AN ADDRESS ON THE OLD SURGERY AND THE NEW.

Being the concluding Portion of an Introductory Address delivered to the Medical Society of London at the First Meeting of the Session 1888-9.

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It will not, I think, be out of place for your President, who is this year a surgical one, to say a few words, however imperfectly, about this great branch of our common profession.

I often think we are too apt, in the preoccupation of the present, to forget what a great amount of work was accomplished by our predecessors and how completely, in many instances, they fashioned the pathway which has led to many of our modern achievements. Only to mention the honoured name of Celsus, we find several of the operations described by him are still performed, and he has recorded his experience, or rather the experiences of his time, with a force and precision that never probably have been surpassed. Some perhaps may say, "What have we to do with ancient surgery? We are practical men; give us the surgery of the present day." But much of the practice of the present is founded on the labours of the past, on the thought and the toil of those who are no more:

Vergiss die treuen todtten nicht.

There is some tendency to displace the leaders of the generations who have gone before from the pedestals on which the admiration of their contemporaries has placed them. The traditions of the past are, I suppose, a part of the discipline of the surgical mind. At the same time, one cannot look back to some of the procedures of our ancestors without horror. Imagine limbs being literally chopped off, and the raw surface partially charred to restrain the hæmorrhage, and that without anæsthesia, without narcotics to soothe the horrible anguish. Fancy the red-hot knife, the quivering flesh, the slow and painful healing of wounds by second intention, the fatal atmosphere of hospitals, the gangrene, the larvæ that infested the sores, the vermin, and the deaths! At one time two, three, and even four persons usually occupied the same bed in the Hôtel Dieu of Paris. In the same hospital, and at no very remote date, I have myself seen two and three in a bed. The atmosphere in the wards was sickening, and reeked with the odours of burning flesh arising from incessant moxas. One could not wonder at the dreadful mortality following every sort of operation.

Never were the arms of surgery—literally as well as metaphorically—so well appointed as they are now. People speak of "conservative surgery;" but all surgery, in strictness, is conservative; in fact, to speak of surgery as otherwise is a *non est*.

The exigencies of practical work, perhaps, require divisions; but while it does not follow that the physician must be a surgeon, it is quite needful that the surgeon be a physician also; if he be not, how can he properly understand the so frequent constitutional origin of local disease, the true nature of tubercular and other deposits? We know that neurosis of a joint, a localised hysteria, has been often treated by means least calculated to benefit it, and has even ended in the excision of an articulation in every structural respect normal. Not once or twice only has pregnancy been looked upon as ascites, and ascites as pregnancy, or has ovarian disease has simulated, or seemed to simulate, pregnancy, and pregnancy been taken for ovarian tumour, with disastrous consequences. Abscess has been mistaken for aneurysm, and, worse still, aneurysm for abscess. Think of the trocar being resorted to under any of these conditions erroneously. These considerations are not new, but they are none the less of moment.

The future of surgery, I am of opinion, will be found in a greater breadth of culture on the part of those who practise it, and in dealing with the body as a whole, as well as looking to the various requirements of its parts.

Our most cultured intelligence is not too much to devote to

the noble object of appeasing anguish, and directing to safe issues the casualties that beset the most wondrous structure this world contains. If one of the old surgeons should return to earth, how greatly, for instance, would he be astonished at the simplicity of the procedure now adopted for the reduction of dislocation. The pulleys, the rack, appliances more befitting a room of torture than the operating theatre of a hospital, are replaced by an assistant or two, a sheet or napkin, or often the unaided *tour de maître* of the surgeon himself. On the manner of dealing with wounds it is unnecessary to speak; everyone must admit the vast progress which has been made; within the last few years it has amounted to revolution. As contrasted with the methods of ancient days, it is safe and painless. It is no longer needful to insist upon the necessity of aseptic and antiseptic procedures, of strictest cleanliness in air, person, and environment. The relative rarity of so-called hospital diseases, blood-poisoning, traumatic fever, erysipelas, and gangrene bespeaks the improved hygiene of modern times. Secondary hæmorrhage is much less frequent, wounds, as a rule, heal by first intention, the tendency to pain and inflammation is abated. In every branch of surgery progress has been made.

Our fathers would look on with amazement could they but witness the ablation of a diseased ovary, spleen, or kidney; the modern methods of dealing with stone in the bladder, the treatment of aneurysm by ligature or by compression, instead of the former evacuation of the sac with its attendant risks; the radical cure of hernia and much besides.

Tubercular disease under a multitude of circumstances has to be dealt with by the surgeon. Its etiology is surely better determined than it was before. Among animal poisons, syphilis, glanders, and the poisons of hydrophobia and of tetanus, we have as yet been unable to remove from our midst. Yet they are managed, on the whole, more successfully than in days gone by, and their causes and manner of treatment are becoming better known. Cancer we have hitherto striven against in vain. Its etiology is among the problems which await solution, I would fain hope, in a near future.

Yet we can accurately localise a tumour or abscess in the brain, and in many cases relieve the patient from an otherwise certain death. We deal with the former sealed cavity of the skull and its precious contents almost as freely as with other parts of the body.

To discover the precise position and afterwards to successfully remove a tumour of the spinal cord is an achievement of which any body of surgeons might be proud.

Diseases of the lungs and chest cavity are directly dealt with in a manner heretofore unthought of.

And as for the abdomen, an "open sesame" has been found for every organ within its cavity. Cases both of disease and injury have alike been submitted to active intervention at the hands of the modern surgeon, whose courage has been amply justified by his success.

The field of practice is vast, the subjects of inquiry are multitudinous, and surgery is always progressive. New triumphs of skill, a deeper insight into the causes of premature human destruction, and more effective means of dealing with them await, without question, the surgeon of the future, as they have more or less attended the surgeon of the present and his brother of the days that are gone by.

Yet medicine and surgery are not two sciences, but one science, aiding and aided, having the same end in view; and any disparaging comparison of one in regard of the other is not less futile than it is absurd.

This Society, in its purpose and its work, exemplifies the union of the two great branches of our profession in their common task of alleviating all kinds of suffering, and prolonging, as far as may be, the span of a healthy life.

An interesting ceremony recently took place at the Devonshire Hospital, Buxton, a three-quarters life-size portrait of Dr. Robertson being presented to the trustees and committee of management of the hospital on behalf of the subscribers, who included His Grace the Duke of Devonshire, K.G.

LECTURES TO PLUMBERS.—The West of Scotland Technical College authorities and the District Council, acting in conjunction with the Plumbers' Company, have started technical classes for plumbers. On the occasion of the introductory lecture at Glasgow, upwards of 800 plumbers—masters, operatives, and apprentices—from all parts of the district were present.