On the Work of the Medical Society of London in the Advancement of Therapeutics and the Science of Medicine.

THE

ANNUAL ORATION

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON

ON MAY 1st, 1871,

BY

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Mr. President and Gentlemen,

The first, the easiest, and the most pleasant duty before me this evening is to return my most hearty thanks for my election to the high office of Orator to the Medical Society of London. It is a distinction which I appreciate very highly, and for which I am very grateful. An appointment such as this, which is honoured by an existence of very close upon an hundred years, and has been illustrated by so long a line of eminent men,—which was held in the earliest days of this Society by Sims, Nathaniel Hulme, Miller, and Lettsom; later on, by Abernethy, Ware, Mason Good, Clutterbuck, Callaway, Kingdon, and Copland; and, coming down to our own days, by men of such note and esteem as Hancock, Hird, Snow, Richardson, Garrod, Routh, and Gay;—such an office I say is a distinction that might be desired and envied by every member of our profession, who is conscious of possessing any gift of eloquence, or feels confident of having anything to say worth your hearing; and that cannot but make proud and glad the heart of any one of your Fellows on whom it may be conferred. But with some of those so honoured (and of these I am certainly one), that gladness must be not a little tempered by the fear lest in accepting the proffered honour they should only succeed in showing how a high and worthy

office may be poorly and unworthily discharged. Then, however, support may be sought, as I now seek for it, in the generous indulgence which I believe the Fellows of this Society will never fail to show to any of their brethren when honestly attempting to perform to the best of their abilities any duty that they may have undertaken.

And, sir, if from ambition, self-reliance, a simple sense of dutiful submission to the selection of the Society, or any other motive, one of your Fellows has persuaded himself to have courage, or hardihood, enough to accept this perilous honour, he is then confronted by the difficulty of choosing for his oration a subject which shall be worthy of such an audience as this, and at the same time within his own grasp and power of illustration. And this difficulty I must confess to having felt strongly. Not that there has seemed to be any lack of topics worthy of your notice. This Society has always taken a deep and active interest in Vaccination, in Medical Politics and Education, and in Hygiène or the Science of Public Health. In past years your orators have taken these subjects for the theme of their discourses; and they have of late especially occupied and still do occupy the attention and the interest of the Profession and the public; and it might, I think, be both useful and interesting to present to you on this occasion a history of the past and present state of knowledge and thought on any one of these subjects. But I felt that to do this with fitting fulness requires much larger, deeper, and more exact knowledge than I possessed, or had time to acquire. It appeared to me, however, that as we shall so soon have to celebrate the Centenary of the Society, it would be well to look back and gather some knowledge of its past labours. This was done, chiefly as regards Surgery, by your able orator of last year, and I have thought that I should be fairly fulfilling the intention of my office if, following my friend Mr. Mason's lead, I should attempt to show you, from the copious records of the Society's meetings since 1773, how its Fellows have, through it, worked for the advancement of

Therapeutics and of the Science of Medicine; at the same time furnishing you with some means of noting the progress made in our science and art since the Medical Society of London commenced its labours.

I have said that the Society has always taken a deep and active interest in Vaccination, and, though I have not ventured to make this subject the chief theme of my remarks this evening, I cannot refrain from showing how largely and frequently it has occupied the attention of the Society in past years. Moreover, a sketch of the history of Vaccination in connexion with the Society will give you an excellent example of the steady persistence, diligence, and minute care with which the Society has been in the habit of working out the subjects brought before it.

The earliest Minutes of the Society's proceedings are generally very brief, giving but little more than the titles of the subjects discussed; but the first mention of Small-pox occurs in December, 1773, the year of the Society's birth, when Dr. Lettsom read a paper in favour of Inoculation, with Observations on the use of Mercury in the Natural Small-pox.

In June, 1798, Dr. Sims, the President of the Society, related "Some circumstances lately observed in a disease incident to Cows, called the Cow-pock, which when communicated to the Human Species, is said to remove the liability to Small-pox, in persons who have had that disease. These observations had been made by a Dr. Jenner, of Cheltenham, who is about to publish them." It may be suspected, from the way in which Dr. Sims mentions Dr. Jenner here, that he had not recognised him as being the "Edward Jenner, F.R.S., Surgeon, of Berkely, Gloucester," who had in 1789 been made a Corresponding Member of the Society. In April, 1799, a letter was read on the subject of cow-pock from Dr. Jenner; on April 28, in the following year, he was present at the meeting of the Society, and on that and several succeeding evenings cow-pock occupied the attention of the Fellows. On June 8, 1801, it is

recorded that "Edward Jenner, M.D., of Bond Street, a Corresponding Fellow, was elected one of the Ordinary Fellows;" and on March 29, 1802, it was resolved—"That the Members of the Medical Society of London, on taking into consideration the very important discovery made by Dr. Edward Jenner, are of opinion that great benefit will accrue to the inhabitants of these islands, and to mankind in general, from the introduction of vaccine inoculation, and that, from their own experience, as well as from the extensive and successful trials made in various parts of the world, it will in all probability eradicate the small-pox, one of the most fatal diseases to which the human species is liable."

A copy of this resolution, signed by the President, was ordered to be sent to Dr. Jenner. These facts show, gentlemen, that at any rate the Medical Society of London is not open to the reproach of having opposed Dr. Jenner's great discovery, or of having been slow to appreciate and honour his labours. In 1804 the Society further signified their appreciation of the value of Dr. Jenner's discovery by presenting him with a gold medal "struck from the Fothergillian medal die," with the inscription "E. Jenner, socio suo eximio ob vaccinationem exploratam," and on the presentation of the medal, at the annual meeting of the Society, Dr. Lettsom, by request, gave an oration on the discovery of vaccine inoculation, and a biographical account of Dr. Jenner. Evidence may be found in the records of your Society at this time, and later, that when men had once accepted the doctrine of vaccine inoculation they often expected more from it than did its discoverer—they credited it with a more invariable, absolute, and lasting protective power; and some of them even hoped to find in it a protection against other diseases than variola. Then, as in our time and in all times has so often happened, the disciples outran their master in enthusiasm, though not in knowledge or discretion. In November, 1803, Dr. Marcet read to the Society a letter from Dr. De Carro, of Vienna, on the

supposed discovery at Constantinople of the vaccine inoculation being a preventive of the plague. It was stated that 5000 or 6000 persons had been inoculated (or, as we call it, vaccinated) at or near Constantinople, none of whom had since been infected with plague; that Dr. Valli had inoculated "himself without effect with matter from a plague-carbuncle mixed with vaccine matter, and that Dr. Auban had visited two villages near Constantinople in which the vaccine pustules were observed on certain cows, and the inhabitants of which affirmed that the plague never appeared among them." All this information had been communicated by the Physicians to the French embassy at Constantinople. But at the very next meeting of the Society, Mr. King reported that Dr. Lafont, of Salonica, had had two patients with the plague, one of whom died of it, who had both been previously vaccinated. A few years later it was also reported, "upon the authority of a person keeping a large number of dogs, that the cow-pox prevented the distemper from ever ensuing. It was his practice, accordingly, to vaccinate the young dogs within the ear. He never knew them after to have the distemper." I remember this idea cropped up again some years ago; great numbers of dogs were vaccinated inside the ear, and the question of "vaccination *versus* distemper" was much agitated, and then again died away. In 1837 Mr. Whitmore, Mr. Dendy, and other Fellows observed that vaccination would always cure pertussis, and it was stated that this had been well known to Mr. Ring so long back as in the year 1809. Probably whatever truth there was in this might be explained by the fact that one acute constitutional affection will sometimes mask, or cause the temporary disappearance of another. From 1805 the subject of vaccination was frequently before the Society, and objections and doubts were raised and discussed, which are matters of discussion to the present day. In April, 1805, the President of the Society "mentioned that a gentleman had stated that if syphilis was communicated by vaccine inoculation, it might readily

be distinguished by the appearance of the pustules. Dr. Lettsom asked, "Could that disease be so communicated?" but he appears not to have obtained any answer. Very frequently cases of variola after vaccination, were brought forward to prove the failure of the vaunted protective power of vaccination; then, as still in our days, some men were disposed to make too much of these cases, and to regard them as proving that vaccination only created a false and dangerous confidence of security; and others were too much inclined to explain away or make light of them, and to declare "that cases of variola after vaccination were much more rare than cases of second attacks of small-pox:" both parties being alike forgetful of Dr. Jenner's estimate of his great discovery. But your Society was careful to note and examine into any public statements of injurious effects having followed vaccination, and in November, 1812, it was stated to the Society that "one of the cases of reported death by cow-pox in the weekly bills of mortality had been satisfactorily accounted for; the child had, a week after vaccination, been kept out for three hours, in consequence of which the patient had inflammation of the lungs, of which it died. The searchers hearing that the child had cow-pox reported its death accordingly. A letter from the father of the child had been inserted in several of the newspapers asserting that its death was occasioned as just stated, and not by cow-pox, as inserted." I will not try your patience, gentlemen, by pursuing this subject further, though I might show you (and it seems rather a depressing fact) that thirty, forty, fifty, and more years ago, the Society discussed the efficacy of diluted vaccine lymph, the necessity of revaccination, the importance of the number of inoculations to be made, and the propriety of now and then having recourse to the cow to restrengthen the lymph, just as the Profession is discussing them now. I will only give one more quotation from our records on this matter, and then I will leave it; and I will make this quotation because it seems to answer two questions which I have heard asked during

the present epidemic of small-pox—viz., whether it can be necessary to give the protection of vaccination to people who have had small-pox, or to those who are very advanced in age. At a meeting of the Society in January, 1820, a Mr. Brown adduced an instance of the occurrence of small-pox in a married woman who had been inoculated with variolous matter in her infancy. The disease proceeded regularly, and left the cicatrices of pustules, which were intermixed with the marks of those produced by the inoculation. And Dr. Merriman made the following statement :—"A young gentleman at school at the Charterhouse was brought to the residence of his grandmother, the Hon. Mrs. Anson, having been attacked with disease, which turned out to be small-pox. He went through the disorder, and was visited by Lady W. Anson and Lady Lloyd, ladies related to the family. These ladies, who had been inoculated for small-pox many years ago, both received the disease, and went through it. Lady Lloyd, who was eighty years of age, was inoculated in her infancy."

In the first year of the Society's existence, it was determined to offer, every second year, a gold medal for the best dissertation on some general Medical subject, and that the learned of all countries should be invited to compete for it. The first subject chosen was "Fever," and this led to the incident mentioned by your late President (Mr. Gay), in his valuable address last year—viz., that in 1775 the Society received a dissertation from a lady—Dorothea Anna Maria Lucia Hogan Horick van Lobrecht—and that, on the recommendation of the Council, the Society resolved that the lady's dissertation should be returned to her, with a letter, "to be wrote in Latin," stating the reasons why the Society could not admit it. Nothing more than this is to be found in the minutes of the Society's meetings; but, on examining the minutes of Council, I find that the dissertation, written in Latin, was received in competition for the Society's gold medal for the best essay on fevers, and that the Council, together with the Committee of Adjudication, having ex-

amined it, recorded their opinion—"That the Society cannot properly take cognizance of it, it being calculated to introduce some empirical nostrum of the authoress, which is to cure fevers in general." One cannot but feel curious to know a little more about this Dorothea Anna Maria Lucia Hogan Horick van Lobreeht, who thus wrote an essay for the first gold medal offered by the Medical Society of London. Was she a forerunner, a type of the Medical ladies of the present day? If so, then, "appearing ere the times were ripe," and lacking, I suppose, the mental force necessary for making her mark on the age in which she lived, she seems to have disappeared into the darkness and oblivion that envelope many another apostle of progress; for the above entries in the records of your Society tell all that I can discover concerning this learned lady of the multitudinous names.

The first paper read before the Society, in September, 1773, appears to have been "On Loss of Voice," by Dr. John Millar, the President; and the second, read the same evening, was by that untiring and eminent supporter of the Society, Dr. Lettsom, and was entitled "Some Observations on the Cause of Pain in Chronic Rheumatism;" but only the titles of the papers are given in the minutes. At the next meeting Dr. Sims contributed "An Essay on the Ability of the Physician to Cure Simple Fevers;" and Mr. Blizard a paper "On the Use of Bell-metal Mortars in Apothecaries' Shops;" and in December, Dr. Lettsom read some "Observations on the use of Cold Bathing in Fevers, and on the Effects of Perspiration;" and a paper "On the use of Elm-bark in the Cure of Leprosy." The bell-metal mortar question may be regarded as settled; and I suppose we are pretty well agreed that we may guide a patient through a fever, but cannot *cure* it; but we are still questioning and writing about the value and safety of cold applications in fevers, and our German brethren especially are pointing out their great efficacy in typhus and other pyretic conditions; and the value of elm-bark in skin diseases remains undetermined. I

find very early in the records of the Society many instances of the value of electricity in the cure of disease. In 1777, Mr. Robert Sherson reported "A Case of Severe Rheumatism of the Arm, cured by Electricity after other Remedies had failed." He said also that "he had found electricity singularly beneficial in spasms and various obstructions, particularly of the menses." His paper may be found at page 221 of the first volume of the "Memoirs of the Medical Society of London," published in 1787.* And in November, 1779, Mr. Ford read a paper "On the loss of Voice cured by Electricity." In 1783 and 1787, Mr. Hooper reported "Cases of Periodical Headache cured by Electricity," and at the latter date gave some particulars relative to animal magnetism. In 1789 Dr. Thomas Fowler, of Stafford, reports "A Case of obstinate Quartan Ague, of five months' continuance, cured by Electricity." It had resisted bark and arsenic, which we may be sure *he* gave full trial to, and other remedies, and then he recollected that "in the early part of his practice he had known a number of agues cured by the application of electricity in different parts of the country, under the direction of persons no way connected with the Faculty. I observed," he says, "that the chief cures were performed by a number of smart shocks being given, by which the patients were impressed with a strong sensation of fear, and frequently thrown into a copious sweat." Accordingly he ordered the patient, "as soon as she perceived the least sensation of the fit, to receive ten or more smart shocks through her arm and thorax from a ten-ounce vial, until she was seized with fear and began to sweat, and then to go immediately into a warm bed, and promote the sudorific effect for some hours by taking frequent draughts of tepid small-wine whey," and by this means he completely cured his patient. This paper will be found in the third volume of the Society's Memoirs.

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* The second volume of these Memoirs also contains a case, reported in 1779, of tetanus (or rather trismus) cured by electricity.

Toward the end of 1792 another case of the cure of Aphonia by electricity was reported, and a letter was read from Dr. Jameson on Animal Electricity, "showing the existence of such a power in the nerves of animal bodies;" and the next notice of the therapeutical value of electricity is, I think, in November, 1816, when Dr. Clutterbuck related a case of profuse hæmatemesis with amenorrhœa, in which nothing did good till repeated slight shocks of electricity, passed through the pelvis, brought on the catamenia. After that date I have not found any proofs that Medical electrization was specially brought before the Society till we come to our own days, when, as I need not remind you, the subject has been ably treated by Dr. Althaus, and others of our existing Fellows.

In September, 1790, several of the members reported to the Society "Cases showing the value of Cowhage as a Vermifuge in tænia and other worms," and in 1791 Mr. Chamberlain, an authority then on vermifuge medicines, reported "that he had met with a case of worms in an infant three weeks old, and brought up at the breast." In February, 1792, Mr. Jonas Maldon, of Putney, related a case of tænia successfully treated by oil of turpentine; and in 1809 Dr. Southey, of Durham, informed the Society "that a labouring man there had been extremely successful in curing tape-worm, and that on inquiry it was found that his remedy was oil of turpentine taken fasting in doses of two ounces." In the years 1810 and 1811, the value and the dose of this remedy were frequently discussed; but I find that in April, 1812, Dr. Walker, of Leeds, a Corresponding Member I think, addressed a letter on the subject to the Society, asserting that *he* had been, in 1798, the first to employ the oil of turpentine in tænia, and that he had given it with success in ninety cases. In 1809, also, the modern use of fern-root as a remedy in tapeworm was brought before the Society.

In 1799, during a discussion on the value and safety of lead as a remedy in hæmorrhages, it was mentioned that

in St. George's Hospital, the oil of turpentine was employed internally as a styptic. These are instances of what must have been one of the specially great and beneficial uses of the Society in those days—the spread of the knowledge of new or little known medicines and Medical appliances. The following are other examples:—In 1797 Mr. Hurlock informed the Fellows that he had found an ointment prepared with extract of common savin very efficacious for keeping blisters open. In 1813 Mr. Powell mentioned that "many persons suffered extremely from blisters, the fly being absorbed and producing strangury; but he had now adopted the practice of placing over the plaister a piece of silver paper, which does not prevent it from acting, and never occasions strangury or ulceration, so common in children." In 1807 Dr. Taylor sent to the Society, from India, some specimens of the gentiana chirayta, as a new and valuable bitter.

Dr. Fowler's "Medical Report of the Effects of Arsenic" was published in 1786, and, in 1790, Dr. May reported to your Society "A Case of Ague cured by Arsenic;" in 1795 "A Case of Obstinate Intermittent Fever cured by Arseniate of Soda" was related; and in 1790 Dr. Bradley and the President (Dr. Sims) spoke of the great value of Fowler's solution in intermittents. In 1802, I meet with mention of an employment of arsenic, with which I was not previously acquainted. Mr. Pears informed the Society that he had found arsenic of great use in pertussis; "that it relieved this distressing complaint on the second day of its administration. He gave one drop of Fowler's solution three or four times a day." Dr. Yellowby stated that "it had been recommended in this disorder by Dr. Ferriar, of Manchester, a very trustworthy Practitioner."

In 1813, Dr. Lettsom and Mr. Adams related cases of the good effects of the arsenical solution in hemicrania; "in Mr. Adams's own case it had afforded sudden and permanent relief." In 1794, Dr. Sims spoke of the effects of nitrate of silver when taken internally; and, in 1802, he

read a paper on its great value as a remedy in epilepsy and chorea. This paper, which was published in the fourth volume of the "Memoirs of the Medical Society of London," contains, I believe, the earliest notice of the efficacy of this salt in those diseases. The dose of nitrate of silver was frequently discussed, and very small doses were generally recommended; in 1806, Dr. Sims stated that, "though he had never been able to give more than one-fifth of a grain three times a day, without causing pain in the stomach, he had heard of a Physician in town who had given eighteen grains a day." At one of the meetings in 1819, it is mentioned that "Dr. Clutterbuck briefly adverted to the blue colour imparted to the body by the internal use of nitrate of silver."

In 1790 a case of dropsy cured by digitalis is reported, and again, in 1798, the tincture of digitalis, in twenty-minim doses, is recommended "as a valuable remedy in dropsy." And in 1806, Mr. Leese stated that "he found that hooping-cough could generally be cured in three weeks by tincture of digitalis." He began by "giving two drops in milk of almonds, and gradually increased the dose till sickness." In 1810 Mr. André related that "a gentleman of his acquaintance had found out a remedy for palpitation of the heart, with which he was afflicted, and the remedy was the tincture of digitalis, taken in drachm doses."

The value of elaterium as a purgative in dropsy is mentioned by Dr. Sims as early as 1798. In 1819 I meet with the first mention of prussic acid as a medicine, and it was not an encouraging one. Dr. Uwins had tried it, and found it to be quite inert; Dr. Clutterbuck thought it objectionable on account of the uncertainty of the dose and its liability to decomposition; he had tried it at the General Dispensary, but had not observed any good effects from it. In Paris, it was stated, no confidence was placed in it. Later on it is spoken of with much more respect, and warnings given against its incautious employment.

In 1820 the President of the Society, Dr. Clutterbuck,

introduced croton oil to the notice of the Fellows as "a new purgative sent over by Mr. Cornwell, Surgeon at Madras, to his friend Mr. Short, an apothecary in Ratcliff-highway. Dr. Clutterbuck had given half a drop in fifteen cases, and found that it generally produced from three to twelve stools, while in one case it caused as many as twenty." Dr. Copland observed that on the coast of Africa, where the nut grows, the natives are in the habit of taking twenty grains of the powdered nut as a common purgative. In Pereira's "Materia Medica" we are told that ergot of rye was not employed in England to excite labour-pains till 1824; but I find that at a meeting of your Society in April, 1823, Mr. Kingdon asked "whether ergot of rye, recommended for causing uterine contractions, might not be employed for the purpose of arresting uterine hæmorrhage." For several years after this, the value of secale cornutum in labour and in post-partum hæmorrhage, its uses and abuses, are frequently and warmly discussed. In 1825, Dr. Clutterbuck, then again President, "alluded to the sulphate of quinine as a new remedy, the value of which, and the question of its superiority to bark, required inquiry and discussion;" and he also referred to iodine, "the worth of which, especially in scrofula, was still unsettled."

The value of burnt sponge, the forerunner of iodine, as a cure for bronchocele, was noticed in 1798; but in 1813 Dr. Clutterbuck recommended *ironing* the part three or four times daily as a cure for this affection. "A young woman at the General Dispensary, who had patiently tried all the ordinary remedies without advantage, tried this three or four times daily, for a quarter of an hour at a time, placing flannel between the iron and the skin. For two or three months it had no effect, but at the end of eight months the bronchocele had entirely disappeared, and there had been no return." The patience and perseverance of the young woman certainly were admirable, and richly merited rewarding by success. In 1818 the Society's attention was di-

reeted to a means of saving life, or, at least, averting imminent danger, which has been before it again very lately. Mr. Brine mentioned the ease of a man in Guy's Hospital with organic disease of the stomach, in whom, when nearly dead, ten ounces of blood from the arm of a gentleman were transfused into the jugular vein with a common syringe. Instant revival followed, but death occurred thirty-six hours afterwards. The short notes of the discussion in this case might almost serve as some notes of the observations made when Dr. Richardson brought the subject before us in January this year. Objections were made to the employment of *venous* blood, to which it was replied, that its use had answered perfectly well in experiments on animals, and that it was the appropriate stimulant to one side of the heart at any rate. Suggestions were made as to the employment of transfusion, especially in cases of exhaustion from uterine hæmorrhage. In October, 1825, Mr. Doubleday reported its successful employment. "A woman was apparently *in articulo* from post-partum hæmorrhage, when fourteen ounces of blood taken from the arm of her husband, were slowly injected by a syringe, two ounces at a time, into a vein of her arm. After the injection of six ounces she had greatly revived, pulse, warmth, &c., reappearing, and eventually she perfectly recovered. She had a copious secretion of milk, and in every way did well." In November of the same year, a similar case, also perfectly successful, was reported by Dr. Uwins, and a third where from eight to ten ounces of blood were transfused by Mr. Doubleday, in 1826. This, also, resulted in recovery. I fear we have made no advance in the employment of this means since that date: but with the greatly improved and admirably simple instruments for transfusion placed at our service by Dr. Richardson, and with his help and teaching, we may perhaps be emboldened to a renewed and more extended use of what does undoubtedly seem to be a most powerful and prompt remedy in dangerous exhaustion.

Paracentesis thoracis is first mentioned in March, 1830,

when the operation was recommended by Mr. Kingdon, who had performed it on a patient of Dr. Babington's. During four successive meetings the Society then discussed the symptoms and treatment of effusions into the chest, and Dr. Thomas Davies related that "he had known of seventeen cases of paracentesis thoracis, twelve of which occurred in his own practice; in nine there was fluid only in the chest, and of these six were perfectly well, one still under treatment, and two had died. In one of these cases nine pints of fluid had been evacuated at once—a practice which he did not recommend. The other eight fatal cases all had air as well as fluid in the chest. The greater proportion of the cases that did well were children." Dr. Davies did not advocate operating early. After April in that year this subject drops out of the Society's records, and we know that more recent authorities opposed the operation; but when Trousseau revived its use in France, he mentioned that "the support given by Dr. Thomas Davies, in 1830, to an operation then so little in favour, was not without good effect."

In May, 1817, Dr. Clutterbuck stated that "he had once witnessed the operation of bronchotomy performed on an infant in croup. The difficulty attendant upon the performance of it was sufficient, to his mind, to deter any one from again attempting it." In November, 1819, it is noted that "Dr. Blicke had performed the operation on a child four years of age, and had inflated the lungs by means of a syringe. The patient died of convulsions some hours after." But he had also operated, with success, on a child with croup. Mr. André asserted "that, some years before, he had performed the operation of tracheotomy for the first time in this country." I need not recall to your minds the recent valuable papers we have had from eminent living Fellows of the Society on this operation. It is still a frequent subject of discussion in our societies and our journals, and we may claim to have made marked advance

in the mode and time of operation, and in our knowledge of the cases in which it is likely to be successful.

Now and then, of course, in looking through the records of the clinical evenings and the discussions of your Society, which reach so far back as the fourth quarter of the eighteenth century, one meets with theories and modes of treatment that in us excite amused wonder. The ironing treatment of bronchocele I have already mentioned. Another example was mentioned by your orator of last year, who told you that, in 1796, a London Physician related a case of dropsy "in which, as he had every reason to believe it would prove fatal, he proposed to make trial of varnishing the belly," and he gave as his reason for adopting that treatment, that "it would prevent absorption, which he conceived a great means of repletion." I find no further record of the case, however. In 1803 a curious bit of scientific therapeutics was reported from Paris. Dr. Marcet, the Secretary for Foreign Correspondence, read to the Society "part of a letter from Professor Pictet at Paris, stating that M. Seguin had employed a solution of common glue, in the dose of about two drachms, given thrice a day, as a cure for intermittent fevers;" and that a "Committee of the National Institute had tried the same remedy in four cases with success." He added that "the inventor considered the cause of fever to be a quantity of tannin present in the circulating system, to which the glue (or gelatine) would unite, as in the usual process of tanning animal skins."

But more often one meets with records of successful modes of treatment, which, after a while, dropped out of favour or knowledge, and have been brought forward again more lately. Thus, in 1815, Dr. Lettsom reported that during a professional visit to Hertford, he found "that in that neighbourhood carbonate of ammonia was considered quite as a sovereign remedy in scarlatina. Physicians there were astonished at its success; it was given in five-grain doses every four or six hours." And again, in 1816, Mr. Edwards stated that he had "always given the carbonate of ammonia

in scarlet fever, and never knew it fail. He gave five grains every four hours; to an infant or child two grains. It generally subdued the fever in forty-eight hours: after which he gave bark." At the same meeting, however, it was reported that Mr. Houghton, of Huddersfield, in all forms of the disease bled once or twice to six ounces, and gave salines; and that *he*, too, was uniformly successful. Take another instance: in 1812, Mr. Bateman stated that "he had seen Dr. Pearson, at St. George's Hospital, use large doses of *opium*, with diluents, and doses of salts, with good effect in acute rheumatism;" and in 1814 Dr. Lettsom reported that he had lately given *opium* very freely in cases of acute rheumatism, after having well cleared out the bowels, with infinite advantage. In the same year decoction of bark with turpentine was strongly recommended in acute rheumatism, and it was also "mentioned that some of the common people resorted in cases of rheumatism, lumbago, and sciatica to cod-liver oil, one table-spoonful every night, with great effect." Of both these instances—of the treatment of scarlet fever by carbonate of ammonia, and the treatment of acute rheumatism by opium—it may be said, I think, that, after an interval of oblivion and neglect, they have of late years been brought forward as highly successful and novel, if not as absolutely new, modes of treatment. Again, in January, 1797, Mr. Balmain, chief Surgeon to the Territory of New South Wales, contributed "An Account of the Effects of Ipecacuanha in the Cure of Dysentery at Norfolk Island," which was a method of using that drug that is now again in great repute. Mr. Balmain says that in 1795 dysentery was prevalent in a highly aggravated and very fatal form; that he had found the ipecacuanha, given in small doses, always useful, but that he was informed by a Mr. Wentworth that "while he was serving his apprenticeship, a man who lived in the same town where he did was frequently called upon to administer relief in cases of the flux, and, from being uncommonly successful in the cure of it, his nostrum was eagerly sought after by all persons in

the neighbourhood. At last it was discovered that the man's father (who had been a soldier in the wars in Germany, and often dangerously afflicted with the dysentery) used the powder of ipecacuanha in doses of a drachm and a half to two drachms, with the addition of some drops of the tinctura opii, and never found it fail in curing him." Mr. Wentworth had given ninety grains, with forty drops of tinctura opii, in an apparently hopeless case of the disease, and with complete success. Mr. Balmain followed this mode of practice, and "gave the ipecacuanha frequently to the quantity of two drachms, with the addition of sixty drops of tinctura opii, and, in many cases, found that a dose or two was sufficient to remove every dangerous appearance, and that afterwards, by a due attention to the proper use of restoratives, the cure in a number of instances was completed." *

But there is one means of combating disease, the history of which, as read in the records of your Society, is still more remarkable. I thought before I looked through the minutes of the meetings of the Medical Society of London that I had a tolerably good idea of the frequency with which bloodletting was used by our Professional forefathers in the treatment of disease; but I must confess that I was astonished at what I think I may not unfairly call the universality of its employment, and at the extent to which it was in some cases carried. At one time it seems to have been had recourse to in almost every disease, and in every form of every disease. One thing is, however, still more surprising than this, and that is the absolute—I had almost said the abject—abandonment of the employment of the same remedy of late years. And I venture to say that no theories of change of type of disease or of deterioration of constitution in our patients suffice to explain or justify this abandonment. But bloodletting was greatly over used. It was felt to be a very powerful remedy; it was prompt of

* *Vide* "Memoirs of the Medical Society of London," vol. i. p. 210.

action and striking of effect; and it was always ready at hand and of easy application; and so it was extravagantly used and misued. And this was almost inevitable; for, paradoxical as it may sound, may it not be said with truth that a crowning and most clenching proof of the usefulness and power for good of a thing is that it comes to be misused, and perverted into a power for evil? And then comes a reaction against its use, and the good it has done, and may again do, is apt to be forgotten or denied in face of the vivid appreciation of the evil it had been made to work. Thus it happened with regard to bloodletting, and especially with regard to venesection; and the recoil has been so great that, partly in consequence of reaction in the Professional mind, and partly from subservience to popular prejudice and outcry, it has come to pass that we hardly dare to relieve a labouring heart, congestion of lungs, or of other viscera, by the abstraction of an amount of blood which we over and over again see lost by epistaxis or some other form of accidental hæmorrhage, without the loss raising a thought of danger or mischief; and I fear we now and then allow a patient to die whom the lancet might have saved. There have not been wanting lately, however, signs of a return to a more guarded, intelligent, and scientific employment of bloodletting; and with the help of such guides and teachers as Dr. Richardson and some others, this new reaction will, I think, gradually spread and gain force. I am tempted to gather from the Society's Minutes three examples of the former employment of venesection—the first on account of the large amount of blood taken with apparent benefit.

In November, 1819, "Mr. Morley related a case of hæmoptysis, attended by Dr. Cholmeley,* of Guy's Hospital, Mr. Chevalier, and himself. The patient was a gentleman, sixty years of age. Within the space of twenty-two days, eighty-seven ounces of blood were lost by expectoration, two hundred and fifty-four by vene-

* My uncle Dr. Cholmeley had about that time, as I have now, the honour of being one of the Vice-Presidents of the Society.

section, and sixteen ounces by cupping: and this treatment was aided by the strictest antiphlogistic regimen. Yet, when the case was reported, the patient was *perfectly well*, with the exception of some degree of ptyalism, caused by the administration of calomel towards the termination of the attack."

The two other cases I quote, not so much to show the free use of venesection, as because they appear to somewhat resemble what we now call "railway shock," and the success that attended their treatment seems very suggestive.

"In February, 1825, Dr. Clutterbuck related the case of a military gentleman, who, while hunting, about twelve weeks before, being thrown from his horse, fell flat upon his back. Having recovered from the shock, he remounted, and experienced no inconvenience; but three weeks after this event he experienced a numbness in the lower extremities, and some stiffness about the head and neck. The muscles concerned in deglutition and mastication were affected to that degree that the patient swallowed and masticated with difficulty; the iris was somewhat contracted, and but little impressed by light; the pulse was slow and weak; the tongue furred. The patient felt much difficulty in turning in bed, and could not grasp anything with effect. Respiration and digestion were well performed, and the bowels acted as well as usual. He was treated by stimulating remedies, without advantage. Dr. Clutterbuck advised small and repeated bleedings and aperients, and with apparent benefit." Dr. Haslam then related the case of a gentleman "who, in riding, fell from his horse. For a few seconds he was unconscious, then vomited, and was somewhat relieved. For a fortnight afterwards he seemed in excellent health; then began to be unusually vivacious, sleepless, and had numbness of the left arm. Was bled copiously. A state something like delirium occurring, was combated by venesection, and always with success. He was bled copiously eighteen or nineteen times, and at length perfectly recovered."

I must not further extend these therapeutical notes, or I might show how eager the Society has always been to notice

any addition to our weapons against disease. I might quote early notices of the employment of pareira brava, lobelia inflata, nux vomica, strychnia, and other medicines, and show how the Society's attention to therapeutics has continued down to our own days, when Dr. Sansom has brought before us his carbolates, and Dr. Richardson has introduced to the notice of the Profession, through the Society, the bromides of quinine, of morphia, and of strychnia.

The first Fothergillian gold medal was founded by Dr. Lettsom, in 1784, and the subject selected for the first competition was, "What diseases may be mitigated or cured by exciting particular affections or passions of the mind?" for the best essay on which the medal was adjudged in 1787 to Dr. William Falconer, of Bath, a Corresponding, and very diligent Member of the Society. In 1790 it was awarded to Dr. Robert Willan, for the best dissertation on "Cutaneous Diseases;" and the original manuscript of this essay—the foundation of Willan's work on diseases of the skin—now forms one of the treasures of your library. In 1791 the medal was carried off by Dr. Lettsom himself for the best dissertation in answer to the question, "What are the principal diseases of great towns, and what are the best methods of preventing or curing the same?" to which was required to be added, "The history of the epidemic constitution and diseases of some great towns for one whole year at least?" After that date I do not find that any of the essays sent in on the various Fothergillian prize subjects were considered worthy of the medal till the year 1801, when it was awarded to Dr. Bowttatz, for his paper "On the Medicinal Effects of Phosphorus." The present Fothergillian medal was founded by Dr. Anthony Fothergill, who died in 1815; but the moneys that he left for the purpose were invested in America, and the "law's delay" so effectually intervened, that not any of it was received by the Society till the end of 1821; nor the remainder till May, 1822. The first subject selected was "Dropsy," but no essay was found deserving of the prize; and it was first

awarded, in 1824, to Mr. R. W. Bampfield, for the best essay "On Diseases of the Spine"—a beginning of orthopædic Surgery. It is unnecessary to give you here the names of the Fothergillian gold medallists since that date. A list of them is published with the annual list of the Officers and Fellows of the Society, and you will find that it contains the names of men well known and highly distinguished in the Profession at large, as well as in the Society. Besides the Fothergillian and the silver medals, the Society now and then awarded extra and special medals. I have already mentioned that in 1804 a gold medal was presented to Dr. Jenner; and in 1793 Dr. Lettsom offered, through the Society, to give twenty guineas, or a gold medal of that value, for the best essay in answer to the question "What diseases are most frequent in workshops, poorhouses, and similar institutions; and what are the best means of preventing or curing them?" In 1795 the prize was awarded to Mr. John Mason Good, Surgeon, then a Fellow of the Society, and so well known since, as Dr. Mason Good, for his valuable work on Medicine.

This is one of the many proofs that these records contain of the interest taken by your Society, even in its earliest days, in questions of public Medicine. Dr. Lettsom's Fothergillian Essay, in 1791, on the "Principal Diseases of Great Towns," is another; and about 1793 or 1794 he contributed a valuable paper on the diet, exercises, bedding, &c., of the prisoners in Newgate. He was led to write it by the observations and inquiries he had made while attending Lord George Gordon, who died of typhus fever in Newgate, in 1793. His paper, which is entitled "Hints respecting the Prison of Newgate," and contains a ground plan of the prison, was published in the fourth volume of the Society's Memoirs.

In 1796 and 1797, Dr. James Johnstone, of Worcester, and Dr. Anthony Fothergill, of Bath, directed the attention of the Fellows of the Society to "the pernicious effects of dry-grinding in the needle manufactory." Dr. Johnstone's

paper, published in vol. v. of the Society's Memoirs, is called, "Some account of a species of Phthisis Pulmonalis peculiar to Persons employed in Pointing Needles, in the Needle Manufacture," and gives a clear description of the disease and its causes, describing how the minute particles of iron and stone are by inspiration drawn into the lungs, and excite continued and increasing irritation, "by which the suppurative irritation is gradually produced, which at length ends in ulceration." He tells us how deadly the dry-grinding was, the operatives rarely reaching the age of forty, and that its dangers were so well known that "parents, in binding their children to the needle trade, for the most part condition that they shall not be employed in this pernicious branch of the manufactory—the grinding or pointing of the needles;" and he advises the use of crape or gauze hoods to prevent or lessen the inhalation of the dust, and the use of water to moisten the hands and the overheated needles. Do some very modern papers on the diseases caused by dry-grinding contain much more information than this? May we speak of this, and of some other instances already mentioned, of what I may perhaps call modern rediscoveries or rehabilitations, as—

"—— Winds
Of memory murmuring the past?"

or of the older papers as examples of—

"—— Presentiments
And such refraction of events
As sometimes rises ere they rise?"

In 1803, the then prevailing epidemic of influenza very largely occupied the attention of the Society, and, wishing "to collect for publication a complete history of the disease, and desirous to ascertain whether the epidemic be contagious or not, and to collect such meteorological observations as will throw light on the natural as well as the Medical history" of it, they addressed a circular letter containing thirty queries to their Corresponding Members in the country.

This letter, with fifty-eight answers to it, "published without alteration or comment," may be read in vol. vi. of the Society's Memoirs. It is interesting to be told that "their lordships, the Postmasters-General, in answer to an application made to them, considering it as a matter interesting to the community, and in the hope of the information obtained proving eventually of benefit to the human race, have with the utmost liberality consented that the correspondence upon the specified objects of these queries shall be carried on free of expense, provided that the replies to them be sent, addressed to the Medical Society of London, in letters not sealed, under cover to Francis Freeling, Esq., London." In those days of heavy postage, this was no slight boon, and it may be looked on as a testimonial to the status and repute of the Society.

In 1807 I find an instance of the evil of what nowadays we call "baby-farming." During a conversation on the various mischiefs arising from intemperance, "Dr. Sims mentioned that a woman in the country had been in the habit of taking in children to nurse, who generally in about a month died. On inquiry being instituted, it was discovered that she gave them a teaspoonful of brandy whenever they cried." One evening in May, in the same year (1807), the Society amused itself with discussing what seems a very curious habit, if it was a habit of the day: "Dr. Sims called the attention of the Society to some observations in the *Times* newspaper on the impropriety of putting brandy into the shoes when wet;" and the evening was devoted to a discussion on the subject. The President and some of the Fellows thought that much advantage might arise from the stimulant property of the spirit. Dr. Clutterbuck opined that cold would be produced by the evaporation, and the water that was left would keep up the cold. Dr. Pinckard suggested that the greater "degree of cold which the spirit caused would excite greater reaction; and hence the benefit." Mr. Lewis said that the spirit applied to the skin rendered it a non-con-

ductor; and the President further remarked that he thought, "while the water would be absorbed by the system, the spirit would not be." It does not appear from the minutes that any of the ingenious debaters spoke from a practical knowledge of the matter they discussed.

The subject of contagion was frequently before the Society, and in March, 1811, in the course of a debate on "Scarlet Fever, and its Contagiousness," Dr. Hamilton observed "that he thought contagious diseases were often spread by washing the linen of infected persons promiscuously with that of others." I need not remind you that this source of the spread of disease has excited much attention lately. Of course, pulmonary consumption and its treatment are frequently mentioned in these minutes of the Society's *Proceedings*, and digitalis is strongly recommended for its effect in lowering the pulse and lessening fever and cough. And I must notice a remarkable communication, in 1812, from Dr. Walker, of Leeds, "On the Varieties of Pulmonary Phthisis." He says—"I have for many years been led to make a material distinction in classing phthisis pulmonalis and in distinguishing the truly *inflammatory* from the *scrofulous* consumption. When, in florid habits, the disease arises from obvious causes—such as a preceding hæmoptysis, pneumonia, or catarrh—the case is in general attended with inflammatory diathesis, and requires a treatment suited to the cause. But in scrofulous habits, in whom the disease creeps on insidiously and slowly, without any violent symptoms of any kind, the debilitating plan of cure, under the idea of inflammatory tubercle, seldom succeeds, and I have in such cases found a moderate allowance of bland preparations of animal food once a day, and mild restorative tonics, agree well."

In the minutes of the meeting on February 21, 1814, a case is noted which may be regarded as essentially one of right hemiplegia with aphasia. "Dr. Pinckard mentioned the case of a young lady, 18 years of age, who suddenly lost all power of motion and speech. She remained eight

weeks without recovering the loss of speech, and regaining very little use of the left side. The ease was extremely distressing, inasmuch as she had not the power of expressing her wishes through any medium of communieation. She died, and on examination of the head a very large abscess was found extending along nearly the whole surface of the *left* hemisphere."

In 1807 mention is first made of rheumatic perieardítis. Dr. Sutton "mentioned several cases of the heart being covered with eoagulable lymph in persons who had died, some of fevers and one of rheumatism." And in 1814, Mr. Powell related a case of disease of the heart from rheumatism. "There had been hæmorrhage from the lungs, dyspnœa, and palpitation. The heart was found to be three times the ordinary size, and there was mueh water in the ehest."

In May, 1820, "Dr. Uwins briefly adverted to the new method of Diagnosis in Thoraeic Diseases reeommended by M. Laennee."

And in Dec., 1823, a paper was read from Dr. Forbes, of Chichestcr, "On a Case of Diseased Heart, with the Appearances on Disseetion, and remarks tending to show the advantages to be derived from the use of the Stethoseope."

It would be impossible for me, without completely exhausting your patience, to enter at all fully into the numerous discussions held by your Soeiety on the Vitality of the Blood; on the question of the eireulation within the eranium, on fever, inflammation, pertussis, erysipelas, ovarian dropsy, puerperal fever, epilepsy, mania, delirium tremens, and so on. I must be eontent with little more than the bare mention of them. Naturally, in a Soeiety of whieh Dr. Clutterbuek was for so many years a very aetive and eminent member, the cause of fever and the treatmcnt of disease by veneseetion were very frequently topics of eonversation. Thus, in 1818, there were repeated debates on the "prevailing epidemie of fever" and its treatment, and Dr. Clutterbuck and some of the Fellows insisted on the neeessity of free veneseetion; but others recommended modes of treatment much more akin

to that followed in the present day. One gentleman mentioned "the case of a young lady with delirium, dry brown tongue, subsultus tendinum, &c., who took a bottle of port wine every twenty-four hours, for some days, and got quite well." Mr. Leese "relied on nitro-muriatic acid, topical bleedings, if the head was much affected, and occasional purgatives, and found this treatment very successful." And another of the Fellows followed the same practice, "with sometimes porter and an opiate at night."

Dr. Clutterbuck was ever ready as the champion of the lancet. In 1836 he read to the Society a paper to prove that delirium tremens is a disease of the character of slow inflammation, and requires bleeding and other antiphlogistic treatment, and not opium. He met, however, with general opposition and dissent. He insisted, also, that hydrophobia is essentially an inflammation of the brain, and must be treated by venesection, digitalis, &c. And so late as the year 1840 he declared, "that in most cases, in ninety-nine per cent., spasmodic asthma depends on an excited action of the mucous membrane, and that the greatest advantage is to be derived in its treatment by repeated small bleedings of from five to eight ounces." And "he mentioned the case of a young lady with pure asthma, who had vainly tried all kinds of sedatives and anti-spasmodies, but was completely cured by small and repeated bleedings." He was supported by some of the Fellows, but Drs. Bennett, Theophilus Thompson, and Marshall Hall insisted on the existence of a purely spasmodic form of asthma, to be treated by belladonna, conium, inhalation of vapours, &c. In the same session Dr. Clutterbuck read an ingenious paper on "Counter-irritation as a Remedial Agent," written to show that a very large proportion of our remedies—purgatives, emetics, and even bleedings, acted as counter-irritants.

In 1832 and 1833 Cholera, of course, claimed a large share of the Society's time, and in the latter year Dr. Tyttler, by special invitation, expounded his theory that the undoubted cause of cholera was the use of deteriorated rice.

In 1843 I met with the first suggestion of the change of type hypothesis. Mr. Proctor, one evening, "inquired whether diseases generally had not changed their type during the last two or three years. He had observed that scarlatina had changed its character, and required a different treatment. Mr. Dendy observed that he had been led to think that an asthenic diathesis prevailed, as during the occurrence of cholera."

Nor may I venture to occupy any more time in showing, as so easily could be shown, how there is not a department in the whole wide field of Medicine which has not been often brought before the Society, and that by the most eminent workers in it, and how the successive communications on the subjects treated of, and the discussions on them, have marked or foreshadowed the improvements and the progress our science and art have made. The few notes I have made of the Society's work in its early years must suffice to show the character and value of its labours in those days, and I must trust to your memories for an appreciation of its busy and fruitful sessions in recent years.

The perusal of these volumes of records of the proceedings of your Society gives rise at first, I think, to feelings of depression and disappointment. Finding that during the latter part of last century and the beginning of this the Fellows of the Society were occupied with questions which occupy us still, discussing problems in the science of Medicine which remain unsolved problems still, and are to this day discussed in our societies and our journals, and perplexed by doubts and difficulties which are doubts and difficulties still, and still perplex us, the reader gets depressed and despondent; he doubts whether Medicine has made any progress, or, at the best, feels sadly that indeed

"Science moves but slowly, slowly, creeping on from point to point;"

but, on reading steadfastly on, the reward comes in a growing and ever-strengthening conviction that

"The thoughts of men *are* widened with the process of the suns,"

and that real and great progress has been made. It may be too true that we cannot yet tell what fever is, but, at any rate, you will not now hear it said, as was said by a Physician in your Society, in 1817, that "whether there is such a disease as typhus, as a specific form of disease, is not yet determined;" nor will you find an eminent Physician ready at all times to prove that "all fevers have their cause in inflammation of the brain." You will not, as in 1834, hear one Physician declaim against morbid anatomy and the stethoscope, and a second declare that he too "cannot see what light has been thrown on the treatment of disease either by the study of pathology or the use of the stethoscope." Nor will you hear, as in 1841 your Society heard, a paper written by one Physician to prove that "most diseases either consist in inflammation, or are consequences of it, more or less remote;" and another, so eminent as was Dr. James Johnson in his day, state that, "although long anxious to discover an universal cause of disease, he had hitherto failed, but that the longer he lived, the more convinced he became of the truth of the opinions maintained in that paper." He believed that ninety-nine cases of disease in the hundred depended, more or less directly, on inflammatory action; "that pulmonary phthisis, neuralgias, etc., all originated in inflammatory action; that gastrodynia is an inflammatory affection of the nerves of the stomach," and that to say, as Dr. Theophilus Thompson had just said, that it might be cured by such drugs as stramonium, was simply absurd. And an opponent of this doctrine could scarcely now be found to support his opposition by the statement that "he could not regard hydrothorax as the result of inflammatory action, because effusion did not take place in children who suffered pleuritis." Need I go on? Did time permit me to draw upon the records of your meetings in recent years, it would be easy to adduce proof upon proof of our gains in knowledge, of our advance in science, and to show how diagnosis has become more clear and precise, prognosis more confident and trustworthy,

and treatment more scientific, more based on and guided by knowledge of the nature and causes of disease, as well as on the empirical knowledge of the effects of remedies. But I need not regret that want of time forbids my doing this, for a knowledge of the more recent proceedings of your Society, and knowledge of the progress of Medicine, are the common property of you all. And I do not doubt of your concurrence when I affirm that the Medical Society of London has had no small share in stimulating and fostering that progress. Of all the impressions derived from the perusal of the minute books, so often referred to, the most vivid, the deepest, the most lasting, is the impression of the great value of this Society, and of the great work it has done. Established when Medical societies were so few that it stood almost alone, when Medical works were — compared to our times—rare and expensive, and Medical journals scarcely existed, and when modes of communication were few and slow, it must have been of incalculable value as a means of diffusion of knowledge, a medium of interchange of thought, experience, and criticism. Established as a great catholic Medical Society in days when the branches of the Profession were marked out by hard-and-fast lines of separation, and the Physician, the Surgeon, and the general Practitioner were parted off in practice to a degree that we can hardly comprehend, it would be difficult to over-estimate the service this Society rendered by providing a common ground of meeting, where each branch of the Profession might learn from the knowledge and experience of the others, and be taught to feel its own deficiencies of education; and yet all were bound together by mutual respect and good fellowship. In this way your Society has been prominent and powerful among the influences which have gradually, by a levelling-up process, welded the Profession into a more combined and equalized whole, and have so raised the education and status of the general Practitioner, so widened and deepened the professional learning of the Surgeon and the Physician. The recognition of part of this change may perhaps

be well illustrated by a rather amusing note from the Society's records. At the end of 1834 a paper was read by Mr. Dendy, on "The Internal Causes of External Diseases," and during the discussion which followed, Dr. Shearman contended that the doctrines set forth were not novel. "Much," he said, "of what is called present pathology has been anticipated. These matters formerly came under the consideration of the Physician alone, while the Surgeon was merely employed in making local applications; but the Surgeon had gradually learned the art of the Physician, and then wanted to promulgate it as a science of his own discovery."

But, Mr. President and Gentlemen, if this estimate of what this Society has been and has done is at all true, a great trust has been handed down to us who are now its Fellows, a weighty responsibility lies upon us; and the Profession at large, and the public, so deeply interested in all that concerns the advance of Medical knowledge, have a right to require an account of our stewardship, and to ask us what we are doing with the honour, the fame, and the power of this Society.

I believe that we can face any such inquiry with clear conscience and good courage. There have been, undoubtedly, periods of lessened vitality, of stagnation, of partial decay even, in our Society—what society has not suffered such periods?—but I venture fearlessly to assert that, as it was in its early days, so now, the Medical Society of London is a great catholic Society of Medicine. As earnest workers in the various departments of Medical science have multiplied, they have longed for more room and consideration for their special fields of work than this Society could afford them, and hence other and special Societies—Medico-Chirurgical, Pathological, Epidemiological, Obstetrical, Clinical—have gradually risen around us; an inevitable result, and the strongest proof of the enlargement and increase of knowledge. But still to us come workers in each and all of these departments. This Society still

receives communications from all, and gives them the best and truest of welcomes—the welcome of earnest, informed attention, and frank, skilled criticism. Is proof of this needed? The great variety and large scope of the communications brought before the Society, and the discussions on them during the last few years, or even the work of the session just ended will give it. Take but a very short and imperfect list of the subjects brought before the Society of late years, and of the men who have brought and discussed them:—

Snow on the Inhalation of Medicines; Snow, Richardson, and Sansom on Anæsthetics, their Uses and Dangers; Forbes Winslow, Maudsley, Harrington Tuke, on Mental Affections; Radcliffe, Russell Reynolds, Anstie, on Epilepsy, on Diseases of the Brain and Nervous Disorders; Risdon Bennett, Sibson, on Pericarditis; Hassall on Sarcina Ventriculi and the Sulphites; Garrod and Fuller on Gout and Rheumatism; Hyde Salter on Asthma, Dyspnœa, Tracheal Dysphagia, and on the Nature and Cause of the Respiratory Murmur; Edward Smith on Alcohol; Harc on the Diagnosis of Tumours and Enlargements of the Kidney; Cockle and Leared on the Sounds of the Heart; Richardson on Fibrinous Concretions in the Heart, the Synthesis of Disease, Uræmia, the Peroxide of Hydrogen, the Nitrate of Amyl, &c., &c.; Druitt on the Philosophy of Cancer; Druitt, Barnes, Tilt, Marion Sims, on Uterine Affections; Hancock and Gay on Internal Strangulation; Hancock, and Bryant, and Gant, on Excision of Joints; H. Smith on Tracheotomy; Gay on a New Method of Treating Ulcers, on Varicose Veins, on Intestinal Obstruction by Bands; Canton on Arcus Senilis; Hunt, Tilbury Fox, on Diseases of the Skin; George Johnson, Sir Duncan Gibb, M. Mackenzie, and Francis Mason on the Laryngoscope; Dr. Jabez Hogg on the Ophthalmoscope; Anstie on the Sphygmograph; Murchison on Hydatids of the Liver; Handfield Jones, Althaus, Habershon, Thudichum, Broadbent, yourself (Mr. President), Thorowgood, Symes Thomp-

son, all have taken part in the work done; and I might swell the list to almost any extent.

Or consider the variety and character of the subjects brought before us in the session just closed. You, Mr. President, have pre-eminently among others, as before, helped to enlarge and render more precise our knowledge of the different forms of Pulmonary Phthisis, and given us most valuable papers on Perityphlitis, and Peribronchial Fibrosis. Thudichum, Sansom, Richardson, have brought the Germ Theory fully before the Society. We have had Surgical papers from Mr. J. D. Hill, Mr. Teevan, and Mr. Maunder; and "Clinical Experiences at the Seat of War" from Thudichum; Ophthalmic papers from Mr. Spencer Watson and Mr. Jabez Hogg; Therapeutics from Richardson and Dr. Prosser James; Aural Surgery by Dr. P. Allen. Orthopædic Surgery has been represented by Mr. Adams and Mr. Brodhurst; Treatment of Skin Disease by Erasmus Wilson; Midwifery by Dr. Brunton; Medical Chemistry by Dr. Meymott Tidy; and various Medical questions have been treated of by Drs. Althaus, Macpherson, Brunton, Sansom, Carpenter of Croydon, Semple, Crisp, and Douglas Powell. Add to this the Lettsomian Lectures and the work of our Clinical Half-hours.

Surely this is enough to justify the assertion that the Medical Society is κατ' ἐξοχήν, *the* Society of Medicine of London; and we who have now the honour to be Fellows of it, while we look back with just pride on its past career, feel bold to hope that our successors will allow that we have not suffered its honour to be tarnished, its fame to be diminished, or its strength and usefulness to wane and lessen; and looking onwards to its future we feel a confident assurance of the fulfilment of our loyal wish *Floreat semper*.

THE END.

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