

SOME INCIDENTS
IN
GENERAL PRACTICE.

BEING
A Second Series of Reminiscences.

BY
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BRISTOL:
J. W. ARROWSMITH, PRINTER, QUAY STREET.

1898.



*To my father
A. Prichard*

PREFACE.

I OFFER the following pages to the public, as I am desirous of carrying out what I believe to have been the intention of my father the late Augustin Prichard, who wrote them during the last year of his life. I have added two illustrations, the one a portrait of Dr. James Cowles Prichard, F.R.S., the other a copy of a water-colour drawing, one of the very last that my father made, not that they have much to do with the text, but will prove, I hope, of some interest to the reader.

JAMES E. PRICHARD.

February, 1898.

Some Incidents in General Practice.

A DOCTOR, who has lived a long and active life of professional work, carries about with him not only the secrets of his own inner life, as other men do, but those of the lives of very many who have confided in him, and he takes them away with him when he passes from the busy scenes in which he has been an actor; and moreover each one among us, when he dies, takes with him also a certain and sometimes a large amount of personal medical knowledge and experience of the greatest value which he has not been able to bequeath to any one of his survivors.

In noting down these incidents of general practice, which are such as occur to most of us, which we meet with in the middle of the incessant routine of daily work, and with which I include a few hospital experiences, we cannot but recognise the great variety of the interests with which we have to deal. The histories entrusted to our confidence and the professional facts and events which come under our notice are secret, and must be kept inviolate; and in these pages no trust shall be broken and no just cause of offence given to anyone. A large and most interesting chapter of incidents, humorous and serious, chiefly connected with new arrivals on this scene and not adapted for general or lay reading, is necessarily excluded and yet the difficulty is, where to begin in this narrative. It is not a systematic treatise on surgery, nor a synopsis of medical cases, nor an autobiography, about which subjects there would be no difficulty; but it comprises little bits of ordinary life as it appears to a doctor, in its endless variety.

But let me first add one word of congratulation to all who are privileged to belong to our grand profession. It has its great and peculiar risks, very hard work, sometimes with most inadequate remuneration, frequent humiliations from failures in our efforts in particular cases and from the mean behaviour and ingratitude of some of those whom we are trying to help, and from our own shortcomings in our duties: but all these evils are compensated for by the pleasure of success, by lives saved and made happy, and by suffering relieved; and then, independently of any such intent, in our work and the definite object of our calling there is an unlimited scope for the pleasures of scientific study and recreation in the many collateral branches with which our profession makes us more or less familiar; and besides, there are not infrequent comical episodes of a most entertaining kind which undoubtedly help to lighten the burden of our anxieties. I have often heard it said by patients and their friends, without any reference to myself,

that when the doctor enters the sick-room their anxieties leave it, not perhaps recognising that their weight has been simply shifted on to his shoulders.

I know no other occupation in life where a man is publicly called upon to destroy the means by which he lives. In an epidemic of any kind when sound advice and energetic action are required to stay the plague, the doctor is the person sent for to do it, and he does all that may be done, although his professional income and his livelihood depend on the number of cases he attends while he is called on to prevent their existence.

There will necessarily be a want of cohesion in the narration of these varied events, occurring at different times and places, and without any attempt at chronological order; the only links being the fact that they are the experience of one individual, and are true.

The comparison between the clerical and medical professions has often been made, notably at our

medical dinners, before and after the toast of "The Bishop and Clergy and other Ministers," and all that can be said on the subject has oftentimes been repeated: the object of both is the good of mankind. A comparison with the other learned profession, the law, is not so obvious, and has lately been attempted by two of the judges, with but poor success: each has its daily plodding work, and its special and different cares, with the requisite consultations with seniors and experts, terminating in one instance probably in the law courts, and the other perchance on the operation table; but beyond this there is but little parallelism, the lawyers having several advantages over us and being rarely concerned with human life. The highest public honours and substantial rewards of the State are more open to them, and those who neither reach nor aspire to such heights are helped in their progress by opportunities for advertising. The daily papers teem with legal cases, giving the names of the practitioners concerned in them and

all particulars; whereas if a doctor were to advertise his cases of typhoid or fractured collar-bone he would soon be looked upon as a black sheep, and a most unworthy member of so noble a profession; although he would probably at the same time reap substantial pecuniary benefit.

We see the effect and value of advertising even when it is done indirectly. A man keeps his name before the public, in the papers and elsewhere, preferably with reference to some work of charity or other good work, and he soon gets a practice and an opportunity to leave his proper business, and the usual rewards of such success. About the year 1843 there was a balloon ascent, then a rare occurrence, from the Gas Works in Canon's Marsh, and my old Infirmary master, Mr. Harrison, said to me: "If I were just beginning to practise as you are, I should go up in that balloon, and then everybody would know of you." I did not go up, but the advice was excellent. The effect and power of an ordinary advertisement are remarkable. There

have been and will be many fortunes made by those who have a receipt for a moderately effective pill, and a little capital wherewith to begin advertising it. One of my patients, a retired ship captain, boasted to me of having secured at a sale a gross of boxes of Cockle's pills at a very cheap rate; and one very old lady, nearly 90 years old, always carried about in her pocket a bottle of "Norton's Camomile Pills,"—Old Norton she called him, and her pills her "peristaltic persuaders" (where she found the name I know not),—and she was not content unless her bottle was placed under her pillow at night; and her daughter, also my patient, between 50 and 60 years old, told me that there was a new cure for rheumatism: viz., the wearing of raw potatoes next the skin! I asked her if she thought there was any fool in Bristol who believed that, and for reply she raised her dress and showed a shrivelled potato inside her stocking at the inner part of each knee. As this did not cure her she managed to communicate with the

author of the pamphlet on the subject, and at the end of some considerable correspondence and numerous consultations she wore eight potatoes—four on each side, at her breast, ribs, thigh and leg—until they became black and dry. She lived to a great age, and died crippled with rheumatism.

It is a possession of no small value to a doctor if he can get the credit of being able to keep old people, especially old ladies, alive. On the retirement into the country from Clifton of one of the old Infirmary surgeons, elected as long ago as 1816, an old lady, one of his patients, sent for me, and said that she was told I was clever in that respect, and accordingly would place herself and her two old sisters under my medical care. They proved very friendly and faithful patients, all of them living for many years, and dying in rotation, one upwards of 80 years old, and the others near it; and my aged patients became very numerous in the latter part of my practice, having grown old *pari passu* with myself. Thus at one time, at

either end of one of the roads not far from my house, I was attending a patient more than 90 years old; and in a row of fourteen houses close by, I had in each of five of the houses an old lady patient between 75 and 85, and on my alluding to it one day to one of them, she said: "Yes, we old 'uns do stick on a bit, don't we?" I have known two sets of old lady twins who got considerably beyond their seventieth birthday before they were parted; one pair reached 89 years.

One day, on visiting an old patient of the Hebrew faith she complained of certain symptoms which I considered to be dependent on her age, so I told her that she was suffering, not from disease, but from *Anno Domini*; and her Jew husband did not seem to like my remark, and after consulting me about some little bodily ailment of his own, said in a rebuking tone: "I suppose you will call that *Anno Mundi*, too."

A very few years ago three old sisters lived together, one of them imbecile and partly paralysed,

and their old brother with his wife lived in their immediate neighbourhood. One of them had been my patient for about thirty years, and when one of the others was very ill with pneumonia, I was called in consultation. The case was very grave, and likely to end fatally. The brother, apparently well, was there frequently, and expressed and evidently felt much anxiety as to the result of the case; but in a day or two he was himself taken very ill with a similar attack, and appeared likely to die. His old wife, herself a great invalid, suffering from diseased heart, was very anxious about him as he grew rapidly worse, and one morning when crossing the room to his bedside she fell down dead; and the husband being too ill to be told of it, she lay there until he shortly died also, the day of the funeral of the first of the three patients. This happened a very few years ago, and the imbecile sister and my old patient have since passed away. This remarkable fatality of the whole family is made more interesting by a circumstance told me by their medical attend-

ant. The brother above mentioned had been twice married, and had a son by his first wife. However, he made a will leaving his money to his second wife, and afterwards to her relations in case she survived him, otherwise the son was to have it; and, curiously enough, she dropped down dead in the most unexpected way, only just in time to let the son, apparently the proper person, inherit the little property.

I have seen several instances where an old man and his wife, who have lived long together, have been separated at the last but by a very few days when their turn came. It is commonly said, and I believe it to be true, that after many years of life together, and the joint care of children and other mutual anxieties, the wife grows in face, in mind, and in temper and constitution more and more like her husband; and as is well known a very old woman becomes more like a man, and not unfrequently gets his gruff voice, as well as some of his hirsute appendages.

The marked effect of mental emotions, whether grief or happiness, upon our physical state is recognised by all medical practitioners and physiological writers, and one effect frequently noticed is the changing the colour of the hair into grey in a short space of time. Novelists turn a man's hair grey in one night, but that is too much for any but a very sentimental lay reader. The most striking instance I can think of was the case of a gentleman whose family I attended very early in my practice. He was the son of a well-known traveller and author, and the managing clerk here for the largest mercantile firm in Bristol and Liverpool at that time. He was middle-aged, and one of the most spruce and well-preserved and well-got-up little men you could meet, with the most neatly-trimmed black whiskers and hair. His wife was taken very ill, and on my giving an unfavourable opinion, Dr. Symonds was called in consultation: he agreed with me, and before long she died of malignant disease, to her husband's manifest great grief.

When I saw him for the first time, two or three months after the decease of his wife, I was rather shocked and surprised, and at first hardly recognised him. He was as trim and neat as heretofore, but his hair and whiskers had turned quite white, apparently adding twenty years to his age. However he was friendly and cheery as before, and I suppose that six or eight months must have elapsed before I saw him again, when to my great surprise he had resumed his former jaunty appearance of juvenility, with his jet-black hair and whiskers all turned out in the neatest and the original style. He had been to Jersey and married his deceased wife's sister!

Late one night (it was while I was still an apprentice) a very well-known Quaker, living in Berkeley Square, cashier at one of the Bristol banks, called on my father at the Red Lodge for his advice. They had found a strange cat under one of the beds, and among other means used to dislodge it the housemaid, armed with a broom-handle,

made an attack on it, which the creature resented, and replied by fixing its teeth firmly into the ball of its enemy's thumb, from which it was only separated when it had been strangled by a cord round its neck. The anxious question then arose, was the cat mad? And to satisfy them I had to go off with the old gentleman and make a *post-mortem* examination of the cat. I knew, of course, nothing whatever about the morbid appearances in a hydrophobic cat; but my father told me to examine the stomach principally, as animals in that state were apt to swallow various articles not used for food. On arriving I was shown down into the kitchen, where I found the cloth laid as if for my supper, with a dinner knife and fork and the cat. I had brought my own dissecting case, and performed the autopsy with a satisfactory result, and relieved their anxiety, and, after rubbing the housemaid's thumb-wounds well with nitrate of silver, departed. I never received any honorarium, or even thanks that I remember, for my night-work.

Few, if any, of our patients give the general practitioner so much anxiety and responsibility as cases of insanity. The form in which we most frequently encounter it is mania in a more or less acute form, and to diagnose and watch the gradual development of the symptoms is very anxious work.

In a book on Insanity which I reviewed a long time ago for the late Sir Joshua Forbes to be inserted in his quarterly *Medico-Chirurgical Journal*, I noted a passage which stated that a sane man could, *ceteris paribus*, in a physical encounter always get the better of a furious maniac; and the recollection of this remark gave me much confidence in one or two bodily encounters I had to go through in the earlier part of my medical career. A middle-aged man, one of my regular patients, developed symptoms of acute mania, coming on rather gradually at first, but at last becoming so urgent and dangerous to others that it appeared necessary to send him to some place of safety. I had a man to sit up with him at night,

and one morning he sent me an early and urgent message to come. On arrival, I found a very disorderly bedroom, and my friend in his nightshirt leaning against one of the bottom posts of his old-fashioned four-post bedstead, brandishing a long and heavy metal instrument, and talking in a loud and very threatening tone. One of his daughters was standing before him with an open Bible in her hands, according to his order: but although he did not strike her she was in the greatest peril, as a blow with the instrument he held would have cleft her skull; and she stood in the most courageous way unflinchingly before him. As he swung his weapon round in his fury, he aimed a blow at the under surface of the marble chimney-piece of the bedroom, and struck it into innumerable pieces, which flew all about the room together with the few ornaments which were there.

As my attendant declined to tackle him, and the position of affairs was getting critical and dangerous, I told the man to follow me up by catching hold of

his legs when I had grappled with him; and taking a suitable moment I leaped upon him, and fortunately, getting my arms over his, I got complete control over him and he was overcome: we lifted him on to the bed and put on him the old-fashioned strait-waistcoat, and got him away safely to a neighbouring asylum.

In another instance I was professionally engaged to visit regularly and periodically a young gentleman, well educated, and a well-to-do resident at the house of a medical colleague. He was excitable but generally manageable, and was well enough to mix somewhat in society without being recognised as of unsound mind. I never knew all the particulars of his case, which appeared to be one of moral insanity, and I was appointed to visit him once a fortnight merely with reference to his bodily health. We went occasional rides together about the country. He was clever and entertaining in his conversation, but peculiar and loose in his opinions. He was a sturdy, well-made man of medium height,

and had been through a long course of flogging and all the other adventures which Eton boys encountered some fifty or sixty years ago, about which he told me many peculiar tales. I was summoned one evening to see him, and found him restless and perverse, and disposed to quarrel with everyone. He had a manservant to attend to him always, and to him he appeared to have taken a special dislike all at once, having generally been on good terms with him; and his medical host was so much alarmed at his behaviour that he sent for me, and declared that he would not sleep in the house unless I remained. To this I had to agree, and went to bed at the usual time, being called rather early on account of some disturbance; and going down to our patient's room, I found him in his shirt-sleeves threatening to castigate the servant, who stood his ground fairly well. I not only failed to pacify him, but attracted some of his uncomfortable notice to myself, as he held up his fists in a menacing and boxing attitude; and as he was going to strike the

attendant what would doubtless have been a very heavy blow, I jumped upon him, and after a short struggle threw him, and we then secured him. He at once became quiet and docile, and gave us no further trouble; and as he was driving off in a cab with an attendant to a neighbouring asylum he gave me a little nod and said, "Here go Cæsar and his fortunes." I never saw him again.

On one other occasion only had I a somewhat similar experience; this was an encounter with a powerful young fellow whom I knew to be a clever athlete, but I managed in the same way to get the best of it, and he was secured and taken away.

A very frequent, if not the most frequent, form of mania, is the suicidal; at any rate, cases of it are more likely to come into the hands of the surgeon, as often a surgical injury is one of the effects of the malady.

The question has often been raised as to which month of the year sees most of these attempts, and I do not know what statistical notices have

settled, November has been credited with it; but I should give an opinion in favour of the dog-days. In the summer of 1840, when I was dresser at St. Bartholomew's, in the first nineteen days of July there was an average of one case *per diem*, including persons saved from drowning in the Thames and brought to the Hospital, as well as cut-throat cases and poisonings.

One morning, when it was streaming with rain, a sad procession came in through the Smithfield gates, consisting of a number of policemen bearing a wide stretcher, and when they had placed it on the floor we saw two dead bodies, a man and woman, lying side by side with their throats cut in the most ghastly and determined way, with the blood still oozing, and their clothes saturated with rain and blood. The man had cut his wife's throat in the street and then his own, and both so effectually that they must have died immediately. It was a hideous and appalling sight.

I have had under my care a somewhat similar

case, where a man cut his wife's throat and then his own; but there was this important difference, for my patients, admitted together at the Infirmary, not only were not dead, but recovered after a while and their wounds healed.

The first suicidal patient I had was that of a young girl, hysterical no doubt, who on account of some grievance, fancied or otherwise, threatened to end her days, and took a considerable dose of oxalic acid in solution, which chemical she was in the habit of using in her work as a maker of straw-bonnets; and I was able to see her speedily and administer an antidote, with rapid results and success.

I was called early one morning to help a medical friend in the treatment of a case of opium poisoning, and found a very old gentleman being walked about and kept awake by my friend and the butler. He did not appear to require the stomach pump. I do not know why he took the dose; but he asked me, as we were pulling him along, whether I did not

think he had done a very foolish thing. I said that he had, and added "Nemo mortalium omnibus horis sapit." The servant found the phial in the plantation in front of the house at a considerable distance, and he must have thrown it away with much force.

An old fellow was found by some Clifton College boys groaning in a neighbouring quarry with a gash in his throat. He was taken to the Infirmary and attended to. The cut was superficial—that is, only through the integuments—and he soon recovered. It appeared that the old man had been sent by his wife to make some purchases; but having spent the money at the nearest publichouse instead of the grocer's shop, he was afraid to go home, so made this very ineffectual cut in his throat instead. His story must have got about; for the old fellow was rather an object of ridicule and "chaff" from the other men in the ward.

Another man, who was my patient at the Infirmary with a bad, self-inflicted wound in the

throat, had before tried to hang himself, and then to drown himself in the river Frome. He was each time interrupted and prevented from completing his work: and he cut his throat severely, but in an unbusinesslike way; for he cut up under the angle of the jaw into the back of his mouth, and the wound was a long time healing. He was one of the grumbling, discontented class of patients, and nothing pleased him. However, he was surgically treated, and when the wound was nearly healed he was allowed to get up. He complained to me one day that he was not getting on as he ought to, and that some of his tea ran out through the little hole in his neck. The man seemed very feeble, and I ordered him a pint of beer *per diem*, and he shortly told me that the beer did not run out of the hole like the tea!

I believe that a certain number of these attempts at self-destruction, from which, according to my experience, the great majority recover, might, Forbes Winslow notwithstanding, be prevented if

the magistrates took a different view of the subject from that which they now act upon. The would-be suicide is pitied and comforted rather than punished, though it is a punishable offence. A notable instance was that silly girl who climbed over the Suspension Bridge rails, and who, thanks to the elasticity of her "dress improver" and the softness of the mud on the Somersetshire side of the Avon, was none the worse but rather the better for her escapade. She should have had two or three weeks' hard labour instead of being petted and handed over to her friends, with (according to the newspapers) sundry offers of marriage from some idiots in the neighbourhood.

I have had my full share of mean and shabby patients. A typical specimen was an old gentleman who died very long ago, leaving about one hundred thousand pounds behind him. I operated on his wife for cataract, and he paid me the stipulated fee. The case did not do as well as most of them, and she required an unusually long attend-

ance, but she ultimately regained useful sight. Occasionally I prescribed her some medicine as appeared requisite, and the old man took my prescription and went to a cupboard where he had stored numerous bottles half full of medicine of various kinds which had been prescribed for him by his doctor, and selecting that which he thought most like that which I had prescribed, gave it to his wife, and she had to drink up his old medicines to save a few shillings in his chemist's bill!

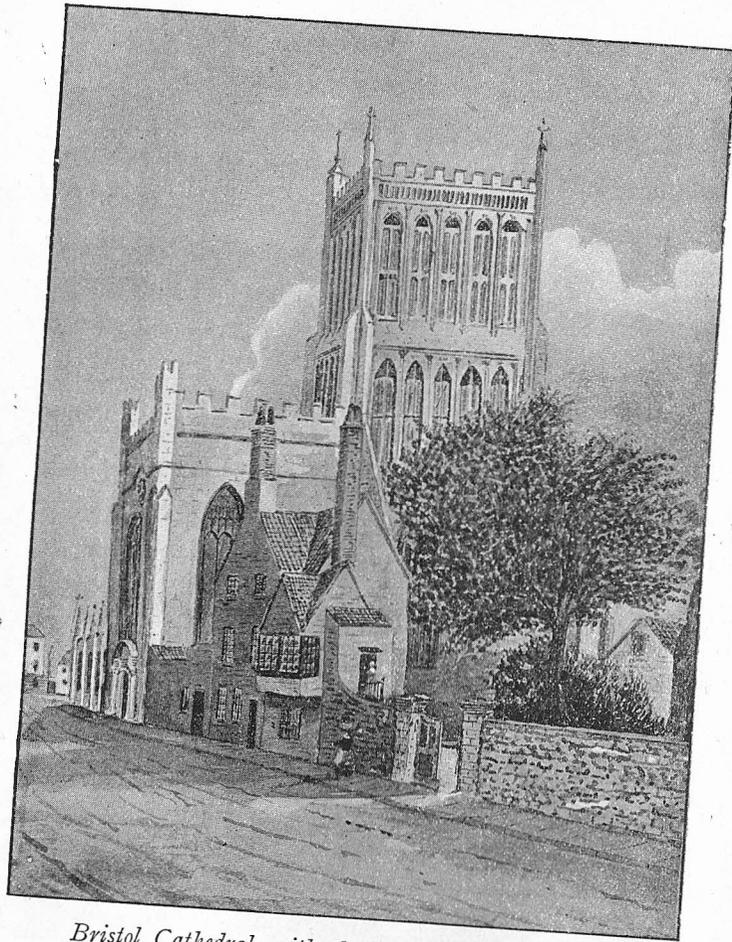
I had two old patients—one a retired commercial traveller; the other a handsome man who never had any occupation, but lived on his own and his wife's means. They were both well-to-do; but most unwilling to pay their doctor's small dues. The former owed me for some months one guinea, at a time when a guinea was of very great value to me, and he always tried to avoid me; but one day I met him walking with his wife, and he anticipated what I was going to mention and said, "I will now pay you my debt," and accordingly gave me a sovereign.

But, knowing my man and my own needs, I said, "There is still a shilling due"; to which he replied, "I have no change." From that time he kept out of my way, turning down a by-street if he saw me coming, or going into a shop, until the matter became quite a joke. One day, in the course of a chat I told the tale to my other patient, and he offered me sixpence for my debt, and this I accepted. He told me afterwards that he had much enjoyed the sport of tormenting his friend at the reading-room where they were accustomed to meet, telling him that I was much offended by his conduct and could only be appeased by a further payment. However, he only got one shilling and sixpence out of his victim, thus making a profit of one shilling.

A very great friend of my father's, and godfather to many of his children, the Rev. John Eden, vicar of St. Nicholas Church, Bristol, lived in Queen Square, at a house which I believe is still the vicarage. He was a very learned man, and pub-

lished a metrical version of the *Psalms of David* in a quarto volume; he was also a clever artist, and was associated with Bird and the Rev. Jno. Eagles, and Rippingale and others, in a society which met at one another's house for an evening's drawing and painting; leaving, according to their rules, all the evening's results behind them. He had made my father promise on his death to take some means to be sure that he was really dead, having a great fear, which so many have, lest he should be buried alive: and when the time came, my father, not being able to go, sent me as his substitute; and I went up to Clifton Down, where he was in temporary lodgings, and there was no difficulty in giving the required certificate. This is a duty which most of us have to perform.

In the cholera epidemic in the autumn of 1854 a young man well connected with some London families was a clerk here, and was taken with cholera and died rapidly, under the care of Dr. Wm. Budd and myself, in his lodgings in Orchard Street.



*Bristol Cathedral, with the houses at the West end
where the New Nave now stands.*

At the back of these houses were the Cloisters, and an old house which was used as a Medical or Anatomical School. The late Dr. Highett, ex-Mayor of Bristol, entered as a pupil at this School in 1827.

(The above is a copy by Mr. Prichard from an old drawing formerly belonging to Mrs. Daubeny, of Cote, and now in the Bristol Reference Library.)

The body was placed in a coffin, and sawdust enveloped it completely. And when the father came down from London he would not believe that the young man was dead, for the body had retained its heat; and although there was not the least doubt about the matter, we were much troubled by the father's repeated messages to us. This peculiar state did not altogether subside for three or four days, and was due, I think, partly to the sultry weather and the suddenness of the attack and death, and to the surrounding sawdust with which the body had been enveloped. This was one of the earlier cases in the outbreak of cholera in 1854. But suddenly, in one day, many in the parish round about the Cathedral were seized, and many died; among them Dr. Evans, the headmaster of the Bristol Grammar School in Unity Street, from drinking Jacob's Well water, contaminated with sewage draining from a house at the back of Richmond Hill, Clifton, where a man had died of cholera a few days before.

A local subscription was raised, and one evening there was a meeting of the parishioners of St. Augustine's in the old lecture-room at the Philosophical Institution at the bottom of Park Street; and here we arranged for a distribution, to those who needed it, of clothing and rice and other suitable articles of food and medicines, and having agreed to make a complete house-to-house visitation of the parish, small sub-committees of three or four were assigned to each district, with a medical man attached to each party. My own party arranged our time and place of meeting to go through our district the next day, but when the time came I was the only member present and had to do it all alone, and none of my committee ever turned up. They had a very different idea of duty from that of a medical neighbour at that time who, when there was little more than the report of cholera, having a suspiciously fatal case, went down to the poor neighbourhood, and single-handed made a *post-mortem* examination and verified

the case as one of cholera; and no one who has not tried it knows how much and what kind of work such an examination involves.

In the earlier part of my practice I had two old lady patients, sisters, who had been connected with well-known Indian families of former days. One of them gave me some curious pictures of Indian costumes, painted in Indian style on talc. She died aged about seventy, and the other lived on for many years attended by an old servant. One day she told me she had just been making her will, and had left me ten guineas in order that when the time came, I was to make such examination as to be quite certain she was dead. A year or two afterwards, on an occasion when I had heard nothing about her for a considerable time, I called, and found that she had died not long after I had last seen her; but I was neither summoned before nor after her death, and her friends had come down from London and taken away her effects. I never knew who had the benefit of my ten guineas.

In connection with this subject I may mention a case peculiar from a medical point of view, and illustrating a disagreeable phase of neighbourly care. I was sent for on Sunday evening, the 15th day of December, 1867, which date I happen to remember because St. Paul's Church was burnt down that night, to see a very old patient of mine who was said to be dying. I found the old lady, who lodged by herself, perfectly insensible, with a very feeble pulse, and likely to die, but not in a dying state; and on my trying to open her mouth to give her a teaspoonful of brandy and water, I fancied a movement of slight resistance in the lips, which did not indicate absolute insensibility to reflex action of the nerves. In the meantime the woman in charge of the house and another old woman, a neighbour who had been sent for, were bustling about the room, talking loudly, and searching, as they said most audibly, for a sheet in which to lay her out and something wherewith to tie her feet together. I rebuked and tried to quiet

them, saying that the patient was by no means dead, and after making sundry hot and stimulating external applications, which was all I could do, and telling one of the old crones, who was the more humanised of the two, to try her occasionally with a teaspoonful of brandy and water, I returned home to find the church well alight, very appropriately, as one high in authority in the parish said, on an Ember day. The next morning I went to see what had happened to my old friend, and I found that she had partially recovered her senses and had taken nourishment, and in a few days she recovered completely, and told me that she had heard all that the two old crones had said, without the power to speak or to move a single muscle of the body. She lived some years after this.

I have had a few instances of patients with the peculiar idiosyncrasy or false impression that they are ill of a mortal illness which will soon end their days; but having once made up my mind as to the nature of the case, I must confess to a great want

of sympathy with them, giving, as they do, pain and trouble and anxiety to all around them without real cause. A young married lady with one child came to Clifton with her husband, a clergyman who was about to take duty in the neighbourhood. She brought me a letter from her former doctor, intimating that she had an internal tumour and that her days probably were numbered, and she posed accordingly. When I paid my first visit to their lodgings, I found her very smartly dressed, with long ringlets of hair, as the fashion was, reclining on a sofa, with a table close by on which were flowers and books and various nicknacks and medicines, but she looked grave. I could find no cause for their alarm, and a specialist of renown saw her, and in a doubtful and uncertain way supported the other doctor's opinion; but I could not see it in that light, and did not get on very well with the husband, who seemed to think that he knew much more of medical matters, and everything else, than I did, and who contradicted and

objected to whatever was proposed. The patient did not grow worse, nor would she admit that she was better, and they went away to his parish at some miles distance from this city, and I heard nothing about them for a long time, really not having felt much interest in a rather disagreeable couple, who continuously showed their want of confidence in me as their medical man. About a year afterwards I asked the above-mentioned specialist if he had heard anything about them since they left Clifton, as I had not. He replied: "Oh, yes; Mrs. — has just had a baby, and is doing very well!"

On another occasion I was called in to see an old lady, on whom I had operated for cataract some years before, who was said to be on her deathbed, and her medical man seems to have believed and to have encouraged the idea; but why they should have sent for me I do not know. I found my old patient sitting up in bed, with her favourite cat, and flowers, and Bible and many other books, with her

lugubrious sister by her side. I could not find much the matter with her, and on my saying so to the sister downstairs, my opinion was treated not only with incredulity but with a certain appearance of contempt. However, at their request I continued to attend her for some time in consultation with their own doctor, and at last, having persuaded her to get up and move about, I took my leave. She lived some years after this, and must have attained a great age, for she was quite an old woman when first I operated on her.

A very different case was that of a young girl, sent up from the country to her friends here in Clifton to be nursed and taken care of till she died, being reported to be far gone in consumption, and they sent for me, although I had not hitherto been their medical attendant. On examination I could find no disease of the lungs, nor any other disease of special import, beyond great weakness and gradual emaciation, and treated her case in the usual way, telling them that she would soon be

well, and so she was: and she grew up and married an officer in the army of much renown, and had children; she is now a widow, her husband having been shot in Egypt some few years ago. One result of this case was, that her friends became and remained among my most faithful patients.

Among my patients, many years ago, were a couple of old ladies, sisters, living about a mile away, not very amiable, generally grumbling and finding fault with what I did for them. The eldest had been mistress of a girls' school, which perhaps gave her the uncomfortable habit of ordering and of determining to have her own way in everything: but, still, when they were out of sorts, they always sent for me, but said it was very troublesome to have to do so; that their grocer provided them with postcards with his address printed ready for the post, and they wondered why I did not do the same. The eldest died when she was about 80 years old; and the survivor came to a lodging in my neighbourhood, having still the same spirit

of contradiction in her, and we differed and quarrelled at each interview. As time passed and she grew older and weaker, it was clear that she was fading gradually away. She knew her condition, and every morning when I visited her she would make some queer remarks about her being still alive, so that if any aspect of so solemn a subject could be jocose she certainly made a daily joke of it. One day, when she was getting very weak, she said in a quiet and serious tone: "Mr. Prichard, I want to know on what day you are going to have the funeral," the particulars of which she had already arranged. I was rather posed by the question and her grave way of putting it, as if she required a definite reply; but, luckily, the old nurse, who was present and equal to the occasion, came to my relief, and said: "Law, mum, why after you are dead you will have to lie a bit before Mr. Prichard can settle about the funeral." This seemed to satisfy her and the subject passed away. She only lived about a week longer.

A sudden death in a family, particularly, as is usually the case, of one of the elders in the house, is a terrifying experience, and a painful one to the medical man who is at once sent for. I have been called to a considerable number of them. Disease of the heart or rupture of some blood-vessel are the most frequent causes. The tendency to sudden death exists in some families. I was called on three occasions to three brothers, considerably beyond the middle-age of life, to find them dead. Two of them in the morning as they were getting up; and in the case of the third, I was sent for one evening, without any intimation as to what was the matter, and going to the house the servant showed me into a well-lighted dining-room and closed the door, and then I saw my patient posed most comfortably in an easy chair. He had been out to dinner and had just returned, and was in his well-fitting dress clothes, with a white waist-coat, in the full glare of bright gaslight, leaning back as if asleep, but dead; a most remarkable

sight. In this particular instance I had not known that he was the subject of heart disease.

One summer night in 1850 I was summoned with my colleagues to deal with cases admitted to the Infirmary in consequence of the explosion, at the Hotwells, of the *Red Rover*, a little steamboat plying to and from the Drawbridge, and we had a busy time. It was said that there were about fifty on board, and when the boiler burst, the shaft which ran along the bottom of the boat seems to have been hurled sideways, striking many across the legs; it was said that about fifteen were killed on the spot, or drowned, as the water was very deep. Some were taken to their homes, and many others, I cannot remember how many, were brought to the Infirmary, some of whom had been so plied with brandy by their friends on the way up from the seat of the accident that they were very drunk. The principal operation required was amputation of the leg, either above or below the knee, and many were performed. One poor fellow lost both his legs.

We did not get home for several hours, for besides the operations many fractures and other injuries had to be attended to, nor do I further remember the result of the treatment than that it was not very favourable or satisfactory: nearly all the men having been immersed in the water and half-drowned before they were rescued, whilst the large quantity of brandy some of them seem to have taken between the time of the accident and their arrival at the Infirmary was much against them, and the death of those thus suddenly struck down was very distressing.

I had under my care many years ago a poor lady, not middle-aged, who suffered from a very severe malady, terminating in mortification in a most acute form, and her sufferings were terrible, no remedy appearing to give any relief. Going to pay her one of my frequent professional visits, within a day or two of her death, which I was hourly looking for and longing for on her account, I found, standing at the bottom of the little bed, a relative of the

poor sufferer, upbraiding her, as she lay in her agony, in a harsh voice as having brought all this trouble on herself, by not attending to advice given to her in former days, although really nothing that she could have done could have caused the disease from which she was dying. I got him out of the room as soon as I could, and felt very much tempted to hasten his descent of the narrow staircase with as good a kick as I could summon up.

The death, many years ago, of one of the junior College masters, by the accidental discharge of a rifle, was tragic and the circumstances peculiar. A squad of the boys had been down to the range at Avonmouth for practice, and on returning by train the rifle of one boy somehow escaped the inspection which is ordered before they enter the train, to see that none of them are loaded. Three or four masters who accompanied them got into a first-class carriage next to that where the boys were, and were sitting with their backs towards the engine. The poor fellow who was shot sat with two between himself

and the window, and as he was leaning across his immediate neighbour to speak to the one at the window, the loaded rifle which the boy in the next compartment was handling and explaining to the others went off, and shot the young fellow through the heart and body, and the bullet lodged in the woodwork of the carriage, whence I removed it, having been summoned before they removed the body up to the College. His death was of course instantaneous. The fatality was a curious coincidence of many apparently accidental circumstances, for this boy happened to have the only rifle that was loaded, and to have held it in a peculiar horizontal position when he snapped the trigger, and the victim happened to be, at the moment, leaning forward in the only position where the bullet could reach his heart; for if he had been sitting upright, it would undoubtedly have passed between him and his next neighbour.

On my speaking of it the next day to the wife of one of the masters, she said, in a cynical tone, that

"if they trust boys of that age with loaded rifles in trains, one master *per annum* was the smallest number they could expect to lose."

Another fatality I was called to was the drowning of a boy in the College bath, crowded with swimmers. He could swim, and had dived off, but did not reappear, and among the multitude of boys he was not missed until his body was accidentally discovered. We tried artificial respiration by the Sylvester method, assisted materially by an old collegian, able-bodied and conversant with the method, for a long time, but without avail. This was a sad case. He was the only son of his mother, and she was a widow.

Among the very many patients I have had among the boys, during my long tenure of the office of Surgeon to the Clifton College, were some very notable names, sons of well-known public men, many of whom have already achieved distinction for themselves. Captain Younghusband, the intrepid traveller and author of some very interesting books

of travel, was a type of one kind; and a boy whom I attended at the Junior School in 1867, who has since developed into a sporting duke of an ancient lineage, represented another. The latter, a small boy, was under my treatment for jaundice; and I was told that, having come back to school, well tipped as was likely, he had in the first fortnight of the term spent twenty-six shillings in "butter-scotch!"

My medical education was all before the days of anæsthetics, which have since that time had so large a share in the remarkable progress and wide extension of operative surgery.

The nitrous oxide or laughing gas now used so successfully by dentists is so called because of the excitement and hilarity it produces, given as it was at first by Humphrey Davy and Dr. Beddoes, of Bristol, and those who only know it as an anæsthetic can have little idea of the remarkable effects when otherwise given. I have very often, during the time of my apprenticeship, with the assistance of one of my brothers, made the gas, having first

made the nitrate of ammonia from which it was obtained; and we collected it in large bullock bladders, fitted with a tube and cork, and administered it occasionally to the members of the family and friends as a kind of entertainment, the ladies and younger persons being always secured behind a barricade of chairs and tables, on account of the irrepressible and boisterous character of the proceedings.

When it was to be exhibited, the performer was seated in the middle, a bladderful was handed to him, and he was directed to breathe freely in and out of the bladder. Of course he breathed at the same time much air through his nostrils, and after a short time, varying in different individuals, a brief period of intense and uncontrollable excitement, chiefly of the muscular system, came on. A boy would rush about, and aim furious blows with his fists, and try to wrestle with anyone he could catch hold of, like a furious maniac; and the girls, to whom we were very rarely allowed to give it, would jump

and dance and sing for the few short minutes that the effect lasted, for of course as soon as this stage came on all further breathing at the bladder stopped, and it was thrown away or used as a weapon; and having often taken it myself, I know that the subject of the experiment feels no after-effects, unless indeed he bruises his knuckles against the walls. I noticed that the effect, though very different in different persons, was always the same in each individual. In our student days, once a year, Mr. Herapath, senior, the lecturer on chemistry, used to give it to his class to show the effect of it, and for several consecutive years the panels of his lecture-room door were beaten in, and the lecturer himself, a very strong man, sometimes got considerable punishment. When this gas is given for anæsthetic purposes, the atmospheric air is excluded and the effects are altogether different, for the patient becomes livid and unconscious, partially asphyxiated for want of pure air.

Sulphuric ether is used, with or without chloro-

form, very generally for surgical purposes, and produces effects like those of nitrous oxide gas given without the admixture of air. There is, however, a fact of much interest connected with ether and the similarity of its effects to those of laughing gas.

Many years ago (probably between fifty and sixty) there was a kind of industrial exhibition held in a building erected in a field where now rows of tall houses and shops stand, and have stood for a generation. A friend of mine had charge of a part of the show, and he advertised to give any one laughing gas in a kind of arena, as at a circus, at a very low price, and very many, especially among the boys, took advantage of it. Upon my saying to him that I knew he could not afford to give them laughing gas at that price, he told me, as a secret, that he gave them no gas; that he put a very small quantity of ether into a bladder and turned it into vapour, and let them breathe it, and it had the same effect as the laughing gas.

I think these are facts of interest and not generally known, that both nitrous oxide gas and ether in small doses, mixed with atmospheric air, should have this peculiar and very transient intoxicating effect; whilst either one of them inhaled without air made the recipients altogether insensible and insensitive to pain; and when I began my career as Infirmary Surgeon our experience in giving chloroform was extremely small, and my immediate predecessor in the office I held was one of the very old school, having been elected to his post before this century reached its teens, and he not only would not agree to its administration, but would not remain in the Infirmary while it was being used.

On the occasion of my first operation—performed before my colleagues in the operating theatre, all very much my seniors and prepared to criticise, and a considerable class of students,—the case was that of a stout young rustic, about 20 years old, with a harelip which somehow had hitherto escaped

attention. He was placed in a chair in the middle, and I stood before with my hands behind me holding one or two requisite instruments and the house-surgeon began to give him some chloroform on a sponge. After a few inspirations he became restless, and while we were looking for the expected anæsthetic effects, he suddenly leapt up and launched out with his fists right and left, just as we used to do when under the influence of laughing gas, and he was so unmanageable that I told the house-surgeon and dressers to catch him and put him on the operation table and hold him steady by main force while I performed my share of the game. The simple case did very well, and in the patient's excited state I think the operation was painless. Thus, it appears, the powers of nitrous oxide, of ether, and of chloroform have much resemblance to one another as regards the exciting effect when diluted with atmospheric air, and the true anæsthetic effect when air is excluded.

At that period in the age of anæsthetics I was

accustomed to tell the house-surgeon who administered the chloroform to let me know as soon as he considered the patient was insensible to pain, when I would at once begin my operation, and make the assistants, by what gentle force might be necessary, keep the patient sufficiently quiet for the purpose; for I held by the word "anæsthetic," and as long as no pain was felt the object was gained, and we avoided what always appeared to me the great risks of the profound stupor without which the present surgeons do not appear to be satisfied. And the grave atmosphere of the operation-room was, consequently, sometimes interrupted by the intrusion of comic scenes or entertaining remarks. A woman who had to be placed under chloroform many times always broke out into the most violent and abusive language against one of the Infirmary surgeons, to whom she had apparently taken a great dislike, lest he should come near and touch her; and this was so marked and disagreeable and always the same, that the kind-hearted surgeon of the patient was

troubled about it, and used to manœuvre to keep the other out of the way lest he should hear the savage words.

After an operation, the patient was generally lifted off the table by the house-surgeon and placed in a bed alongside, while still under the effect of the chloroform, instead of the simple and efficient means now used. An Irishwoman, just recovering her senses and being lifted off, being told by the house-surgeon to put her arm round his neck, said, as she did it, "Wi' all the pleasure in life;" but as he was a good-looking young fellow, perhaps the chloroform had not much to do with it: and I have heard a man, a village schoolmaster from one of the neighbouring country parishes, sing in a loud and clear voice the hymn "From Greenland's icy mountains" while he was undergoing amputation of the leg.

The late Sir John Erichsen, whose recent death we have to lament, who was exactly of the same age and standing as myself, said in one of his

writings on old times that the introduction of chloroform added fifty per cent. to the anxieties attending an operation in private practice, and I quite agreed with him. Surgeons now seem to have no such feelings, and so far are to be envied; but at the time I am writing about, the first idea when we saw a man insensible was to try to bring him back to life as soon as possible, and in this respect I have had some most anxious and alarming adventures, for I have seen a patient able to walk from his ward into the operation-room die after a very few whiffs of chloroform, whilst others I have seen apparently die who have only been brought back to life by the greatest and most prolonged efforts. In the case of one old lady, after the operation (the removal of a tumour in the breast) had been quite completed, she ceased to breathe, and so evidently died that I said to Dr. Budd, who was present, "She is dead!" and he said she was. We always took in those days a galvanic battery, and by its help and by strenuous

artificial respiration after a time she gave a little gasp, and then very gradually came to life. In another case, at some distance from Clifton, I went to remove a damaged eyeball, and by the time the operation was over the young fellow died; that is, his pupils suddenly dilated, and he became perfectly white and his pulse and breathing stopped. Under the most adverse circumstances as to his position, his own surgeon, my son and myself set to work at artificial respiration, and after a time of prolonged labour and extreme anxiety he showed signs of life, and ultimately recovered. His old father and mother were waiting outside the door to know when the operation would be finished.

Under such circumstances as these the tension and anxiety appeared almost unbearable, leaving a feeling of extreme exhaustion behind, and it is a wonder to me how a man can endure the far greater anxiety of the general of an army, ordering his men forwards, where death and pain and mutilation awaited them; or the anxiety of the captain of a

large passenger ship in a gale, who has the lives of many hundreds of his fellow-creatures entirely dependent on his judgment and skill.

We recognise and have superabundant opportunities of observing the evils induced by excess in alcoholic stimulants. There is the physical personal view of the subject, namely, the effect on the bodily system and the individual results that come under our medical notice; and also the general view, representing the baneful effects of intemperance on the public health and morality and the life of the nation.

I can hardly imagine that the time will ever come when stimulants will altogether be erased from our nation's diet scheme. Wine has been made and drunk from the earliest history of man, and other stimulants have been invented with this sole point in common, that alcohol is the important ingredient in all.

There is no more sin in drinking a glass of wine or beer than in eating a mutton chop. I have

advocated and preached temperance all the years of my practice, and I have reason to believe with good results in many instances, and I am convinced that to cut off the supply altogether is the only treatment suitable for those who cannot refrain from excess; and I must admit a kind of feeling of respect for those individuals and families who have altogether lived without the use of alcohol.

The average man and woman can do very well without fermented liquor, probably better than with it; but there are very many periods and circumstances of life and health where it is of very great service. I believe that I have prolonged and saved life by withholding all stimulants, or by persuading the patient to give up his pernicious habit; and on the other hand I have known life saved by the free use of it, in cases of severe injury and exhaustion.

I know of two women and several men who were inveterate and apparently confirmed drunkards, who gave it up entirely, and are still among

the living, which otherwise they would not have been.

It is impossible to define exactly the period and the stage when the habit of taking stimulants becomes a definite disease, which will have its course unless forcibly checked and treated; and the question is so difficult, that, although many have tried, as yet no satisfactory or practical legislation on the subject has been accomplished.

In the meantime we are undoubtedly becoming more sober, though not so speedily as we could wish; and the elders among us can recognise the fact in our own manners, but the change is very gradual, and has been going on for a great length of time; for I remember as a boy, say sixty years ago, hearing my grandmother, who was born in the year of King George the Third's accession to the throne, say that in her earlier days it was so common as to be almost the rule that many of the gentlemen after a dinner-party on entering the drawing-room were unsteady in their gait,

and made use of frequent oaths in their conversations with the ladies, and that habits had improved in her time. This describes a state of social habits unknown now.

The speakers at the meetings of the societies for promoting temperance and total abstinence, held to further a good cause, are in the habit of saying that the majority of diseases and accidents are caused by drink, and they are (not always tacitly) supported by medical men standing by their side, who ought to know better, for it is entirely the opposite of the truth, and I believe that not only can no good cause be permanently helped by a departure from the truth, but that words so spoken do definite harm to the cause.

The invention of the stomach pump, one of the innumerable ingenious inventions of this century in its early age, has saved very many lives; and referring to it Sir Astley Cooper says: "What would I not have given for such an instrument in some cases, instead of having to sit helplessly by

the bedside and watch my patient die perhaps from an overdose of laudanum," taken by mistake or intentionally; and I have heard some of my seniors at the Infirmary, Mr. W. F. Morgan for one, who was House Surgeon in 1830, mention the cases of poisoning by rum which were not unfrequently admitted in those days: "rum cases" they were originally called. It was at the time when the West India sugar trade with Bristol was brisk and important, and the casks of rum were arranged temporarily on the Quay, where men would secrete themselves armed with a gimlet and a straw, and lying down would help themselves until they were found insensible, as was very often the case, and taken off to the Infirmary, where, as there was no stomach pump, the queer substitute was a long stiff feather, kept in the old drawer of the Casualty-room table, which was thrust down the patient's throat to produce vomiting, which it generally did, and the patient would

recover ; but not unfrequently they died when vomiting could not be induced.

On one occasion, many years ago, when I was taking charge of the practice of a friend out on his holiday, I was in attendance on a poor middle-aged lady, who had been for some time stricken with paralysis, very feeble, unable to move about, with very imperfect articulation, but apparently with her mind unaffected and her faculties unimpaired: she was, as a rule, not unhappy nor repining, but occasionally, as is natural, she was much depressed. She said to me one day, as I understood her, that she much wanted to go to Ilfracombe, on which I promptly said, "It is quite impossible, you can never get there," and she appeared much grieved and put out by my remark. After a little further talk I found that what she meant to say in her muffled speech was, "I want to go to *Kingdom Come*." I did not wonder at her wish, considering her prolonged time of suffering; and it was an uncomfortable mistake of mine, although I explained

it to her at once, and also told her that I could not help her by shortening the journey to the destination she longed for.

Not only is there no law by which a doctor may speed the parting guest and help him away, but he must do all he knows to keep him here to the last moment. I have sometimes secretly longed for the permission to administer a dose so powerful that the patient would never wake again in this world. Take for example the case of a young child, run over by a cart in the streets, with its body or limbs crushed beyond all possibility of repair, where with care you may keep it alive for a few days of pain; it is, of course, right, and therefore best as it is, and the very suggestion to the contrary may be thought barbarous by many, who never have had the pain of witnessing such cases, or the anxiety of watching them.

There was often much of interest and even amusement to be found among my cataract and other eye cases, as the following somewhat lengthy notice will

show, and ophthalmic practice was always a branch of our art which I particularly liked. There are, practically, no risks of life to be taken into consideration; there is an overwhelming percentage of successful cases, and it is a source of real pleasure to be the means by an operation or other treatment of restoring sight to the blind, so that the old people may see their friends again and walk about and read their books, and the younger men work and support their families as heretofore: and thus it becomes, with its comparative freedom from anxiety, a very favourite branch of practice; and I think that I have had more expressions of gratitude for the treatment of diseases of the eyes than for the treatment of diseases in all the rest of the body.

A young woman, who had been quite blind since her early infancy, that is to say she never remembered to have seen more than to distinguish day from night, recovered very quickly after an operation with very good sight, and the speedy way in which she learnt to use her eyesight, instead of her sense of touch,

was very curious; for at first she recognised nothing that was shown to her until she was allowed to touch it, and after handling the article all over from that time she knew it, and being an intelligent person, her quaint remarks were very full of interest.*

One grateful, lame old Welshman—for from Glamorganshire and Monmouthshire came our chief supply of cataract cases treated at the Eye Dispensary—on going home after a quick recovery of sight, said he had nothing he could give me but his walking stick, and he hobbled to the corner of the room and gave it to me: a blackthorn twisted in a curious way. I still possess it among a crowd of walking sticks, almost every one of which has some little sentiment or personal history to make it valuable.

I should like to take this opportunity, probably the only one I shall have, of giving my praise and

* Full particulars of this interesting and unusual case are published *in extenso* in the *Provincial Medical Journal* for 1847, page 539.

testimony to the readiness and courage of the old Welsh men and women, and their habitual steady demeanour when I operated on their eyes. They came across the Bristol Channel supplied with great hope and unbounded faith that they would recover their sight. I have repeatedly been asked on completing an operation on one eye to do the other while I was about it; and I never gave chloroform for the extraction of cataract.

The Irish of the same class are either more sensitive or less able to bear pain. An Irishman who has been drinking over night, with a piece of steel or other foreign substance adherent to his eyeball, is generally a typical instance of intolerance of pain.

About the middle of this century I was sent for to see a retired Indian civilian of the old school, wealthy, imperious, and apparently accustomed to rule his dependents as he liked. He and his wife, who was of the same spirit, walked about Clifton with their chins elevated, and with a definite print

of "*Odi profanum vulgus*" in their countenances. I found a case of cataract very nearly fit for operation, and saw him occasionally, telling him that the only cure was extraction. One day, going up to pay my visit and arrange particulars for an operation, the footman at the door told me that his master was going to London and did not wish to see me again, and then he slammed the door in my face, making me feel that it would be far better to find work as a carpenter or bricklayer than have the chance of such an insult as that.

I neither heard nor saw anything of them for three or four months, when I received a note asking me to call, which I did, although it was an undesired summons. I found my quondam patient in a very poor way, with one eye tied up, and he in a very discontented and grumbling mood. He had undergone the extraction of cataract in one eye, which had turned out badly, very likely from his own disobedience to orders, which he was not accustomed to, and he had spent two or three

miserable months in a London lodging, and I have no doubt he proved a sore trial to his good London surgeon. He asked me to attend to his case now he had come home. I said that he was Mr. Bowman's patient, not mine, and I would have nothing to do with him unless I heard from Mr. Bowman asking me to take charge of him. The wife, standing with her back to the fireplace, glared at me with a savage expression, which I can always remember, and I then retired; in the course of a few days I received a note from Mr. Bowman asking me to take charge of the patient, as he had nothing more to do with him. Before long I operated on the other eye with very marked success, for he recovered at once, and had excellent sight, being able to read his newspaper for some years; and in fact he became—a good instance of poetic justice—a walking advertisement for me about Clifton, quite as much as any ordinary sandwich man is for the enterprising grocer.

I operated on both the eyes, at the same time, of

a stout innkeeper, whose complaint to me about the inconvenience of getting blind was that when you are having your dinner you have to suffer frequent disappointments, for on taking a mouthful, thinking that you are going to have a bit of savoury meat, it turns out to be nothing but vegetables. He recovered quickly, with excellent sight in both eyes, in spite of a sharp attack of gout coming on the day after the operation, but whether "*post hoc*" or "*propter hoc*" I cannot say; he died in an apoplectic fit six months after.

Another old gentleman, afflicted from birth with paralysis and St. Vitus's dance, was perpetually shaking and making such extraordinary grimaces and such curious contortions of his face and body, that it was scarcely possible to prevent laughing at his appearance. He represented in name and by descent the family of one of the old printers of the last century, whose name was connected with a newspaper he established and carried on in Castle Street, Bristol, in 1774. He also recovered good

sight, notwithstanding the extreme difficulty of keeping his jerking head and restless eye sufficiently steady for the operation.

My oldest cataract operation was an old Mr. Williams, mathematical master in years gone by at various private schools in the neighbourhood, a very clever but most eccentric old fellow. He lived in a lonely place with nobody to assist him, and he allowed no one to enter his house for very many years, and when circumstances forced an entry for me, the place was dusty and dirty beyond belief; at least one-third of the floor of the room he lived in was covered with a disorderly heap of books of all kinds. He would go out and bring in food and whatever he required in his umbrella, and cook it in the same room where he lived and slept. He probably got the reputation of possessing money, for one night some men broke into his house and took what they could, maltreating him most severely; and when some neighbours got in the next day, they found him under his bed with

one of his eyes quite destroyed by a blow, and much bruised. After he had recovered from this attack he went on for a time, and then cataract formed in his only eye and he became quite blind. He was then 86 years old, and one day when I went to see him, he threw up his window to find out who was come; he stood at the window in the bright sunshine absolutely naked, an extraordinary picture of an old man, and fortunately there was no one but myself to witness it. I operated under most unfavourable circumstances, without much hope of success; but the case turned out very well and he was restored to sight, able to get about and amuse himself with his books and his calculations until he was 91 years old. For my fees I had a cane walking-stick and a clean copy of the Greek Testament, printed at Oxford in 1805.

One spring day a retired Indian colonel, upwards of 70 years old, from London, having, I suspect, heard of the successful case of the old

Indian civilian I had treated a short time before, came to my house, and standing at the bottom of the steps at the front door, shouted out in a loud voice: "Will Mr. Prichard operate on my eye for fifty pounds?" My wife, who happened to be standing at the door, replied that he must come in and wait until I came home. We came to terms, and he took a lodging near, and, his loud, roaring voice notwithstanding, he became a submissive and obedient patient, and was rewarded by the recovery of excellent sight. The next year, as nearly as possible at the same time, he turned up again, and shouted out as before: "Will Mr. Prichard operate on my other eye for fifty pounds?" The whole affair was exactly repeated, the same lodgings and attendance, and the same result. While he was lying in bed with his eyes bandaged, I happened to tell him that it was the day of the Derby race, and he said: "Please find the name of the winner. The fellows at my Club" (the Oriental) "club together for a sovereign sweepstake"; and when

I told him next day, he roared out: "By Jove! that's my horse, and means £70 for me; just enough to pay my expenses here!" As he went away with very good sight in both eyes, I told him I was sorry that he had no more to be operated on.

The old wife of an old clergyman had been blind from cataract for about four years before she was brought to my notice by her son, one of our pupils at the Infirmary in days long gone by. It was a very favourable case, and the operation was most successful. As soon as her eye became strong enough, I placed her with her back to the light, and letting her husband stand in front of her, I held my little pocket lens before her eye to give her a clear view, and she said immediately: "Why, John, how old you've got!"

Another over-grateful patient, who was 72 years old when I operated on her, lived in a suburb of Bristol famous in those days for its strawberry gardens, visited in the season by all the principal residents in Clifton and Bristol. It was

a pleasant and well-managed place, to which people went in the summer evenings to walk about and eat strawberries and cream, with a swing for the young ones and a band; but before the time when I attended this old lady, they had allowed smoking and beer-drinking in the gardens, and consequently they degenerated and got into bad repute, and before long were finally closed.

The operation was very successful, and she wrote to me, in the very neatest of handwriting, a note, in which she said: "Dear Sir,—The last week in April I was in total blindness; the last week in June, through the Divine blessing on your skill, I see, I read, I write. No language can express my feeling of gratitude towards you for the unremitting attention manifested in my behalf," &c. This note was accompanied by a present of two or three of the old conical-shaped baskets of strawberries called pottles and a bottle of cream, and every season, until she died, she sent me a similar gift by her old servant, with a little note to show me how

well she could still write; and, in addition, she left me fifty pounds in her will.

A case of considerable interest was a black man from the Gold Coast, apparently a thoroughbred negro, extremely black; well-to-do, I suppose, because he paid for his own board and lodging here for two or three months. He came over in one of the ships of Messrs. King, African merchants, and had probably been advised to do so by some of the men in the ship belonging to Bristol. He was nearly blind when he came, from long-standing inflammation in the eyes of a rheumatic kind; and the operations which I performed with a view to enlarge his pupil were extremely difficult, because all was so black that one part could not be distinguished from another. He went back a little improved; but subsequently returned, and went under two or three more operations, with the result that he recovered comparatively a fair degree of sight—that is, he could get about readily, and could read and write a little. After his return to the

Coast he sent me a letter and a large piece of their coloured native cloth and a thick ring of African gold, marked with the signs of the zodiac.

And I had a blind man from Paris, and operated on his eye to make an artificial pupil; which turned out so satisfactorily that after about six months he came back to Bristol and begged me to operate on his other eye, which I did, with like results.

A poor, blind old blacksmith from the wildest part of Somersetshire came to me, suffering from a severe injury to the ball of his eye—his only one, for he had lost the other by injury many years before. In the present case I found that the ball of the eye had been ruptured by a blow; the unfortunate man having been set upon by his wife and a man, with whom she went off. When the wound was healed, I tried, with but very little hope, to get him some sight by an operation, but it did not succeed and he went back hopelessly blind. On being asked how he met with the injury to the

eye which was first lost, he said, "Oh, my first queen did that!"

At the beginning of my practice, noticeable particularly at the Eye Dispensary and Infirmary, was the number of persons who could neither read nor write; and when asked to spell their names, invariably made the same reply, "I ain't no scholar." The improvement in dress and personal cleanliness among the poor, as represented in the outpatient departments of the public charities, is remarkable. You now seldom or never see a man in absolute rags and tatters not enough to cover him, and with bare feet, unless he assumes it for his own purposes; and although there is still ample room for further improvement in this respect, the poor are much cleaner in their persons, and I imagine that the sights formerly seen are not seen now. Thus, before now, when seeing my outpatients, on taking off the splints to examine a fractured forearm I have seen a dark and thick black line on each side of the arm where it

rested on the lower splint, which line instantly disappeared on my moving the limb; for it was a vast army of fleas drawn up in these compact lines, leaping away in every direction when the arm was moved! And I have seen vermin of a more disgusting kind in the folds of a tramp's clothes, so thick that you might gather them in teaspoonfuls. And at the Dispensary, a sight far from rare was to see one of the larger and more sedate kind of those pests of humanity wending his way patiently and unnoticed about the neck and shoulders of the unconscious patient. I doubt whether such sights are now to be seen; and if not, it betokens much improvement in the material surroundings. And I have known a dirty person, who had been admitted as in-patient to the Infirmary, complain very much and resent it when compelled to be thoroughly washed before being put to bed. The habit of dirt is almost as difficult to get rid of as the habit of drinking. It was an out-patient of my father's—before I began as

medical pupil—an old man in rags, who having attracted the notice of some of the pupils present, imagined they were laughing at him, and turning round to my father quoted these two lines of Juvenal:

“Nil habet infelix paupertas durius in se
Quam quod ridiculos homines facit.”

I have kept a few samples of the letters I have received in former days from my poor patients, many of them being letters of thanks. I cannot reproduce the handwriting, but will write down a *verbatim et literatim* copy of one or two of them:

PONTYPOOL June 7th 1847

DEAR SIR

I hereby stated that the eyes of John Davies is litte Better But the specks remain and he keep very feverish and he had the tchickenpox very hevvy.

MAYROT DAVIS.

Another which begins :

“to the humble adress of the widow McDaniel
Dear Doctor you now that my site is very bad . . .”
has for postal address :

“ Mr Prichat
At the eye
insperery, frog More street
Bristol.”

Another, a patient whose case turned out unfavourably, and who required another operation, said :

DOCKTER PRITCHARD . . . I can ashower thet it affects my Oll sistem That I shal never bee abl to under go a nother I shold feel glad if you cold do something For me if not i most Try Some orther Fisishon ”

Among my letters is one from a young woman (1855), an inmate of the Exeter Blind Asylum, who was under my care in the Infirmary for an operation, written with the type they used when writing to one another, that is, with letters made with pin-

points thrust through the paper so that they can feel the letters raised in this way.

A description of my experience in general practice would not be complete without the mention of country journeys, which were very often by night.

One night about bedtime, a horse and gig came to take me to a house three or four miles the other side of Thornbury. It was a dark, cold night, but a good road, and the most wonderful horse I ever sat behind. He was very tall, and held up his head high, and trotted at an amazing speed. He had been a charger belonging to an officer in the Crimean War, and now belonged to a horse-dealer in Thornbury. I saw the patient, and after our consultation performed the necessary operation with much success, and went back to the house of the surgeon whom I had met, and after some slight refreshment the man and his gig came to take me home at the same extraordinary pace, the driver telling me that while I was seeing the patient he had driven into Bristol again; and we

calculated that this wonderful steed had travelled about seventy-five miles that night. Before long I went to Thornbury again on a similar errand, and to perform a similar operation, and found that my surgical friend had bought the old horse for his own work, and much appreciated him.

On another occasion, in the depth of winter, I was summoned, late at night, to go down to Portishead, and having got a carriage and pair of horses, and a driver who said that he knew the way, started soon after midnight. Before long it began to snow and the weather was very stormy. Outside nothing was to be seen, except where the light of the carriage lamps was thrown on the snowy road and hedges, and I had no means of knowing whether we were on the right road, until after about an hour's driving the carriage came to a dead stop, for we had missed the right turn somewhere and driven up a narrow lane stopped by a gate leading into a field. There were wide ditches, as seen everywhere in that part of the country, on each side, and there

was no possibility of turning the carriage. I got out in the snow, and, lighted by the carriage lamps, with very great trouble we managed to take the gate off its hinges, and bringing the carriage through the snow into the field turned it, and having replaced the gate got out of the dilemma, and ultimately arrived at our destination, where I had to perform an important operation; and after resting a short time with the local doctor I returned home without further adventure, arriving about daybreak: but this cold journey cost me a severe attack of rheumatism, with acute inflammation of the knee-joint, and I was laid up in much pain for some time.

On another night I went in another direction with my own carriage and horses, arriving about the middle of the night at the house of the doctor I was to meet. He had been my father's pupil and fellow-student with me at the Infirmary, and was reputed to be in the habit of indulgence in alcohol. He seemed pretty well, but had been re-

freshing whilst waiting for me. He gave my coachman the requisite directions as to the route, and we started together, but after driving along in the dark about half-an-hour the man stopped and said he did not know which way to go. We got out, and as I had never been there before I could not tell, and my companion, accustomed all day to driving about that part of the country, declared that he had not the slightest idea where we were. I told the man to drive on, and at last by much good luck we arrived at the place, where I found a poor fellow whom I could not relieve, and who probably died soon after.

It has chanced that on two occasions, both on the South Wales line, a railway accident has, to a certain extent, interfered with my work. Once, during our summer holiday, being subpoenaed to attend the Bristol Assizes on a railway accident compensation case, I travelled up from the neighbourhood of Tenby, and as we were arriving at the Saundersfoot station the engine missed the points

and went on the wrong line, and quietly turned over on its side across the rails, giving us a very insignificant shock. Four hours elapsed before clearing the line, and the only inconvenience to me was that I had to go *viâ* Gloucester, and did not get home till the early morning, the Company ultimately repaying my extra expenses.

On the other occasion, I was going by night mail *viâ* Gloucester into South Wales for a consultation, when the engine broke down a few miles out of Chepstow. We were all turned out, and had to wait about the place in the dark for two or three hours, and it was very cold and uncomfortable; otherwise the only result as far as my business was concerned was a respite for a few hours for our patient from a very painful operation which he had to go through, and which was the means of saving his life.

On a third occasion, as I was returning rather late from one of my (at that time) frequent journeys to the neighbourhood of Chepstow I saw two men

rushing along the platform to get into the train as it was moving out of Stapleton Road station; both fell on to the line, one clear of the rails, under the carriages, but I felt the jolt of the carriage I was in as it passed over the head of the other.

I should like just to name one or two notables in the religious world I was called on to see professionally. Bishop Monk, the first Bishop of the united Sees of Gloucester and Bristol, suffered from cataracts, which never attained sufficient maturity to justify operation, according to the sound rule we held at that time, and he managed to get on fairly well. He was Mr. Estlin's patient, for whom I attended him from time to time at the Palace, now Colston's School, at Stapleton. He used to consult my father with reference to his general health. One day, after a visit to the Red Lodge, he gave my father the fee wrapped up in paper as usual, but when opened it turned out to be two shillings, the Bishop with his dimness of sight having mistaken a shilling for a sovereign; and at the next

visit my father told him of the mistake, and told me afterwards that the Bishop was so vexed and appeared to take it to heart so much, that if he had known that would have been the case, he would never have said anything about it.

I also saw, in consultation, Bishop Thirlwall, of St. David's, a great and learned man. He was practically blind, and his case was hopeless; it was not cataract alone. He died not long after I saw him, at an advanced age. When I was introduced to him by his surgeon, he said, "Your father brought light into my mind by his writings on Man, and I hope you will be able to bring light to my bodily eyes in a like measure."

I went late one evening, by my father's desire and as his substitute, to Stapleton, to see the great Baptist divine, the author of well-known essays, namely, John Foster, then living with his daughter at Stapleton, and ill of his last illness, for he died not very long after, and now his name and his writings are not much known outside the particular

body to which he belonged and to which he was an ornament.

I went down at a very short notice by the Sunday afternoon train on what was then the Bristol and Exeter Railway, in company with Dr. Budd, to see the Venerable Archdeacon, the Vicar of East Brent, who was under the care of his Bridgwater surgeon; but some more surgical help seemed to be wanted. He had already undergone an operation, but it proved insufficient and there was a question as to further proceedings. After our consultation, I did what more seemed necessary, and although a long and deep incision must have been very painful, especially in the state the parts were in, the veteran member of the Church militant bore it like a soldier with patience, and the case did very well; and Dr. Budd and myself, as it was Sunday, had to spend several hours trying to keep ourselves warm by the little fire in the porters' room at the deserted Bridgwater station, waiting for the mail train to take us home.

To conclude. Although the narration of this infinitesimal fragment of nearly fifty years of work has opened wide the shutters of the chamber where memories slept, yet quite enough has been written for the object in view; namely, to show how many, how interesting, and how varied are the phases of our daily work, and the importance and value of the work itself.

THE END.