old Cæsarean section, and the mother died in every case. In a fourth case, seven years ago, I did exactly what Sanger claims as a new operation, and I removed the appendages to prevent future impregnation, but the patient died. I put all these deaths down to the fatal influence of the "puerperal condition," but it is clear that that explanation is nonsense, for I have now done four operations on the principle laid down by Professor Porro, and all the mothers have recovered, and the children have all lived. The operation I perform is certainly not Porro's operation, for I have altered nearly every detail; but the discovery of the new principle—that of removing the uterus to save the mother from the fatal effects of suppurative metritis, and the possibility of having the same trouble over again—is the credit of my friend Professor Porro. I prefer to give the operation the name of no particular person, because men's names attached to operations are always productive of misunderstandings, quarrels, and confusion. I indicate the principle by calling it "amputation of the pregnant uterus," every word of this term being fact, and not theory.

Analysis of Series.	Cases.	Deaths.	Mortality.	Mortality of previous Series.
			per cent.	per cent.
Exploratory incisions ...	53	2	3.7	2.1
Cystoma parovarian ...	24	1	3.3	8.1
" of one ovary ...	158	6		
" of both ovaries ...	78	2		
Enucleation of cysts of broad ligament...	12	0		
Removal of appendages for myoma	148	3	2.03	7.0
Removal of appendages for inflammatory diseases ...	283	9	3.42	5.0
Removal of appendages for deformity ...	2	0	0.0	0.0
Hysterectomy ...	88	10	11.3	35.7
Opening and draining pelvic abscesses ...	6	0	0.0	0.0
Hepatotomy ...	5	1	20.0	0.0
Cholecystotomy ...	28	2	7.1	0.0
Nephrectomy ...	12	2	16.6	0.0
Nephrotomy ...	24	1	4.16	0.0
Ruptured tubal pregnancy ...	28	1	3.57	9.0
Hydatids of peritoneum ...	4	0	0.0	0.0
Tumours of omentum and mesentery ...	2	0	0.0	0.0
Enterotomy ...	11	2	18.18	12.5
Supp. peritonitis, opened and drained ...	26	4	15.34	22.2
Puerperal peritonitis ...	4	3	75.0	—
Radical cure of hernia ...	9	0	0.0	0.0
Amputation of pregnant uterus ...	3	0	0.0	—
Tumour of abdominal wall ...	1	0	0.0	—
Resection of cæcum for cancer ...	1	1	100.0	—
Perityphlitis, removal of vermiform appendix ...	2	0	0.0	—
Incomplete operations ...	6	3	50.0	50.0
Cholelithotrixy ...	2	0	0.0	—
	1,000	53	5.3	9.2

This operation, I venture to predict, will revolutionise the obstetric art, and in two years we shall hear no more of craniotomy² and evisceration, for this new method will save more lives than these proceedings do, and it is far easier of performance. It is the easiest operation in abdominal surgery, and every country practitioner ought to be able and always prepared to perform it. No special instruments are required—nothing but a knife, some artery forceps, a piece of rubber drainage-tube, two or three knitting-needles, and a little perchloride of iron.

My method of operating is to make an incision through the middle line large enough to admit my hand, and then I pass a piece of rubber drainage-tube (without any holes in it) as a loop over the fundus uteri, and bring it down so as to encircle the cervix, taking care that it does not include a loop of intestine. I then make a single hitch and draw it tight round the cervix, so as to completely stop the circulation. I give the ends of the tube to an assistant, who keeps them well on the strain, so as to prevent the loose knot from slipping, the reason of this being that should there be any bleeding and any necessity for further constriction, I could secure this in a moment, without undoing any knot, and the simplicity of this method greatly commends it. I then make a small opening in the uterus, and enlarge it by tearing with my two forefingers, seize the child by a foot and remove it. I then remove the placenta, and by that time the uterus has completely contracted, and is easily drawn through the wound in the abdominal wall. The constricting tube will now probably require to be tightened, and the second hitch of the knot may be put on at the same time and the work is practically done. Stuff

² Save for hydrocephalus.

a few sponges into the wound to keep the cavity clear of blood, and pass the knitting needles through the flattened tube and through the cervix, and in this simple way a clamp of the most efficient kind is at once made. The uterus is removed about three-quarters of an inch above the rubber tube. The usual stitches are put in, the wound closed round the stump, which, of course, is brought to the lower part of the opening, and then the stump is dressed with perchloride of iron in the usual way.

The operation takes far less time to perform than it takes to describe, and as there is hardly any possibility of complications, it is one of the simplest operations that can be undertaken, and must always be pretty much the same; for this reason no one need be in any fear about undertaking it, for in the absence of variation in the difficulties to be encountered, it differs entirely from any other operation in abdominal surgery. If performed before the patient has been mauled about by ineffectual attempts to deliver, its mortality will be no greater than that of ovariectomy, and the arguments in its favour against all alternative proceedings are, first, that it cannot be more dangerous to the mother than most of these are, that it saves the life of the child, that it prevents the unfortunate mother from again being placed in a similar condition, and it certainly has the great advantage over alternative proceedings having a similar object, that its great simplicity, as contrasted for instance with operations proposed by Thomas, Müller, and Sanger, will make it possible for the country doctor, less experienced in surgery, to perform it without hesitation. These complicated and difficult proceedings may have their advantages, though I confess I do not see them, but they will be left for the hands of experienced specialists. The operation I have described will be the operation of emergency, when only the resources of general practice are at hand.

✓ PRESIDENTIAL ADDRESS ON THE PROGRESS OF LARYNGOLOGY.

Delivered at the First Meeting of the British Laryngological Society, on November 14th, 1888.

By SIR MORELL MACKENZIE, M.D.LOND.,

Consulting Physician to the Hospital for Diseases of the Throat, Golden Square; late Physician to the London Hospital.

GENTLEMEN,—My first duty on taking possession of the presidential chair to which your suffrages have called me is to thank you for the high honour which you have conferred on me. I consider it much more than a mere honorary distinction to be chosen to preside over such an assembly as this. To be the first president of a Society numbering among its members the foremost workers in the field of medical science to the cultivation of which my own professional life has been devoted, is a dignity and a privilege peculiarly gratifying to me. It will be my endeavour to justify your selection by striving to be something more than a figure-head—ornamental, or the reverse—as presidents have been sometimes known to be.

In discharging the duties of my office, I have to think, not like certain great monarchs, that the eyes of my predecessors are on me, but that I am setting an example and establishing precedents for my successors. The Society whose formal entrance on life we are met here to-night to celebrate is, I feel, destined to play a most important part in the furtherance of our knowledge of diseases of the upper air-passages, and of our ability to prevent and cure them. But the scientific work which it will perform, valuable as that cannot fail to be, is not its only title to independent existence. Our Society embodies in concrete form the development and tendency, the efforts and aspirations, of laryngology. It gives a "local habitation and a name" to the speciality such as it has never yet had before the public eye in this country. The Laryngological Association supplies a bond of professional union among throat specialists in the United Kingdom which has hitherto been wanting. It has, therefore, a double function—the advance of laryngology, and the promotion of proper *esprit de corps* among its professors. Under both these aspects the Society will, there can be no doubt, be of the greatest use to the younger generation of specialists; and I, as representing

the older race, who had to fight their way to professional recognition without these advantages, now bid God-speed to the youngest of the medical societies of London.

To us veterans the successful establishment of the Laryngological Association is doubly satisfactory, as it is, if I may say so, a monument of our past labours as well as an earnest of future progress to be achieved by younger toilers. A very few years ago such a Society would have been impossible, not from the lack of objects of scientific activity, but from the want of men. Twenty-five years ago throat surgery was in the hands of anyone who chose to "swab out" the larynx, or, to speak more exactly, the upper surface of the epiglottis, with nitrate of silver. But the invention of the laryngoscope created a new era. The new speciality, of course, became at once a target for the *frances-tireurs* of the medical press to shoot at. The profession would probably have heard of a new religion with equanimity or of a new vice with interest, but a new speciality was a thing which would not be tolerated.

I shall not indulge in the harmless amusement of flogging a dead horse for your edification. Specialism needs no defence at my hands, and, besides, I have already said all that I care to say on that matter elsewhere. As for our own speciality in particular, it has had the ordinary fate of every great improvement in the healing art since medical corporations have been in existence. The laryngoscope was at first ridiculed as a "toy," then declared to be useless, and finally it was gravely stated, in a leading medical journal, that "without its use throat diseases were perfectly well treated in every general hospital in London." How great a change has taken place since that time can best be estimated by the presence of the distinguished assembly which I have now the honour of addressing. There can be no doubt that laryngology has ceased to be the "poor relation" which it was once thought to be—it is no longer the Lazarus feeding on the crumbs that fell from the table of the medical Dives who had taken all disease to be his province. It has forced its way to its proper position, and now carries its head as high as any of its sister specialities. It appears to be even in danger of becoming fashionable—at any rate the number of its votaries has lately been increasing and multiplying with a rapidity which makes one inclined to wonder, with Abernethy, "What is to become of them all?"

But however bad for the individual the crowd of competitors may be, it is an unmixed benefit for suffering humanity, for science, and, let me add, for this Society. We do not dread the increase of the laryngological population, nor wish for any Malthus to teach us how to check it; in whatever numbers they come we can find room for them all, and we shall be glad to accept not only their subscriptions, but their contributions to our funded capital of knowledge. Nor do we wish to confine our membership exclusively to specialists. We are ready to welcome all who are interested in the subjects which interest us, provided they are serious workers who can help us in any way. We are specialists in no narrow sense, but wish to cultivate our own corner of the field of medicine with every kind of assistance that may be available. *Liat lux* is our motto, from whatever quarter the light may proceed; we are not, I hope, so foolish as to accept no other source of illumination than the laryngological lamp.

That the establishment of this Society marks an epoch in the progress of our speciality will not, I imagine, be denied by anyone whose mental vision is unblurred by personal prejudice. The objections which have been raised to its creation in certain quarters are so trivial as hardly to call for serious notice. Thus we are assured that there is no need for our Society, because the British Medical Association was this year graciously pleased to assign a separate Section, at its general meeting, to laryngology. But even supposing that this arrangement were permanent, can it be seriously contended that what I may, perhaps, without too much irreverence call a "scratch" assemblage of specialists, held during three days in the year in the midst of every sort of temptation to pleasure-making, is sufficient for the discussion of matters interesting to members of our fraternity, for the interchange of scientific ideas, the ventilation and criticism of new theories, the demonstration of new methods of diagnosis and treatment, the exhibition of new apparatus, and the manifold purposes which can only be fulfilled by personal meeting and debate? The suggestion is, I venture to say, one of the worst insults that has ever been offered to laryngology, for it implies that the subject is so narrow as to require only a few hours for the adequate report of the progress made in the foregoing year, with full discussion of all the points involved therein. It is understood that our speciality

was constituted an independent Section this year in recognition of the excellent work which was done in the Laryngological Sub-section last year in Dublin; but different counsels have already prevailed, and next year laryngology is to be combined with otology at Leeds, an arrangement equally inconvenient to two sets of specialists.

No one has a warmer appreciation of the British Medical Association than I have. There is certainly no medical organisation which has done so much good during the past fifteen years as it has done. Every member must feel proud of the JOURNAL, and many of us must look back with pleasure to the great annual medical assemblies we have attended. I myself have the greatest reason to be grateful to the Association, as some of my earliest and most enduring friendships were formed at its pleasant gatherings; but this does not blind me to the fact that such a body is very unsuited to control the destinies of a great and important speciality; so far from the British Medical Association giving us advice, there are many of us who could give very useful advice to the Association. Twenty-five years ago, when I first began attending the annual meetings, there were no lectures at all. The members met in one large hall, and the papers that were read were of a character calculated to interest the whole medical profession. Those who wished to hear certain papers attended the meetings, and those who did not think they should be edified stayed away, but now, owing to the fact that interesting subjects are read in different sections at the same time, those who attend the annual meetings are very frequently prevented from being present at discussions which they would like to attend. Indeed, the multiplication of sections and subsections has, in my opinion, enormously diminished the usefulness and interest of the annual meetings. It may be desirable, or even necessary, to recognise such broad distinctions as surgery, medicine, and perhaps obstetrics, but I feel sure that a large number of the profession must agree with me that the undue multiplication of sections is a great drawback. I recollect once attending a meeting of an Otological Section. There were six gentlemen in the room; these consisted of the President, Secretary, the reader of the paper, and the gentleman who was apparently present to oppose him (all these four were London practitioners); there were also two young gentlemen who looked as if they were attending a preliminary course of instruction at the provincial hospital before coming to London, and I was myself the seventh victim. After waiting a few minutes and hearing a discussion on the ever-fertile subject, catarrh of the middle ear, I was hesitating as to how I would leave the room without hurting the feelings of my London friends. Signs of distress were actively shown when I made preparations for departure, and the President, a distinguished London aurist, even said, in a stage whisper, "Don't go; there is something very interesting coming on." I yielded to the blandishments of the President, but after another ten minutes, the reader of the paper not seeming to be making much headway, I withdrew, my example being followed by the two young students, who seemed extremely grateful to me for having given them a lead. This is, I believe, a very fair specimen of a meeting of one of the minor Sections of the British Medical Association.

In any case, these homely little parties do not give the laryngologists of the United Kingdom anything like the opportunities of personal intercourse, or of that attrition of mind with mind which are essential to progress.

What, after all, is the advantage of scientific gatherings of all kinds? Is it not to make workers in the same field acquainted not only with each other's labours, but with each other's person and character? A man's theories can be read, and the value of them can be gauged to a certain extent by the written words, but adequate allowance for the "personal equation" can only be made by those who know the man in his mental habit as he lives, his intellectual temper, his general character, and even his physical constitution. This practical knowledge, so necessary for the proper discounting of dogmatic assertions, sweeping generalisations, and enthusiastic anticipations, can only be acquired by seeing the man and hearing his living voice. This is what makes medical societies the greatest instruments of medical progress; the fire of debate separates base metal from true more quickly and more effectually than volumes of printed criticism. Hitherto, laryngologists in England have been almost without the means of judging of each other's quality, and estimating the value of each other's work. It is ridiculous to say that the general medical societies give them sufficient facilities in this direction; it would be just as reasonable to say that there is no need for journals de-

voted to the speciality, because the *Lancet* and the *BRITISH MEDICAL JOURNAL* can occasionally be induced to publish an article on a laryngological subject. Again, it is quite a different matter to read a paper on a special subject before a general medical society and before a select body of experts. The general society is pleased, no doubt, and possibly enlightened; but it can pass no trustworthy judgment on the work presented to it, which is forthwith buried in the limbo of its *Transactions*, whence it may be years before it is disinterred by some laborious inquirer. Further, a general society is more or less helpless as to the quality of papers on special subjects which may be offered to it. The work of specialists can only be appraised at its true value by their professional peers, that is to say, only by their brother specialists. One not unimportant function of an Association like ours is to winnow the wheat from the chaff, to eliminate the refuse, and preserve the useful matter. Nothing can compensate for the want of the shock of minds which is as the breath of life to scientific societies; and laryngology, no doubt, in this country has suffered from this cause. If our Society does nothing beyond supplying this want, it will amply justify its existence.

The talk about a Laryngological Society leading to "isolation" is the merest claptrap. It is, indeed, the old familiar bogey held up for the terror of the youthful mind in the form of the awful consequences which must follow the divorce of laryngology from general medicine. No laryngologist, so far as I am aware, has the slightest wish to be "independent" of general medicine, any more than the captain of a coasting steamer wishes to be "independent" of navigation. Surely specialists may gather together to compare notes as to details of their work without surrendering the scientific principles which unite them to the general body of their profession. Are members of the Society of Antiquaries in danger of becoming "independent" of general history? Do the members of those highly-specialised bodies, the Shelley or the Browning Societies, run any serious risk of forgetting that there are other poets besides those to whom their chief worship is paid?

These, gentlemen, are the principal objections which I have heard to the foundation of this Society, and it is significant that so far they have only been heard in one quarter; and the voice that utters them has remained without echo, like "the voice of one crying in the wilderness." I need not, it seems to me, pursue the subject further. Whatever objections there may be to its existence, the Laryngological Association has passed beyond the region of argument, and is now a reality which must in future be reckoned with. It remains for all of us to use every effort to make its actual work worthy of the objects for which it has been founded, and of the hopes with which its birth has been hailed.

I fear I have already detained you too long, but I should like to conclude with a few words of advice to my younger brethren, which, coming from one of the pioneers of the speciality (if I may say so without egotism), will, I trust, be considered neither superfluous nor impertinent.

In the first place, I would urgently recommend the younger members of this Association, whilst devoting themselves to our speciality, to continue to practise general medicine or surgery for the first ten years of their professional career. It is impossible that a man can be a really good specialist without possessing a general knowledge of disease; and when I say general knowledge I do not mean such a knowledge as can be obtained in a student's career, or even such as may be acquired by the holding of minor appointments at the termination of the hospital curriculum. What I consider requisite is such a familiarity with morbid processes as can only be acquired by those who are in the habit of using all the resources of their art in combating the great variety of ills which flesh is heir to. In my opinion, only those who have acted as general practitioners for some years, or who have held appointments as physicians or surgeons to general hospitals, are thoroughly equipped for practising as specialists. It is only after thorough knowledge has been obtained in many departments of medicine that learning and experience can be focussed with advantage on a single point.

For those who are thoroughly competent there still remains much work to be done in our special department of medicine. It is true that only a quarter of a century ago our knowledge of diseases of the larynx was limited to what can be derived from the *post-mortem* room, and that the diagnosis and treatment were mere blind groping in the dark. On the other hand, it is hardly too much to say that at the present day laryngology more nearly approaches the position of an exact science than any other division of surgery. Much, however, still remains to be done

and, industriously tilled as our small but fruitful field has been, the younger husbandmen whom I see before me may yet hope to reap a plenteous harvest.

A glance at what has been accomplished will best indicate what still remains to be achieved. Whether we examine the pharynx, the larynx, the post-nasal region, or the nose itself, we shall find in each region that many diseases which three decades ago were practically incurable now readily yield to judicious treatment. Chronic follicular disease of the throat, whether exudative or granular, was at the period I refer to so troublesome a complaint that, though patients occasionally "got well," the art of the physician had little to do with their cure. When Hiorace Green introduced nitrate of silver, it was thought that a great discovery had been made; but those who practised in the early days of laryngoscopy can recollect how frequently disappointment resulted from the use of this agent. Now both forms of this disease—a disease, mind you, of remarkable frequency—can be cured with mathematical certainty. Tonsillitis, if treated in the early stage, can now be readily arrested. Catarrhal affections of the larynx, though still claiming all our zeal and attention, are now much more quickly cured than they were a few years ago, and the greater rapidity with which the normal conditions can be restored in cases of chronic inflammation of the larynx has largely prevented those affections from resulting in benign growths; whilst such tumours, when they do occur, are in most cases quickly removed. When we look at the excellent work of Ryland, published some fifty years ago, we can fully appreciate the progress which has been made in recent times. Careful and sound as Ryland's work is, we see how little was really known. We read of laryngeal polypi eighteen inches long discovered only after death. Of course, the almost inevitable fate of such sufferers was death by suffocation. The laryngoscope has banished such cases from the realm of practice, at any rate in civilised countries.

In the case of laryngeal phthisis, the excellent results obtained by Professor Krause and Dr. Heryng have proved conclusively that this disease can be cured, and I urgently invite the younger members of the Society to follow in the path of those distinguished workers. The methods are undoubtedly laborious, and require the greatest industry on the part of the physicians, but the results are eminently satisfactory. I, who have always been of opinion that laryngeal phthisis was in point of fact incurable, must now admit that the possibility of cure, even in unfavourable cases, has been fully established. Dr. Heryng during the last year has given me the opportunity of seeing microscopical specimens of cured tubercular ulcers of the larynx. Under these circumstances, I feel bound to exhort my younger brother specialists to persevere in endeavouring to cure tubercular disease of the larynx, feeling sure that though further modification may be made both as regards the instruments and medicaments, yet the lode has been struck, and all that we have to do is steadily to work it out. In the case of cancer there is also an interesting field for further investigations, and it is not at all unlikely that pre-cancerous conditions such as have of late years been recognised in the tongue and breast may exist, and that by carefully watching and treating such conditions the malignant tendency may be prevented from passing into an accomplished fact. Again, in spite of the enormous masses of statistics that have been collected, I do not think that the relation of benign to malignant disease is definitively settled. Thousands of negative cases are as nothing compared with one positive case, and so many circumstances have to be taken into account in each individual instance that in this particular matter it is obvious that statistics are hardly of any value.

Laryngeal paralyses have been carefully studied in recent years, but though much has already been effected, more remains behind. It must be admitted that the neuropathy of the larynx is as yet very imperfectly known, a fact hardly to be wondered at when it is considered how little the subtler physiology of the organ is understood. The inquiry is a most difficult one, but this should form an additional incentive to ambitious minds.

In diseases of the nose great progress has been made, especially during the last decennium. A polypus, though still trying all our patience, can be more easily, more completely, and more painlessly attacked than ever it was before. The varied morbid phenomena which have been thought to be not infrequently due to diseases of the interior of the nose have in many cases been traced to their particular sources, and a great number of diseases have been cured which formerly almost defied treatment.

Amongst those I must mention especially hay fever and paroxysmal sneezing. In the post-nasal region the cure of adenoid vegetations has resulted in the prevention of deafness to such an extent that there are probably at least 100,000 persons now hearing well who, had it not been for Dr. Meyer's valuable discovery twenty years ago, would be hopelessly deaf. In this region, however, there remains a disease which will tax all your energy and perseverance, all your talents and skill to overcome. I allude to the more severe form of post-nasal catarrh. Any specialist who can discover the means to cure this disease will deserve to rank by the side of Harvey or Jenner!

In your future studies I would especially urge on you not to confine your attention to the graver or more out-of-the-way diseases. I feel convinced that there is a good deal to be done in the somewhat uninteresting region of the minor aphonic ailments. Let me remind you that, however dull such cases may be to the doctor, they are quite otherwise to the patient. It is important, therefore, that even the most commonplace affection should be carefully studied. It is the experience of everyone, I suppose, that such cases, trivial as they are, are often the most difficult to cure. May not this be in part due to the very fact that they are uninteresting? Those who are content perseveringly to interrogate Nature in her everyday dress will, I am persuaded, be fully compensated for such courageous humility.

Let me also point out to my younger *confrères* that our knowledge of the relations of the various constitutional dyscrasias, such as scrofula, gout, and rheumatism, with affections of the throat, might be developed with great advantage; at present, it must be owned the sacred lamp of laryngology sheds only a "dim religious light" on those subjects.

Further, I would urge upon you that various methods of treatment should be perseveringly tried, and the results, whether good or bad, honestly recorded. I think there is, in the case of complaints which are generally looked upon as incurable, far too great a disposition to fold one's arms and acquiesce in the inevitable, laying the flattering unction to one's soul that our duty to our patient is discharged by attempting to relieve his symptoms. Thus one never really tries to cure a cancer because one never hopes to be able to do it. Some exuberance of enthusiasm would, I venture to say, be advantageous even in the most hopeless cases; at any rate, I would have the doctor carry on the battle to the last gasp, by every means his ingenuity can devise. It is only in this way that the secret of coping with these terrible diseases will ever be wrested from Nature. For this reason, among others, I would earnestly impress on young specialists the necessity of keeping themselves well abreast of the progress of their department in every particular. Let them not be satisfied with being merely good "practical" men, jogging contentedly through their professional career with only their own experience to guide them. However large a man's opportunities of observation may be, he should remember that, as Johnson said, "An Athenian blockhead is the worst of blockheads," and should make himself acquainted with what is being done and seen by others. By this the mind is kept open, and premature crystallisation, the penalty of routine, is avoided. This Society will give you opportunities in the direction here indicated which your predecessors never had; and I have no doubt you will use them to the best advantage.

If, as a specialist of some length of days, I might hazard a further word of advice to my younger brethren, it would be this—to give your attention mainly to pathology and therapeutics, seeking to enlighten darkness and eradicate error in these important matters. I would earnestly advise you to give your attention to these subjects rather than to the invention of apparatus. One may earn some cheap renown, no doubt, by modifying the mechanism of a snare, or applying the electric light in some slightly novel fashion to laryngoscopy, but an ambition that is satisfied with such triumphs can hardly be called "an infirmity of noble minds."

I have here indicated, in the briefest and most cursory manner, only a few of the points on which independent observation and research will be well employed; but there are many others. Do not allow yourselves to underestimate the importance of the field which you cultivate because it is of limited extent. Small as the larynx is, it is of immense importance, both in itself and in its relations to other parts. These relations can be satisfactorily studied only by the specialist. How often is the existence of grave mediastinal disease, such as an aneurysm or a solid tumour, first disclosed by the laryngoscope? And, conversely, how often

is it the means of dispelling the suspicion that some such formidable condition exists by showing that the loss of voice is merely functional? The little mirror may in like manner give the first hint of serious disease in the brain.

Again, in the case of phthisis, do we not know that the laryngoscopist can often detect signs of danger invisible to others, and give effectual warning which may prevent the onset of the disease? Thus, gentlemen, we may, not figuratively but literally, call ourselves watchers by the gate of life: scientific sentinels whose duty it is to note the cloud when it is still no bigger than a man's hand, and sound the alarm. Surely this is no ignoble function, but a field of activity presenting opportunities for brain-work which may well tax the highest powers and satisfy the most ambitious.

Work steadfastly then, whether the subject be recondite or apparently trivial. Observe and test everything, and bring your results here to be criticised by your fellow-workers. This will give a definite method and aim to your clinical studies which cannot fail to be fruitful of good. This is not merely a "counsel of perfection;" it is a duty incumbent on all, even the humblest among us, who are engaged in building the ark of medical science for the benefit of the human race. No man with the opportunity of making even the most trivial original observation has the right to keep it to himself; it must be added to the common store. I do not think I can conclude my address better than in the words of Carlyle, which have a special application to members of such societies as this over which I have the honour to preside: "Be no longer a chaos, but a world, or even worldkin. Produce! produce! were it but the pitifulest infinitesimal fraction of a product, produce it in God's name. 'Tis the utmost thou hast in thee: out with it then!" I will only add that however "infinitesimal" your "product" may be, if only it is honestly come by, we shall be glad to welcome it here.

A NEW AND ONLY WAY OF RAISING THE EPIGLOTTIS.

By BENJAMIN HOWARD, A.M., M.D., F.R.C.S.E.

Formerly Lecturer on Surgery in the University of New York; Professor of Surgery and Surgeon to Long Island College Hospital, Brooklyn, New York; and Professor of Surgery in the University of Vermont.

THE epiglottis, mysteriously described by the ancients as "standing at the gateway of life," attracted from a very early period a good deal of curious attention and speculation. Concerning its functions Hippocrates wrote, Plato disputed, Galen experimented, but nearly all of them disagreed.

As a factor in apnoea—to which my remarks will be confined—the introduction of anaesthetics gave to the epiglottis a new, familiar, and momentous interest; but, in contrast to the contentions which, down to the time of Magendie and Pinel, continued about its functions, what was taught at first respecting the epiglottis and the method for its supposed elevation in apnoea has been taught ever since, and is everywhere taught now. This teaching, which to-day governs universal practice, is, I think, correctly expressed as follows:—

1. When the unconscious state deepens into the insensitive state called apnoea, the epiglottis falls backwards and closes the glottis.

2. In this condition the elevation of the epiglottis is the first thing in order and in importance, as, without this, respiration, whether natural or artificial, is impracticable and the result fatal.

3. The only way by which the epiglottis can be raised is by means of the tongue; as the tongue is brought forwards the epiglottis is moved upwards.

For the proposed elevation of the epiglottis by the moving forward of the tongue, the great and good Marshall Hall—who, like most of us, must have experienced the frequent difficulty of getting at it—instituted the protrusion of the entire patient. In 1856-57 he wrote: "The tongue gravitates forward, and draws with it the epiglottis." In another place, without saying how it is to be done, he writes, that to this end (the raising of the epiglottis) the tongue might be "drawn forward." To make the drawing forward possible, Sir James Simpson and Mr. Syme

¹ Read before the Medical Society of London, October 22nd, 1888.

² Address to Royal Humane Society, London, 1856. "Prone and Postural Respiration," London, 1857.