hardly add that the order, neatness, ventilation, library, &c. are worthy of all commendation, and place this establishment among the best in Europe. Since my first visit to Edinburgh great changes in it have been made. The hospital has been re-built, the university finished, and the whole exterior of the city so changed, that it is now one of the most magnificent cities in Europe.

I went to the Hospital with Prof. Simpson, and saw in it many cases of interest. Among the diseases was pelvic abscess, and to which the Prof. has paid much attention. A chronic case exhibiting its gravest symptoms, was here, and was operated upon by Dr. S. He opened the abscess, by the vagina, and a large quantity of very offensive, bloody purulent matter was discharged. The inside of the abscess had in it much shreddy, ragged tissue, showing how extensive was the lesion of this protracted disease. I saw many cases of the same affection in different stages, all manifesting its peculiar symptoms. These are local and general, the first depending on the place in the pelvis occupied by the

disease; the second on its severity, and especially on its continuance. In the beginning of the disease and in its progress to suppuration, symptoms of inflammation are present, afterwards those of irritation, with the ordinary signs of hectic. The patient in the hospital exhibited the latter in a striking degree, while in others the inflammatory symptoms predominated. Pelvic abscess has its beginning in the cellular tissue of any part of the pelvis. It may be between the vagina and bones in the transverse or oblique diameters, or in that which connects the reflections of the peritoneum which form the broad ligament. It may be imitated by inflamed and suppurating ovary. Suppose its seat be high in the neighborhood of the Fallopian tube, or near the brim of the pelvis—then the abscess may show itself in the groin, or higher in the abdomen. I have met with cases of this kind following labors in which the discharge has been in the neighborhood of the iliac fossa. Suppose it be lower, which is more frequently the case, we find the tumors there. The causes of this disease are obscure, except it be a sequela of labor. Here its cause is injury sustained during labor. In some cases the lesion goes beyond inflammation, and the death of the part is produced, with sloughing depending on the extent of the injury. The symptoms of pelvic abscess are pain, which is often very severe, and always very distressing, making walking difficult, especially in the limb corresponding to the side of the pelvis diseased—heat in the vagina—vesical embarrassment—painful defecation. Chills, rigors, throbbings, attend suppuration, as in other like stage of inflammation. The diagnosis is not easy. Local congestion with enlargement of the vessels, a diseased ovary, tumors, and other local troubles, may imitate it. The exploring needle will be often a useful means of diagnosis. The treatment in the early stages is such as local inflammation commonly requires, and a free discharge of the abscess when formed. I have extended this history further than I intended, for I was much interested in the study of this disease, and cannot but believe it may often exist without being diagnosed. I have known a case of pelvic ulcer extend far into the abdomen, discharge itself in the neighborhood of the groin, and remain open for more than a year, making the condition of the patient as wretched and uncomfortable as possible, in which I believe now the pus might have found a different exit by operation, and recovery very soon have followed it.

It was my great privilege to receive the hospitality of Professor Simpson for some weeks. He gave me daily opportunities for the observation and study of diseases, such as I have never before met with. Some idea of these opportunities may be got from the statement that *ninety* patients were counted in Prof. Simpson's house in one day. The system of

attending so many is perfect. The patients are arranged in two long rooms. They draw numbers every day, and are called in the order of these. The time for assembling is about one, and the clinique ends at about six, the dinner hour. The day begins early. Breakfast between eight and nine. The room is more or less full of patients who at this time sometimes call with their physician. They often come before their own breakfast hours, and find places always ready at the Professor's table. Letters and notes are brought in now, and are read, and if need be, answered at table. An amanuensis writes the answers in short hand if necessary, and afterwards copies them. The carriage is at the door, and the out-door morning service begins. The day's record properly should begin the night before. Upon one occasion, as I was passing in the neighborhood of his chamber, he asked me into his *study*, as he called it. Just over his pillow was a gas burner, and by the head of his bedstead a "what not," with books. "Here," said he, "is my study. Here I read and write papers for the Medical Journal, of which I am an editor, and in this way, and in patient's houses, I do my principal writing." He is of course often called out at night; and again and again have I known him to come from a whole night's visit to his breakfast table, thence to begin the work of another day. The first night I passed in Edinburgh, Prof. S. took me with him to visit a case of difficult labor, and we did not get home till after midnight. I felt a little tired, for I had driven that whole day and preceding night, and without stop, from London to Edinburgh, some three or four hundred miles, and thought a bed would be a welcome accident. It is literally true, that the very night before I left Edinburgh for Liverpool, for the steamer, I was visiting in the country a patient, with Prof. S., until after midnight. He was called out again after his return, and did not come home till six next morning, just in time for an early breakfast with me, and to accompany me to the Station of the early train.

Why this record of the professional life of a physician from whom I received attentions which I can never forget? Because of the impression it made upon me. I saw in this, and kindred minds here, the same intense intellectual and physical vitality which I observed every where in Europe. It was my privilege to become acquainted with, in Edinburgh, and enjoy the hospitality of Professor Sharpey, of the London University, of Professors Syme, Christison and Simpson, of the Edinburgh—with Drs. Alison and Scott, with Messrs. Newbigging, Goodsir, and others, and I say that wherever and with whomsoever I was near enough to observe intellectual life in action, I was perpetually struck with its force and with its products. Go where you may, whether to Great Britain or to the

Continent, and on every hand is the same evidence of power in its results. Art and science, literature in all its kinds, declare themselves in magnificent works, for admiration and for culture. The mind, one's own mind, feels itself at home, in its true home, in the society of living men—of immortal works, or in present works destined for immortality; and it acknowledges, and gratefully too, that it has been helped and delighted with every new revelation of human power, in the observation of everyday and permanent discoveries.

I was with Prof. Simpson in his practice abroad, and saw it at home. I have spoken of his professional engagements. These do not satisfy the demands of his mind for labor. He is deeply interested in archæological studies, and pursuits. The curious in literature, especially in medicine, but in other departments also, are matters of constant interest. He writes on these subjects. The Roman remains in his native country are familiar to him, and it gives him real pleasure to point them out to you, and to find you interested in them. In the midst and pressure of work, night and day, he has leisure for everything, and is never weary, or says that he is. I never heard an approach to an acknowledgment of fatigue from him. He is always cheerful, ready, and has time for social pleasures, which he much enjoys. I saw him start early one morning in the Highlands to climb a mountain which cost him a whole day's hard work. He only spoke of the pleasure of his excursion on his return—not a word of fatigue. So it was with his companions, Professors Sharpey, Syme and Christison; all were delighted, no one seemed fatigued. Dr. S. has the countenance and manner of a young man. I was told he was 39. His origin was obscure, but at the University he attracted the attention and interest of Prof. Thompson, the writer on Inflammation, and he always was his friend. At 28 he was a candidate for the professorship of Midwifery in the University, and succeeded against some of the foremost men in his branch, of his age. Prof. S. has done, and daily does, everything in his power to make his lectures and whole instructions attractive and useful. His museum, instruments, drawings, are perfect in their kinds, and I examined them with the pleasure which true efforts to diffuse important knowledge always produce.

Prof. Simpson has made many instruments used in his practice. In the case of labor above referred to, and which I saw with him, he meant to have applied his tractor, had not the labor rapidly gone on under very simple manipulations, and which he gave me an opportunity to practise in the same case. His tractor is half or less of an Indian rubber hollow ball, large enough to embrace a considerable portion of the foetal cranium. It has connected with it an exhausting pump about

the size of that used in the breast pump. The India-rubber cup is pressed upon the scalp, and the air is exhausted, and adhesion is at once perfect. How perfect, he showed me by applying the tractor to the child's head in the case above referred to, soon after its birth, and raising the child by it far from the floor. It moved about briskly, but made no cry, or in any other way showed uneasiness at this unusual position. The application is easy, and Dr. S. has used the instrument often enough to satisfy him concerning its utility.

I saw freezing mixtures employed in different affections. Two parts of powdered ice, with one of fine salt, make the mixture. It is put into a gauze bag having a ring of wire round its open end to keep it open to receive the mixture. In a case of deep-seated chronic pain in the back, or rather the hips, the bag was placed on the integuments covering one of the nates, a very broad surface. It remained on until the whole was fairly frozen, as white as lard, and so solid as to make indentation difficult. No complaint was made. After the bag was removed, the surface grew moist and wet at once from the condensation of atmospheric vapor—gradually it became softer, and at length quite warm and red. The pain was much diminished by the process. I saw it used in a case of chronic eczema of the face. The disease was extensive, and the deformity great. What the ultimate effect was in this very troublesome complaint, I do not know. I can only say that there was nothing in what occurred before I last saw the case to contra-indicate a further use of the remedy.

In the midwifery department of the Vienna Hospital, Dr. Arneth showed me an apparatus for injecting water into the vagina to produce premature delivery in cases of such pelvic deformity as prevented the birth of the mature fœtus, except by destructive diminution of its bulk. It had been proposed to accomplish the same object by injecting water between the uterus and membranes. Experiments had showed that the extensive separation of the membranes produced in this way—the dilatation of the os uteri—and the local and general disturbance induced, had been followed by uterine contractions and delivery. The later method merely proposes the *distention of the vagina*, by water thrown into it, and the uterine disturbance thus produced, as a sure means of reaching the same object. The Vienna apparatus has been tried, and has been found to answer very well. It is, however, clumsy and inconvenient. Professor Simpson uses an enema injecting apparatus of India rubber, which is readily adapted to the vagina, and easily used. He has tried it, and with entire success. The vagina is distended with water twice a-day, and labor occurs in four or five days after.

Many, many cases were under treatment for ulceration of the os uteri in various degrees, with and without enlargement of the cervix. For these, when indicated, the caustic potass was used with great freedom, and with decided benefit. Its application to cervix and os, inside, was faithfully made, by means of the speculum, into which a little vinegar was first poured, but which did not reach the spot to which the caustic was applied. When the caustic was withdrawn, vinegar in very large quantity, a half pint or more, was injected forcibly through the speculum by the syringe above named, and until it came away perfectly clear. I now examined the os uteri by the speculum which remained as at first introduced, and found the ulcerations, granulations—removed, and the whole appearance different from what it was immediately before cauterization. I asked patients if they felt pain, and this during the process. They uniformly said no, and I was assured that peritonitis had not followed this treatment in any case which has occurred after the use of the actual cautery—an operation which is in so much repute in similar complaints in Paris.

*Os-uterotomy.*—The extension of the os uteri by incision is sometimes practised by Prof. Simpson, and several cases in which it was done fell under my observation. The os and cavity of the neck of the womb are at times very small. The os is little more apparently than a small round hole in the centre of a depression in the middle point of the surrounding structure. The lips, properly speaking, of the mouth are wanting, and you look at the *rounded* termination of the cervix, instead of the normal *linear* opening which is ordinarily met with. Associated with this formation, in which precise relation I did not inquire, are dysmenorrhœa and sterility. Two methods are in use in Edinburgh for the removal of the difficulty. First, by artificial dilatation, by sponge tents—a slow and uncertain process. Second, by the knife—a safe and more certain means. These are, as was said, in frequent use. The failure with the tent or other means of forcible, mechanical dilatation would seem to be owing to the great elasticity of the uterine texture, by which it readily returns to its original state, even after long-continued mechanical opening. I have a preparation in my collection of a womb in which retroflexion existed, and had existed a long time. The elasticity of the texture in this remains as perfect as when the preparation was first obtained, viz., during life, when artificial reduction was practised. This elasticity is abundantly manifest when the operation by incision is attempted. Dr. Simpson has invented a very ingenious instrument for the operation. It is a concealed knife, about two inches long and one line in breadth, which by a spring arrangement protrudes *laterally* from the sheath in

which it lies imbedded when not in use, and while the instrument enters the os and cervix uteri. A screw between the handles exactly graduates the extent to which the blade shall pass out of its sheath. The end of the sheath is probe-pointed and readily enters the os uteri. Without care the incision will not be made, the elasticity being so great that the os and neck will stretch before the instrument instead of being cut by it. The effect of the incision is obvious and striking. For the small circular opening, or one not linear, a linear one is felt and seen. The os uteri is patulous, extending quite across the cervix. It admits the end of the finger easily, and is felt to be soft, relaxed. The change is complete in its anatomical condition and relations, and the functions of the womb often become natural. Some hemorrhage follows, but is not great, and is checked by filling the vagina with lint. To prevent hemorrhage, this measure is resorted to in all cases. I asked the Professor if he had ever met with troublesome hemorrhage. He said in only four cases, but in each of these it was readily controlled. I saw many cases of this operation, and am sure that hemorrhage did not follow in any of them. I saw them after some days, and found all of them doing well. Some of these occurred in the Professor's private practice; but most of them at his clinic. These persons at once left his house to return home, and without any untoward results. He mentioned several cases in which dysmenorrhœa had disappeared, and others in which pregnancy had occurred. I should have said that to prevent adhesion after incision, lunar caustic should be applied to the angles of the wound by means of the speculum. This may be done a day or two or more after the operation, as examinations may indicate.

*Polypus Uteri.*—About the treatment of this disease some difference of opinion prevails. The weight of authority is certainly, with us, on the side of the ligature. This is not the case on the continent of Europe, and it certainly is not in Edinburgh. Prof. Simpson prefers the knife. His instrument is curved. The extremity of the curve is probe-pointed, and measured to the opposite side of the handle is one inch and a line in breadth. The cutting portion or blade is crescentic or semi-lunar, and is inserted into the curve of the handle, being a line and a half longer than the curve to which by a rivet it is attached. It thus resembles exactly Ramsbotham's semi-circular knife for dismemberments, differing only from it in size, his being two inches from its probe-pointed termination to the opposite part of the handle; and in the blade in Prof. Simpson's instrument, which is of steel distinct from the metal of the handle, and which receives a very perfect edge. The objection to the knife in the treatment of polypus is in the chances of hemorrhage. This



accident has never troubled Prof. S. In small polypus, which Gooch twists off with thumb and finger or polypus forceps, he finds his instrument very useful. This operation does away entirely with the tedious process by the ligature. It is followed by no offensive discharge, which must accompany the ligature; and it has not been followed by return of the polypus. With regard to the question of danger, Prof. S.'s operation places the patient in precisely the same position which that for enlarged tonsils now does its patients. A few years ago this was regarded as a very grave affair. Armed needles were passed through the tonsil and strangulation produced, and its slow and often unsatisfactory results. Now the operation by excision is done in a moment, at the surgeon's house, and the patient relieved goes on his way rejoicing. I remember distinctly a clergyman of New York stopping at my house one day, and observing him occasionally to spit a little bloody saliva, I asked its cause. Said he—"I have just had enlarged tonsils removed by Dr. Hayward, and have called on you on my way home." Should hemorrhage occur after removing polypus uteri, it may be at once stopped by lint pressed firmly against the cut surface. This should be done in all cases; and the chances of bleeding prevented. A bleeding tonsil could hardly be managed in this way. But experience has shown that apprehension of hemorrhage need not be entertained, and other means would effectually check bleeding should such be necessary. I have frequently removed the polypus uteri by ligature, and remember the patient's discomfort till the tumor drops off. The friends have some experience of this, and the surgeon is not without his share, which to an important sense is the "lion's share." My purpose in these records of what I have heard and seen, is simply to state such facts as have come directly before me, or which rest on perfectly reliable authority. They belong to medical history, and mark some of its important epochs.

*Pessaries.*—Of these the number in use everywhere is legion. In my very last hour, I may almost say, in England, I was presented with one of the latest inventions for supporting the womb, by Dr. Clay of Manchester, who has removed the diseased ovary in 54 instances, and with the loss only of 18 cases. This pessary is of wire spirally arranged, which allows of free motion as the body moves. It has abdominal and perineal straps, and is worn with much comfort. Dr. Clay seemed better pleased with it than with any other. Prof. Simpson has many pessaries, and has drawers filled with them. One is for simple prolapsus, with relaxed vagina. It has a cup as others have for the womb to rest upon. The stem has one or two circles, say about an inch in diameter, projecting from it, or through the centre of which the stem passes. Where

much effect is desired, one of these is of zinc and copper, or the stem is of one of these metals and the circles of the other. When worn, a galvanic action is produced which slightly ulcerates the vagina where it presses against it. This being followed by contraction, is a permanent cure of the prolapse. The pessaries most in use by Prof. S. are stem pessaries of metal, or two metals, the stems of which are passed into the uterine cavity and there worn. These are used in dysmenorrhœa, deficient catamenia, in flexions, and versions of the womb. They are sometimes of zinc and copper, the stem, and a galvanic action is exerted when in the womb. They resemble very exactly small gimlets in shape. I have one which was worn by a patient nine months with perfect relief of all the symptoms attendant upon retroflexion of the womb. I met with other patients who had worn these instruments for one and even two years, and with entire relief. Some of these pessaries have an external arrangement by which the stem is kept in its place, and the womb gets permanent support.

I have for some time considered prolapse, uncomplicated or simple prolapse, a rare form of uterine dislocation. Yet it is the most talked about. Patients with pelvic trouble know of no other name for such affections than "falling of the womb." Now this word falling is an expressive one. The womb falls variously, backwards, forwards, obliquely and transversely, of the pelvis. It rarely, I think, falls *downwards*. The condition of this fall is seldom present. It is not easily produced. Independent of increase of weight in the womb as a cause, pregnancy, or, rather, and especially, labor, are its main ones. This condition is a relaxed state of the vagina, the principal if not the sole support of the womb, and that portion of it especially which forms the *cul-de-sac*. Nobody pretends that the vagina by itself contributes to prolapse. Suppose the womb to be morbidly enlarged, we have then in its weight a cause for the elongation of the vagina—the displacement of neighboring organs, the bladder and rectum, and so of descent of the womb. I rarely see uncomplicated prolapse. It depends on organic disease for the most part, or disease of neighboring organs—the state after recent delivery, for instance—is a symptom of something else, an accident to such disease or state, and which can only be removed by removing its cause. Pathology hardly presents a case in which a mere symptom has been so frequently or so generally converted into a disease, as in what is called prolapse of the womb. It exists along with so many uterine affections that it is not at all to be wondered at that the patient regards it as her sole disease, and so much has her diagnosis been relied upon that the practice has been often decided by it, without

any such examination as can alone settle what the complaint is. So true is this, that a vast amount of the treatment of womb complaints has passed out of the care of the regular profession, and pessaries of all sorts are daily added to the market so crowded with them before, and are used in the most entire ignorance of both manufacturer and patient, concerning the true nature of the disease. The spine, “spine of the back” is the popular phrase, has been brought into the service, and all sorts of apparatus are afoot for the support of the “crooked spine,” and the “fallen womb,” they being regarded, of course, as one and the same disease. Removal of the causes of prolapse will not always prevent “fall.” The natural support of the organ in its natural state, namely, the vagina, having lost power by that which has changed its relations with the womb and pelvis, or its contents—namely, an unnatural diseased state—this natural support, the vagina, may not acquire power in all cases at once to support the organ when relieved from disease, and of increased weight, one of its effects. But rest, and such local and general treatment as tends to produce the best local and general health, will in most of these cases restore the vagina to its normal state. Suppose a woman who has really suffered from prolapsus, as a consequence of uterine congestion, chronic sub-acute inflammation, with their most common attendant, increase of bulk and weight—or of any other condition producing like effects—suppose such a patient to recover from such uterine complaint, and to become pregnant. If she be properly managed during pregnancy, and especially through the whole of the puerperal state, extending over a month or more after delivery, she may, upon getting about, find herself entirely relieved of her prolapse. I am aware that pregnancy, and the puerperal state, are natural, healthful, functional conditions, and that their effects cannot but be salutary in their influences on chronic disturbances of the regions or organs in which they occur. I look for precisely similar results from proper treatment of like disturbances—prolapse, for instance (which is a symptom of uterine disease), after such disease has been really removed; and if I claim for medicinal agencies more than I have a right to expect, my faith in my profession would not be enhanced by the proof. With these views of prolapse, I examined the Edinburgh cases with great interest. Uterine displacements were exceedingly frequent, but by far the greater part of them were *versions* or *flexions*. The os uteri would be found strongly turned and high up, backwards or forwards. If downwards, then having frequently the body flexed upon the neck, producing the re-tort shape, and either forward or backward. There were cases of prolapse, never very striking, however, and obviously the result of existing

or of previous disease ; in the former case the result of increased bulk and weight, or mere gravity—in the other, of that condition of the vagina which some previously-existing mechanical cause produced, or its elongation. Artificial support in one case, with local tonic treatment, would be proper—such support, namely, as would directly tend to make the vagina perform its own office without the continuance of artificial assistance. In existing uterine disease, rest and other treatment would be indicated. For flexions and versions, the stem pessary has been used by Prof. S. with the best success. It has been tried with us, but the whole result I have not learned. For dilatation of the os and cervix, Prof. Simpson has had made a sponge tent, which is easy of introduction and readily keeps its place. It has a central canal running through it, into which is passed an instrument having a handle, and which is bent at the other extremity at an angle of about 66 degrees with the handle. It thus corresponds with the direction of the vagina, and being introduced into the canal of the tent, this may be very readily passed into the womb. The tent is thickly covered with firm tallow, which soon melts off, and the sponge at once begins to swell.

There is diversity of opinion in regard to the methods adopted by Prof. Simpson in the treatment of uterine displacements, and diseases. By some, they are condemned, probably without trial—by others, warmly recommended, and fairly used. By some we are told that such diseases wear out by time, or the patient at length comes to tolerate what she has long suffered ; and if the displacement remain, its symptoms may disappear, and this, with all sorts of treatment, or in the abandonment of treatment altogether. This spontaneous recovery, however, will not be always waited for. Treatment will be demanded, and treatment procured. The current amount of professional faith in itself, and its means, will settle, as it is now daily doing, whether regularly-bred physicians shall have the management of grave, and most distressing diseases, or whether they shall pass into the hands of men, whose faith exceeds their knowledge, and whose promises of cure may have an effect in the recoveries attributed to their ministries. In Prof. Simpson's methods in Europe there is confidence. He has for his friends in Scotland, Ireland, England, the support of some of the best men who have devoted themselves to the study and treatment of female complaints. He went within the year to Ireland with his friend, the celebrated Retzius, of Sweden, who passed with him part of the summer. He was welcomed to Dublin by the whole profession ; and received its public hospitalities and honors, alike for his introduction of chloroform, and for his methods of treating uterine diseases. It is not difficult to explain how some methods

may fail in the hands of those who are unacquainted with their use. They are mechanical—surgical, and skill can only come of experience. I was daily struck with the entire facility with which Dr. Simpson did his various operations. He has acquired skill by practice. Very, very little pain was ever complained of by the patients. He is very quiet, gentle in his manipulations, and is the object of the deepest interest and regard of those he serves. I have heard originality denied to him; and the proof was found in instruments longer in use than his own. For instance, the stem pessary of Boston was earlier than his, it is said. But this instrument has the stem on the *outside of the vagina*, and is only used to give points of attachment to straps to keep the instrument in place. In Prof. Simpson's instrument, the stem is passed *into the uterus*, reducing the dislocations which may have taken place in the organ itself, and restoring it to its true place in the pelvis if displaced; an agency which is not within the compass of any preceding pessary within my knowledge.

*Ovarian Dropsy.*—Among other surgical operations which I had an opportunity to witness in Edinburgh, was one for ovarian dropsy. This patient had presented herself at Professor Simpson's clinique, where I had seen her some days before. Mr. Goodsir did the operation. It was done to relieve her of great present distress—to discover the state of the abdominal viscera—to learn what was the condition of the sac as to adhesions—if there were more than one sac—if any induration existed—if the tumor were moveable, &c. &c. The simplicity of the arrangements for the operation interested me. At home, I had always seen the patient taken out of bed, and placed in a chair. A sheet is then carried round the abdomen, with an arrangement for drawing it, so as to compress the tumor as the water passed off. In Edinburgh, the patient was simply brought to the edge of the bed—a tub placed by its side. The trocar and canula were pushed into the sac, in a convenient place for the discharge of the fluid. The quantity was very large, and of an unusually dark color. After the ovary was emptied, and the canula had left the cyst which had contained the fluid, and so opened into the peritoneal cavity, a discharge of clear water at once took place, showing that along with the ovarian disease was ascites, an accident to the graver malady.

The patient was left very comfortable from the removal of her burden. I did not remain long enough in Edinburgh to learn the result of the case.

*Chloroform.*—This furnished a topic of much interest in Edinburgh. At breakfast, one morning, Prof. Simpson met me with these tidings from America. "Prof. C., the Boston Journal says that three more cases of death from chloroform have recently occurred in your country." I now

asked again if he had met with any untoward results from its use in his own practice—with any thing which had produced in his mind the least doubt as to its entire safety. He said, no—he had not met with any accident from the use of chloroform. I knew Prof. S. introduced chloroform into the practice of midwifery, and of surgery, and that it might be said that such a relation to it would bias his opinions concerning it. I therefore looked for its use elsewhere, in the hands of others. The same answer came. Here were patients undergoing surgical operations; and chloroform, in its fullest use, in these, was found to be as safe as elsewhere. It was my privilege to see it used in midwifery, and it was as manageable as any other medicinal agent of real power, in any employment of it. There was one application of it, which seemed to me as much of a test-trial as well could be. This was its employment to produce insensibility in painful diseases, and as a means of diagnosis. I say a test or trial use, and for this reason. In the surgical cases which have been fatal under the use of chloroform, it has been employed to produce insensibility as a *preparation* for operations. It has not been when employed in the *midst of operations*, and to *continue* insensibility during the progress of the knife, that it has been fatal, but when used as a *preparation*, and especially in cases of slight surgical interest. It has never been fatal in midwifery, and the explanation is, that in these long-continued cases of suffering such a condition of nervous power is produced as to modify the action of chloroform. But in its use for diagnosis, such condition has probably been but partially produced, and still, in these, chloroform was perfectly safe. It was suggested that the occasional mortality after the use of chloroform may be owing to its impurity. I called, with Prof. Simpson, on Messrs. Duncan, Flockhart & Co., and examined their chloroform, and compared it with other specimens obtained from other chemists and druggists. The process was a very simple one; but though it showed a difference among kinds, it did not teach on what the difference depended. The process consisted in dropping a little chloroform on the back of the hand, and when the part was dry it was smelled to. No smell remained after the trial with Duncan & Co.'s. A disagreeable odor remained after another specimen was tested in the same way. Now though some impurity may exist in a specimen of chloroform, the question is not settled how far such would affect its medicinal use. I was assured that Duncan's chloroform was in extensive use in Edinburgh, and that no untoward results had marked its employment. Nor had such result, as far as I heard, followed the use of what seemed less pure chloroform. Messrs. Duncan & Co. told me that their weekly orders from London were between one and two hundred pounds of chloroform.

Much more must be supplied by other manufacturers, for, as far as learned, this is the principal anæsthetic employed in Great Britain and on the Continent. Supposing impurity to have had no agency in producing the deaths which have followed the use of chloroform, we look to predisposition either of idiosyncrasy, or other, if such exist, and which may involve the same fatal results. The question which arises here is quite as difficult to answer as that which impurity of the article may suggest. In other words, we may know as little of one as the other, and the concurrence of both may be as little understood. We must then take the facts as they are, and each decide for himself what his course concerning anæsthetics shall be. I have brought with me a specimen of Edinburgh chloroform. One of our best druggists has examined this, and expressed himself so entirely pleased with it that he means to order one hundred pounds of it from the house of Duncan & Co., in Edinburgh.

It is not my purpose to discuss the question of the comparative advantages and dangers of chloroform and sulphuric ether. I gathered abroad that chloroform is much employed. In England, it has been seriously and strongly condemned by some, while many use it. In Scotland, I did not hear the word *ether* uttered in this connection. With us there is a decided opinion against it. One or two employ chloric ether—a solution of ether in alcohol—a tincture of chloroform, the produce of distillation, and of simple mixture with alcohol, being precisely the same. Others say that this has its sole power in the chloroform, as the brandy and water dram has its main claim in the brandy; and we have one case narrated, and which occurred here, in which death took place almost immediately after the inhalation of chloric ether. Many here use chloroform altogether, and without any more distrust of its perfectly safe powers than the faculty in Edinburgh have. By far the greater number use sulphuric ether, and are entirely satisfied with it. It is effectual, say they, and safe. For myself, I mostly use ether. There are cases in which this fails; and it may be when an important operation in midwifery is to be done. In such, I substitute chloroform, and have never had cause to regret its employment. Since I returned from abroad, I have had consultations in difficult labor, and in one half, I have found the attendant using chloroform—in the other, ether; the results were alike excellent in both. The forceps was used in these, in a state of perfect unconsciousness, and both mothers and children have done alike well. There is not on record a case of death after chloroform in midwifery practice, and I have no reason to believe that unrecorded cases have happened. In surgery, deaths have occurred. In these, death has followed the use of chloroform as a *preparation* for the operation. In midwifery, and medi-

cine, its use is very much confined to advanced periods of the labor, or of the disease. In one complication of labor—convulsions—chloroform has acted as no other means known by me have. It has been more successfully used than has any or all other remedies. In my book on etherization in child-birth, p. 307, are ten cases of puerperal convulsions in which anæsthetics were used. Of these, six of the women did well, and three children were born alive. In another table, p. 330, are seven cases of puerperal convulsions, in which etherization was not used. Of these, six women died, and only one child was born alive. Now these are not picked cases. They occurred in the same year as did those in the other table in which etherization by chloroform was used. They are too many to be resolved into coincidences, and my latest observations of puerperal convulsions, furnish new evidence of the safety and importance of the use of chloroform in this disease. The latest trials of it have exceeded in interest the preceding ones. For in some of these, chloroform has been employed *at the very beginning* of the attack, and before any other means have been used, as bleeding, &c., and with the happiest results. In some of my latest cases, before I saw the patient, most faithful medication had been tried, and where the case seemed utterly hopeless. Chloroform has been curative. My friend, Dr. Crane, of East Boston, will recollect cases of this kind, apparently utterly hopeless, in which the immediate result of its use was permanent suspension of the fits, and rapid recovery. I am very glad of an opportunity to give this direct and strong statement of the whole good agency of chloroform in this fatal malady; and I believe I may recommend it to others on an amount of testimony on which they may rely, without going into the evidence. I will say, that chloroform in these cases has been far more, and immediately useful, than has sulphuric ether. I have seen the two tried, fairly tried, and am sure of what I say. In the convulsions of children, chloroform has also been useful. I have tried the old, the stereotyped plan—bleeding, bathing, vomiting, purging—faithfully tried, and have known the fits steadily to go on. Under advice or consultation this treatment has been continued, and in vain. I have known fully the beneficial effects of chloroform in these cases. I have been informed of cases in which chloroform has been used in the *first instance* in fits of children, and of its good effects in such exclusive use of it. In the progress of a case of diseased brain, in a child three or four years old, and in which effusion was believed to exist, convulsion became a most distressing complication. The mother, advanced in pregnancy—looking daily for labor, asked if some means could not be used to diminish such constant and terrible expressions of suffering. *Sulphuric ether* was tried



in this case. The convulsions were lessened in frequency, and soon ceased. This child recovered. In the use of such an agent as chloroform in such cases, the greatest care should be observed. Sponge should never be used for applying it. *I never saw sponge used abroad.* A bit of cloth, folded on a handkerchief as taken from the drawer, is always used. Very little is poured, or, better, *dropped* upon its centre, and the cloth is always so held as to allow a due mixture of atmospheric air with the chloroform vapor. As soon as its effects are perceived, the handkerchief is removed. Unless such, and all other needed cautions are used, it is not to be wondered at that untoward, even fatal results should be produced.

I have spoken of the use of chloroform in Europe, as I saw it used and heard it spoken of. I have alluded to the general confidence in its safety, and of the questions which now and then arise there concerning this important point in the employment of this active medicinal agent. While writing I have received Rev. Dr. Parker's Report of his Hospital in Canton, China, for 1850 and 1851, and this pamphlet from a distant land has a word concerning chloroform. In 17 surgical operations—9 for stone, and 8 for the removal of tumors, some of enormous size—chloroform was used, producing entire insensibility, and without any untoward occurrence. No such occurrence is alluded to in the pamphlet, which, considering its source, is the best evidence that such has not been met with in Canton. I state the grave character of the operations, the length of time required, and but for chloroform, the exquisite suffering. I refer to this especially, because most of the mortality after its use elsewhere has occurred when it has been employed as a *preparation* for the most trifling operations in surgery, when the general health was good, or had not been impaired, nor the nervous impressibility lessened by preceding disease and suffering. I mention this Report, not merely to allude to the important professional facts it contains, but to express my grateful sense of Dr. Parker's kindness in sending it to me. Rev. Dr. Parker is at the head of the Canton Hospital, which in 1850 received 4712 patients, and in 1851, 4103, about one half of which were for diseases of the eye. Dr. Parker treats all cases without fee, whether in or out of the Hospital, and whether poor or rich, and with extraordinary success. He is training native pupils for the same service, and this, too, with encouraging success. In this way he has secured an interest in his missionary labors which is very striking. The evidence is in the letters of thanks of those he has cured, and which are in this Report. You see how these converts love him, with what deep reverence they allude to the sacred writings which he is unfolding and

explaining to them, and you cannot withhold from him your admiration, your interest in the success of his extraordinary labors. The quantity of chloroform used by Dr. Parker, was small, sometimes half a drachm only, at others two or three drachms.

I have stated above what I saw done with chloroform in Edinburgh, and what is recorded of it in Canton, how common its use, and how safe has been its employment in those cities. But it is as well known that death elsewhere has followed its inhalation, in too many cases (between thirty and forty), and too soon after its exhibition to leave any doubt that it was the cause of those deaths. This fact in the history of chloroform has induced many medical men to abandon its use entirely in any of its forms, and has confined its employment by others to few and rare cases.

*Sulphuric Ether.*—The anæsthetic effects of this substance were discovered and demonstrated in America, in Boston, by a wide and universally safe use. With many it has recently replaced chloroform, and to the entire satisfaction of the best medical observers. I have above alluded to my own use of chloroform. I have published between one and two hundred cases of its safe inhalation in labor. I say the same thing again; and add, too, that among the deaths after its use in Europe and America, not a single one has occurred in obstetric practice. It is a highly interesting fact that chloroform has been most frequently followed by death in cases of minor surgery, and as a *preparation* for trifling as well as important operations. But of this I have already spoken.

Now in this view of our subject, may I not ask why we do not, and why should we not, rather confine ourselves to the use of *sulphuric ether*, which is perfectly safe—which I have seen used in wasteful profusion, and always without the least harm, than to employ chloroform, which has been followed by the gravest results, the causes of which are wrapt in such impenetrable mystery as to make it impossible for us to make any calculations concerning them? I have said that cases may arise in which sulphuric ether may fail, and in which chloroform has been successfully used. In such it may be used still.

·MANCHESTER, ENGLAND. — My latest days abroad were passed in Lancashire, the great manufacturing capital of which is Manchester. It contains towards half a million of people, and the laboring population of the two millions of the shire are daily and hourly working for Manchester. What the amount of this labor is, you learn from the enormous warehouses—the mills, and the crowded Exchange which can accommodate three thousand, but which must be enlarged to meet the daily increasing demand. This noble city was to me a place of deep interest.

What had been done and what was doing, for so many men and so many women congregated for work—yes, to devote their lives to useful labor—to labor, the products of which were to make an important part of that supply which the world's want demands? I answer that every arrangement has been made or is in progress for the intellectual and moral culture and the physical health and comfort of this most important order in any and all communities. I have no room here for detail. But the proof was everywhere—in libraries, schools, reading-rooms, parks, walks, model houses, washing establishments, hospitals, &c. &c. I was delighted to wander about such a city, and to learn what were existing arrangements for most important interests. I do not say that the whole demand is supplied; but I can say that hearts, and minds, and hands are at work here to do what may be done to meet so wide a demand.

Professor Simpson kindly gave me letters to Dr. Clay, and to Dr. Reid, of Manchester; and a correspondence of many years, and the interchange of professional and literary works, had for a long time made me acquainted with Mr. Surgeon Roberton, one of the ablest medical writers of the day. Professional engagements out of the city prevented my seeing Dr. Reid, and so my time came to be divided between Dr. Clay and Mr. Roberton. The hospitality of both those gentlemen I shall not forget. With Mr. Roberton I had my home.

With Dr. Clay I passed many hours, in his carriage, in his study, at his table. He showed me some of the public works to which I have alluded, especially those devoted to the highest culture of the operative. He has been a laborer, and a successful one, for his profession. "The British Record of Obstetric Medicine, Surgery, and Diseases of Women and Children, &c. &c., to which is annexed a Library of rare Obstetrical, Medical, and Surgical Monographs, &c." is among the works which he has contributed to medical literature. It was continued two years, and is as honorable to the author's industry, as it is useful to the profession. It did not receive that patronage which it richly deserved, and which was necessary to its continuance, and ceased with the completion of its second volume. I regard this as one of the most important additions to my library. Dr. Clay's library is rich in the rare and valuable in medicine. He showed me his treasures in this way, and most curious are they. He has copies of the earliest works in medicine, especially on midwifery, and in a variety of editions and languages—the history of medicine, in permanent, and trustworthy records. Dr. Clay will have a lasting and honored memory in his Operations for the Extirpation of Diseased Ovary by the large Incision, between Sept. 12, 1842, and Sept. 17, 1852, the day I left Manchester. The following is written on a fly-leaf of a copy of Dr.

C.'s volume, containing his operations, which he gave me, and which was published in 1842.

“*Manchester, September 17th, 1852.*—Since the publication of the first forty cases (annexed), I have operated fifteen times, four of which have died, and eleven recovered, making a total of fifty cases, of which eighteen died.  
CHARLES CLAY, M.D.”

The comparative success of Dr. Clay's operations, I am not able to estimate, as I have not at hand the operations of others with which to make the comparison. In his large experience in this way, he has had under his care the great variety of forms under which chronic diseases of the ovaries show themselves. He has operated on the least promising; and when his diagnosis, made with all care, has been amended, or set aside by the revelations of the operation, he has nevertheless gone steadily on, except in one remarkable case, in which it was clear that such was the extent and whole size of the base of the tumor, as to make it sure that to have cut through it must have produced fatal hemorrhage. Dr. Clay has operated against a weight of professional opinion, heavy enough to have discouraged any man. Some may think that it would have been better not to have referred to this in his report of cases. But is not the general value of his diagnosis and that of his operations always increased, by that opinion which asserted beforehand their dangers, and afterwards that they were unnecessary? I have now Dr. Clay's work on this subject, and cheerfully express my admiration at what he attempted, and my exceeding pleasure at his success.

My last day abroad was spent in Liverpool. I had little time for explorations here; and contented myself with a drive with a friend over this great city—visiting its docks, and various other arrangements, for so much of the commerce of the world; and next morning, in the good Steamer Canada, with excellent Captain Laing for master—and with one hundred and forty-one other passengers, and one hundred and seven, officers and crew, I began my return voyage home.

I remain very truly yours,

W. CHANNING.

*Boston, Oct. 25th, 1852.*







