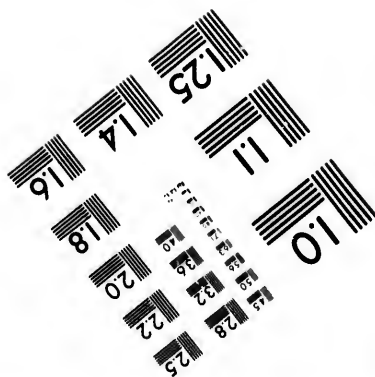
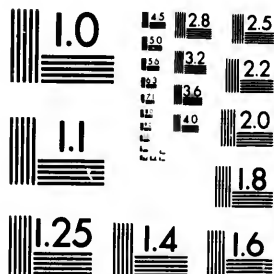


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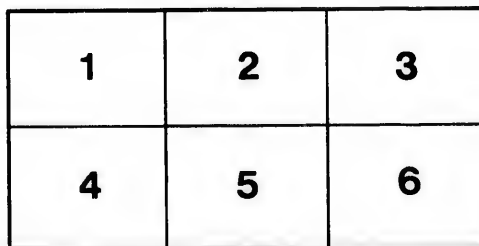
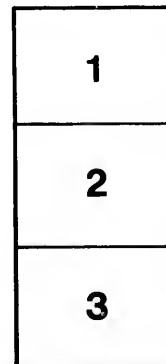
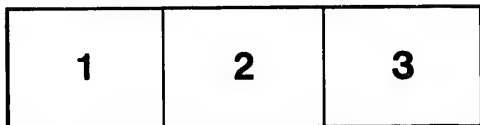
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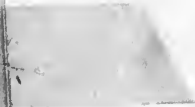
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PRESIDENTIAL ADDRESS

AT THE MEETING OF THE

MARITIME MEDICAL ASSOCIATION,

HELD IN

St. John, N. B., July 22nd and 23rd, 1891.

BY

WILLIAM BAYARD, M. D., Etc.

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PRESIDENTIAL ADDRESS

OF DR. WILLIAM BAYARD,

AT THE MEETING OF THE MARITIME MEDICAL ASSOCIATION,
HELD IN ST. JOHN, N. B., JULY 22ND AND 23RD, 1891.

GENTLEMEN :—

Yesterday I had the pleasure of verbally thanking the members of the New Brunswick Medical Society for the honour conferred upon me by being placed in their chair; this morning it is my duty, and it is my pleasure to sincerely thank the members of the combined societies for electing me as the first President of this the Maritime Medical Association. Circumstances prevented me from attending your meeting last year, consequently my appointment was as unexpected as it is flattering, and I accept it as a mark of your confidence and good will.

During my long career it has been my good fortune to have met in consultation many professional men in each Province, and I now declare, as I have many times declared, when called upon to refer to them, that they compare favourably with those in any other locality. Therefore I have reason to be proud to represent such a body of gentlemen.

My gray hairs have doubtless aided my selection, but while my life has been identified with St. John I may claim to be a Nova Scotian, having been born in that Province. I am strongly in accord with those who approve of this union, our interests and our aspirations are similar, combination means power, and what little we possess is individual, none collectively, and I hope that this combination may prove the first step towards that influence which means power.

My second duty is to welcome you to the city of St. John as members of this Association. For, believe me, meetings of this kind tend to cultivate the heart as well as the head, and to promote good will and genuine brotherhood among their constituent members. They also tend to promote the study of medicine. Our mutual intercourse, criticisms, and discussions, form "at once a school and an ordeal," teaching us to become more rigid observers of the medical phenomena occurring in our practice, more careful in our classification of these phenomena, and more perfect in our deductions from them. I am far in the evening of my life, having been an humble worker in our noble profession for upwards of fifty years, during which time wonderful progress has been made in every department of human knowledge, and we can proudly assert that medicine in all its branches has bountifully shared in that progress. The mechanical inventions of the day have conferred vast benefits upon mankind; luxuries are within the reach of the poor that were formerly unobtainable by monarchs. But these benefits and luxuries are small when compared with the diminution of human suffering produced by the discovery and application of "anæsthetics," and the saving of life consequent upon the more rational methods which have prevailed, and are daily extending themselves over the whole range of modern medicine and surgery.

Revolving in my mind to find subject upon which to address you that will command your interest, I think I cannot do better than give a brief epitome of the advances and improvements that have taken place in the theory and practice of medicine and surgery since 1837, when I received from my "alma mater" at Edinburgh, legal authority to kill or cure as best I could. With my degree in my hand, I was vain enough to think that I was ready for any emergency; but I was not long at work before I found I had much to learn, and that my real study was only then commencing. Had I rested content with what I then knew, I should not

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have obtained the confidence you have so kindly reposed in me, or that of those who have trusted me for so many years. I do not mean to imply that we should read all the medical literature that is extant, for when we reflect that it comprises about "one-thirtieth" of all that is printed, it could not be accomplished in the ordinary period of a life. But he who wishes to keep abreast of the ever-advancing knowledge of the day, must not be idle.

In 1837 the doctrines of Broussais had spent their force. The disturbing influence produced by Hahneman and Brown, Gaul and Spurgheim, had come and gone, and men turned from the dogmas of authority to close observation and the study of *facts*. Consequently a revolution has followed in the theory and treatment of many diseases. At that period the *Lancet* was in the hands of every practitioner, in daily, and I might almost say, hourly use. To treat a case of inflammatory disease without the abstraction of blood would have insured censure. But it was not long before observation, guided by the vascular theory of Cohnheim, and the cellular theory of Virchow, taught the medical world that rest, cold or hot applications at certain stages of the disease, together with aconite, opium, etc., and supporting diet should take the place of the loss of the vital fluid, and with such results that bleeding is now one of the rare surgical operations, though some contend that its disuse has been carried too far. Milk has largely taken the place of stimulants in the treatment of fevers, and all diseases attended with febrile debility.

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Materia medica, with the aid of chemistry and botany, has greatly advanced. Many new remedies have been added to the Pharmacopœa, and some have properly been expunged from it. Experimental research has taught us the therapeutic value of many, others unjustly vaunted, have been dropped, not bearing the test of clinical investigation. In these days of progress there is a rage for new things, and among the rest, for new medicines, but we should pause before

we accept the statements of chemists regarding their action, until their toxic effects have been established by bedside experience. And this experience should be carefully weighed. It is not sufficient to quote a number of recoveries after the exhibition of a remedy; we also want a control list of the failures. Bacon's advice should be followed,—to “observe patiently, experiment cautiously, and generalise slowly.” The practitioner of the present day has the means of exhibiting some of the most useful and powerful medicines in a concentrated form, not in the shape of large powders, nauseous tinctures, infusions, and decoctions, but in the form of alkaloids, extracts, elixirs, capsules, etc. We have a valuable list of hypnotics and analgesics, some fulfilling all that is claimed for them, others not. But none of them possess the combined properties of producing sleep and relieving pain equal to opium and its alkaloids. But the unguarded use of them too often causes an unconquerable appetite for, or dependence upon the drug. It is true Alexander Wood, in 1858, gave us, by means of his Hypodermic syringe, power in a measure of controlling this baneful appetite; still they, with all other hypnotics, should be prescribed with caution.

Modern research has, I may say, established the use of digitalis and strophanthus as heart tonics, the nitrite of amyl and nitro-glycerine in angina pectoris, the salicyl compounds in acute rheumatism, antipyrin and antifebrine as febrifuges. And since 1848 electricity has been much used as a therapeutic agent. Chemical analysis has arrived at such perfection that poisons can be detected in various parts of the body years after death from them. Pathological chemistry is daily adding to our knowledge. Through it and with the aid of the microscope, Pasteur, Tyndall and others have established the fact that living organisms are constantly floating in the atmosphere, and when planted in a genial soil multiply and produce fermentation and decomposition, a discovery which has so revolutionized our ideas of the causes of many diseases as to justify the belief that in the near

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future we may be able to combat diseases now classed as incurable.

Ingenious mechanical inventions have greatly assisted us in the diagnosis of diseases. The vaginal speculum and the stethoscope were in use in my early days. The ophthalmoscope, foreshadowed by Babbage in 1847, and perfected by Von Helmholtz in 1851, stands pre-eminent as having given us a knowledge of the secrets of the eye. It has taught the oculist that he is not now obliged to class a number of deep-seated diseases of that organ under the head of "Amaurosis," a condition where the patient saw nothing, and the doctor also nothing. The microscope has vastly aided experimental research. Through it Virchow worked out the cellular pathology. The germ theory of disease owes its existence to it and chemistry. The blood and almost all of the tissues, secretions and structures of the body are being daily studied through it, with advantage. Indeed, that instrument has become as necessary to the practitioner of the present day as was the lancet in my early day. The laryngoscope, the otoscope, the endoscope, with many others, followed in quick succession. The thermometer, first introduced by Bourhaave, was little used until the clinical researches of Traube, in 1856, established its value. It will now be found in the pocket of every medical practitioner. The incandescent electric lamp recently devised by Stein, of Moscow, as an anodyne, is claimed by him to have produced almost "magical results" by reflecting the light upon the pained part.

The most distinguishing features of the period under review, from 1837 to 1891, have been *Anesthetics*, *Antiseptics*, and the *Germ Theory* of disease. The brilliant discovery, enabling the surgeon to wrap his patient in a painless sleep while subjected to the horrors of the operating table, is one of the greatest blessings ever conferred upon mankind. It is also a boon to the operator, whose feelings are no longer harassed by the wailings and suffering of his patient. He

can now perform his work with calmness and deliberation, thereby ensuring a happier result. Indeed, this power has paved the way to surgical operations, the performance of which would have been considered criminal prior to the discovery. Most of you are too young to have passed through the ordeal to which I allude; I can call to mind instances, where more than one was required to hold the sufferer, and his cries could be heard in the street. Though we occasionally witnessed the display of the "lion heart," when removing a man's arm at the shoulder joint, he ground his teeth shockingly. I asked him why he did so? he looked at me coolly and said, "Well, Doctor, which shall I do, grit my teeth or squeal?" I said to him, by all means grind away. The effort to deaden pain when under the surgeon's knife can be traced to remote antiquity. Various anæsthetics were suggested, but none of them could be relied upon to produce the effect required. Sir Humphrey Davy was on the verge of a discovery when he inhaled "nitrous oxide gas" for tooth-ache. But it was reserved for Morton, a dentist in Boston, who, in October, 1846, by his courage and perseverance, established the fact that "Sulphuric ether" fulfilled nearly all the requirements. The next year Sir James Simpson introduced "Chloroform," which, on account of its small bulk, its pleasant flavour, and its rapid effect, soon superseded the use of "Sulphuric ether" in England and largely on the continent of Europe. But recent experience, establishing the fact that the deaths from chloroform are far more numerous than those from ether, has produced a reaction in favour of ether. This is so marked, that when in London in 1874, I saw nothing but chloroform used as an anæsthetic in the hospitals; when there five years ago, I did not see chloroform used once.

The cause of death from the administration of anæsthetics is a vexed question. The members of the Hyderabad commission contend that under chloroform the respiration always fails *before* heart syncope appears; hence the breath-

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ing should be watched, not the pulse. Others contend that the heart may and often does fail first. If it were established that the respiration always failed first, it would greatly relieve the mind of the anaesthetist, for by artificial respiration he would generally save his patient. If the heart fails first, he is almost powerless. That deaths take place with little or no warning to the anaesthetist, while every precaution has been observed, is a fact, and a source of anxiety to him. Consequently he is justified in asking the question, which is the best and safest anaesthetic to be selected, and what rules should govern its exhibition?

There are various anaesthetics in use, chloroform, ether, methylene bichloride, A. C. E. mixture, ethyl bromide, and nitrous oxide. The first four may be selected for prolonged operations, the last two for brief ones. Before making a selection I may say a word about the comparative mortality from chloroform and ether, the two anaesthetics in common use. A recent report to the government in Paris gives the mortality from chloroform as 1 in 1,236, and that from ether as 1 in 13,581. During the last three years 41 deaths have been reported in England from chloroform, and 3 from ether. Surgeon-major Lawrie informs us that he has given chloroform 40,000 times in India without a death from it. The climate must influence the mortality, or he is a very fortunate man. It has been contended with much force that chloroform should be given to children, to aged people, to alcoholics, to excessively obese persons, and in operations where the actual cautery is employed. In all other operations I think it decidedly safer to make use of ether. Knowing that deaths may take place during the exhibition of *any* anaesthetic, the anaesthetist cannot be too careful, *his finger should be ever on the pulse and his eye on the breathing*. Neglect of this precaution has doubtless caused many deaths. The moment he detects heart failure he should remove the anaesthetic,—should the breathing fail do the same, draw out the tongue and resort to artificial respiration. Every-

thing about the patient should be loose, he should lie in a horizontal position, and preferably on his back, and his stomach should contain little or no food. *On no account should he be allowed to inhale the drug while struggling.* If forced upon him when taking a deep inspiration, he may receive into the lungs a poisonous dose. I wish to emphasize this precept. Though this precept has been recently combatted by Dr. Kirk, of Glasgow, who declares that the anæsthetist should use the drug freely, and contrary to the general belief, he accepts pallor as an indication for more chloroform. And the operating surgeon should never administer the anæsthetic; he cannot watch its effects and do his work.

When Hippocrates recommended that wounds should be dressed with water having been previously boiled, he foreshadowed the antiseptic treatment. But it must be acknowledged that the "germ theory" of disease gave rise to the brilliant experiments and teachings of Sir Joseph Lister, which have so revolutionized the treatment of wounds. For however much his theory and the details of his system may be disputed, it must be acknowledged that the mortality from wounds has been vastly lessened as a result of his teaching. Believing that putrefaction in wounds is caused by the germs that are constantly floating in the atmosphere, he devised a system to exclude the access of air from them, to drain them, and to disinfect everything that can come in contact with them. While his antiseptic theory dominates surgical practice the world over, and the great necessity for thorough cleanliness, sterilization of hands, instruments, field of operation and dressings, is universally recognized, there exists a wide difference of opinion as to the means of sterilization. The approved antiseptic of to-day may be superseded to-morrow. Sir Joseph has recently given us a new one, in the double cyanide of mercury and zinc incorporated with starch.

Every surgeon of experience must have seen wounds heal by what is called the "first intention," prior to the

introduction of the antiseptic treatment of them. I can call to mind instances after amputation of the thigh, excision of the breast, and the operation for strangulated hernia, in which not a drop of pus was seen. Nor is it contended that microbes have not been found in wounds under antiseptic dressing, but this is largely the exception to the rule. The germ theory of disease inaugurated by Pasteur, Tyndal and Carnot, and made practically applicable to the therapeutic treatment of disease by Pasteur, Lister, Koch, and others, justifies the belief, that in the near future brilliant results will be achieved. It has been contended, and I think justly, that many diseases are caused by certain bacilli. While the microbe of rabies has not been discovered, Pasteur, working upon that line, "by the inoculation of attenuated virus of the rabies," has, it is claimed, reduced the mortality of that dread disease from 15 per cent. to 1.36 per cent.

Koch, the discoverer of the tubercle-bacillus of consumption, and the comma-bacillus of cholera, working upon the line of Pasteur, has recently startled the world with his "*remedy for tuberculous diseases*," which consists of "*a glycerine extract from pure cultivations of the tubercle bacilli*," a brownish clear liquid insoluble in alcohol, which must be largely diluted and given hyppodemically. The dilution recommended makes the dose so infinitesimal and gives it such a Hahnemannic ring, as to sorely tax one's credulity. But from authentic sources we have the statement that between 3 and 6 hours after its introduction under the skin, the following symptoms appear,—pain in the limbs, nausea, exhaustion, inclination to cough, followed by ague, vomiting, rapid and difficult breathing, increased frequency of pulse, and rise of temperature,—these symptoms last about 12 hours, followed by more or less lassitude for a few days. It is asserted that this reaction is sometimes so great in tuberculous individuals as to cause death. But when introduced under the skin of one having no tuberculous bacilli, little or no reaction follows. Hence if this statement should

prove correct, we may hope that it will aid in forming our diagnosis in the early stage of tuberculous disease. It is claimed that it does not kill the germs, but acts only upon living tuberculous tissue which it kills, thereby driving the germs from the tissue or starving them. It is asserted by some good authorities that "its power over lupus is almost marvellous and beyond precedent." Virchow, on the other hand, declares that "there has not been a single case proved of tuberculosis having been cured by the remedy." The doubt regarding its employment in pulmonary tuberculosis is more strongly expressed. In the face of such statements, time and experience alone can decide the question.

Tuberculosis being the most terrible of all diseases, standing second as the cause of mortality, and killing annually one-seventh of the human race, it is not surprising that the hopes and fears of mankind induced the acceptance of Koch's announcement with rapturous applause. It is true that the mortality from phthisis in England declined since 1847, $3\frac{1}{4}$ per cent.—this may, in some measure, be attributed to improved sanitary measures, and perhaps assisted by the just belief in its contagion, still 44,284 persons died from it in England in 1888, and 18,434 from all other tuberculous diseases. Hence if half that is claimed for his "remedy" should be fulfilled, the name of Koch should stand beside that of Jenner. I may also refer to Pasteur's treatment of anthrax, fowl cholera and diseased silk worms, as illustrations of what may be expected from a knowledge of germ causes of disease.

Surgery owes its recent progress largely to anæsthetics and antiseptics. Prior to 1870 the surgery of the brain was confined to external traumatic lesions. It is true the trocar had been occasionally used in hydrocephalus, but the interior of the cranium was a "dark continent" which none dare explore. It is widely different in the present day. Aided in his diagnosis by the sensory and motor phenomena locating the lesion, the surgeon does not hesitate to open the

cranium and remove tumours, matter and extravasated blood. He also taps the mastoid cells for the removal of matter. The same may be said regarding diseases and injuries of the spinal column. The successful operations of Macewen, Horsley, Godlee, etc., are examples encouraging us to follow in their line. Ophthalmology has largely advanced. With the aid of cocaine and improved instruments the various operations upon the eye are more easily and more successfully performed. Coming to the throat we have intubation of the œsophagus and intubation of the larynx. as a substitute for tracheotomy and œsophagotomy. The larynx has been successfully removed. Many cases of tuberculosis of the larynx have been cured by the application of lactic acid and curetting. New and improved tracheotomes have much assisted the surgeon in the operation of tracheotomy.

The advance in thoracic surgery has been remarkable. The aspirator has enabled us to remove fluids from the pleural cavity and even to invade the "citadel of life" by penetrating the pericardium with its needle. Portions of necrosed ribs, sternum and lung have been successfully removed, the surgeon irrigating the cavity of the pleura with antiseptic solutions.

When we turn to the surgery of the abdomen, it is there that the greatest success has followed the knife of the modern surgeon. It is true that McDowall, in 1809, opened the road to ovariectomy, having operated up to 1830, 13 times with a mortality of 7. But he had few followers until Sir Spencer Wells, in 1858, commenced his series of cases, having up to 1884 performed the operation 1,000 times, with 231 deaths. It is now practiced in every civilized country in the world, yielding about 75 per cent. of recoveries, instead of a mortality of 50 per cent. as formerly. The surgeon no longer dreads the effect of his knife upon that delicate membrane, the peritoneum. Indeed he attacks every viscus in the abdomen with it. He opens the gall-bladder for the

removal of calculi, and even extirpates that organ. Portions of the liver have been successfully removed. He does not hesitate to open the stomach for digital divulsion of the cardiac, or pyloric orifices, for the removal of foreign bodies, to cut open the pylorus for cicatricial stenosis of that passage; or with the aid of Senn's decalcified approximation bone plates, he creates an artificial connecting canal between the jejunum and the stomach. He has successfully removed 22 inches of the colon. He does not hesitate to resort to the knife for the removal of matter within the cavity of the peritoneum. The kidney and the spleen have been successfully removed. The radical cure for hernia is one of the modern operations. Gunshot wounds, penetrating the viscera of the abdomen, yielded a mortality of 85 per cent., until it was reduced by early laparotomy to 25 per cent.

Lithotrity was a novelty in my early day, but Sir H. Thompson, by removing the calculus at one sitting, with the aid of Bigelow's aspirator, has established it as the operation for all stones of less weight than two ounces. He has also revived the "supra-pubic" operation for large calculi and for the removal of vesical tumours. Uterine surgery has kept pace with the rest. The surgeon does not hesitate, should the existing disease demand it, to remove the womb with its appendages. The ovaries, I fear, too often come under his knife. He has the advantage of improved supports for the various displacements of the uterine. The operation for "vesico-vaginal fistula" should be named as a modern improvement, and the galvano-caustic battery has been brought to his aid. While portions of the nerves had been removed for the relief of neuralgia, nerve-stretching, nerve-grafting and suturing their ends when they have been divided, had not been done in my early day. Also skin-grafting and tendon suturing.

Formerly the tourniquet was the instrument used for arresting hemorrhage during amputations. As a consequence the blood contained in the removed limb was lost.

Esmarch's bloodless method is now generally adopted, though it is contended that it causes sloughing of the flaps and secondary hemorrhage, by unnaturally augmenting the blood in the body. Simpson's æcupressure needle has not accomplished that which was claimed for it. Hot water has taken the place of cold as a hæmostatic. The drainage tube is another improvement. Sayre's plaster jackets and the various mechanical appliances devised by him and others for the support of the diseased spinal column are well worthy of mention. Orthopædic surgery has made great strides. The excision of joints, especially that of the hip—so popularized by Sayre—as a substitute for that formidable and fatal operation, the removal of the entire limb, with its mortality of 60 per cent., while that of the removal of the joint and leaving a tolerably useful limb, is about 20 per cent., and the subcutaneous divisions of tendons is worthy of mention.

And now, gentlemen, it may be asked, what has this progress in medicine and surgery done towards lessening the general mortality? for it will not be disputed, that upon the saving of life and human suffering, depends the value of our work. The mortality in England has steadily decreased since 1841; it now stands between 21 and 22 per 1,000. In some towns, as for example, in Hastings in England, it has recently been quoted as low as 11 per 1,000. The death rate in the army in England is only two-fifths of what it was before the Crimean war; in India one-third, and in the West Indies one-tenth. The span of individual life for women in 1854 was 41·9; for males 39·9. Now it is for women 45·3, and for men 41·9. This is largely due to the various sanitary laws that have been enacted since that period, and to the better observance of those laws. While the enforcement of them at first caused more or less friction, communities are being educated to the fact that it is more costly to provide for sickness than to prevent it. But when we give credit to the observance of sanitary laws, we must

bear in mind that those laws emanated from the workers in the medical profession. And when we investigate further, we find that the laws would be a dead letter upon the statute book, were it not for the gratuitous support given by that body, therefore we are justified in arriving at the conclusion that to them belong nearly all the credit.

Let me remind you of "ovarian dropsy," a disease which runs its fatal course in a very large majority of cases, without operation, in from 2 to 5 years. Here we have an example of the triumph of modern operative surgery, now 75 per cent. are saved, and it has been computed that in Great Britain and the United States alone, ovariectomy has, within the last 30 years, directly contributed more than 30,000 years of active life to women, all of which would have been lost, had the operation never been performed. Every successful operation upon the brain may be credited as having saved a life. Very many lives have been saved by modern thoracic and abdominal surgery, also by the excision of the hip joint instead of that fatal and formidable operation for the removal of the entire limb. The antiseptic treatment of wounds, with the observance of hygienic laws, have reduced the mortality from amputations, 20 per cent. The same may be said of all serious wounds.

That devastating scourge, typhus fever, consequent upon over-crowding, impure air and contagion, with its mortality of 40 per cent., has been very nearly banished, since Sir Wm. Jenner in 1840, pointed out the difference between it and typhoid fever, and the mode of guarding against it. The present death-rate from fever in England amounts to about 385 per 1,000 of all deaths, formerly it was 539. The death-rate of women in London from child-birth and its consequences, is one-third of what it was 50 years ago.

Without going into further detail, I think enough has been shown to justify the claim, that to the medical profession belong the credit for annihilating pain when under the surgeon's knife, for largely reducing the mortality from

surgical operations, and for lessening the general mortality ; results, which in their effects upon the well-being of mankind, have never been equalled by any body of men. Men who, contrary to their pecuniary interests, are ever found initiating and supporting modern reforms which aim at the prevention of disease, pointing out the consequences of intemperance, improper hygienic surroundings, and other transgressions of nature's laws. In fact, devoting their lives to the benefit of their fellow-men, and nobly giving any discovery they may make to the world, asking no reward save "Heaven's well-done"; and I would not have it otherwise. It is well that the charm of the profession lies in the variety of its work, in the sympathy for the sick and in the scientific interests in its pursuits, not in the shadowy prospects of honours. But it may be asked why the doers of all this good have received and continue to receive such scant recognition from the State, and I may add, from those who are daily reaping the benefit of their work, and who accept the gift as a right, ignoring or forgetting the donor? Indeed, were he to retain any discovery he might make, for his individual benefit, he would be "soundly denounced." This neglect has been exemplified in our own little province. It is not long since I, with other medical men, signed a request that a worthy physician in the North, should take the place of a senator who had recently died in that district. Our request was "tabled," notwithstanding there is not a member of the profession in the senate, from this province. It is true that the doctor had not been made eligible for office by rejection at the polls.

Let us contrast their position with that of a general commanding British soldiers, and directing them against a semi-savage horde,—himself keeping without the range of shot or shell—killing hundreds to avenge some wounded pride, or to satisfy some craving demand; he receives the thanks of Parliament, is presented with a large donation in money, and created a lord or an earl. While a "Jenner," who, it

is estimated, has saved more lives than have been destroyed by the sword and gun-powder since the time of Marlborough, —received no mark of distinction. It is true the paltry sum of £10,000 was voted for him, and 40 years after his death a monument was placed in Trafalgar Square to his memory, but with shame be it said, it has since been relegated to an obscure corner at the far end of the Serpentine, to be admired by nurse-maids engaged in keeping erratic children from falling into its stagnant water,—a disgrace to the nation claiming the honour of his work. Again, compare the work of the general with that of Simpson, Lister, Wells, and others, whose highest distinction has been a baronetcy, and then only when they had private means sufficient to support the title. The clergyman has the bishop's mitre, the lawyer the bench, as a goal looming in the distance. The medical man has no such goal to stimulate his ambition, yet he perseveres in his good work, and I maintain that he is equally deserving.

It may be asked, what is the remedy for this state of things? I think we have the remedy in our own hands,—by combination, by a determination to stand shoulder to shoulder, by strictly observing that golden rule, “to do to our conferes as we wish our conferes to do to us, by sinking all differences of opinion for one grand object, the elevation of the standard of our profession, so that when we speak, our united voices may carry weight in the community. The members of the profession in the army and in the navy have shown us a good example, by such action they have obtained large concessions from the government. Differences of opinion will exist, but in 90 cases out of 100, an explanation of five minutes between men wishing to act honorably, will heal the breach and silence that odious remark “Doctors differ.”

In conclusion, gentlemen, let me say to you that I have by no means exhausted my subject; it covers such a wide field that the time allotted me will only permit a sketch, but

I hope enough has been said to remind you that the science of medicine has kept pace with other sciences in the march of improvement. Accept the concluding remarks not necessarily a part of my subject, as expressions from one, who though "his day is far spent," sincerely wishes to see his profession take the position it should command, and hopes that every member may continue to deserve the eulogium passed upon the "good physician" by our aged confrere, poet and philosopher, Oliver Wendell Holmes, who is alike an honor to the profession and to the country claiming him as her son.

