room to have one rectus divided in order that its opponent should have full power to swivel the eye out in the opposite direction. Everybody was "doing squints." Similarly when removal of the uterine appendages was proposed, but long before the just and true principles on which it is now based could be formulated, everybody rushed into the trial of it, and the result was a disastrous epidemic, the chief burden and discredit of which fell upon me.

I was more horrified than I can tell, and much of my time was taken up in disclaiming the doubtful honour of what was called "Tait's operation," in the performance of which every principle advocated by Tait was neglected or deliberately outraged. If the men who engaged in this work had waited for a reasonable trial, a fair discussion, and a just verdict, much discredit for our art would have been spared us. The just verdict has now been arrived at, and the misrepresentation of which this operation was the centre has now ended. But the example is a very telling one in illustrating the want of logical application in our present method of research upon surgical results.

This vast and powerful Association could accomplish almost anything it wished after determining that it was for the good of the world, and after a reasonable method was pointed out for its accomplishment. We tried an expensive experiment in the way of a collective investigation, but from intrinsic reasons it was a failure. The fact is that its plan was lost in diffuseness and defeated by the machinery involving a vast number of contributors—in fact to increase the means of success involved the very essence of increase of risk of failure.

If you want a thing done well you must either do it yourself or trust it to a very small number of workers. I do not think it would be too much to ask our Association to do to place every new drug and every proposal for a new surgical proceeding under the observation of a small responsible committee, whose judgment should precede anything like a wholesale experiment by the professional public at large. This step would certainly clear away a vast amount of rubbish, would direct more extended research into definite lines instead of the indefinite and haphazard roads it now runs upon in almost every instance. And I cannot help feeling it would prevent us doing the great deal of harm which is now done in the early stages of even our best proposals.

My proposal may be crude and impracticable. It may be easily perhaps displaced by some other and better. But if I have only imbued you with necessity for reform I have gained my end and shall have accomplished the object of this Address in Surgery.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF SURGERY.

At the Annual Meeting of the British Medical Association, held in Birmingham, July, 1890.

By T. H. BARTLEET, M.B., F.R.C.S.,

Surgeon to the General Hospital, and Lecturer on Operative Surgery, Queen's College, Birmingham.

THE TEACHING OF OPERATIVE SURGERY.

It is my first and most agreeable duty to welcome my surgical confrères to the city of Birmingham, and to the Surgical Section of the annual meeting of the British Medical Association for 1890. When I reflect that at the last annual meeting in Birmingham my old teacher, Sir William Fergusson, conferred dignity on the post I now occupy, and aided by his knowledge and experience our surgical discussions, and when I reflect on the distinguished predecessor and successors in this chair, I may be pardoned if I am dubious of my capacity, and may be excused if I ask your kindly forbearance. My shortcomings will, however, be supplemented by my erudite colleagues, the Vice-Presidents and Secretaries of the Surgical Section.

The city of Birmingham is a well-equipped surgical centre. We have large general and numerous special hospitals and institutions. The General Hospital, the Queen's Hospital, and the Workhouse Infirmary represent our general hospitals. The former is, I suppose, the oldest charitable medical institution in the district; the Queen's Hospital, founded by Mr. Sands Cox, in connection with the Queen's College; while the City Infirmary presents special interest as exhibiting the construction and equipments of a modern hospital.

In special hospitals we have the Women's Hospital at Sparkhill, about two miles and a half from Birmingham; and the Children's Hospital in Broad Street, close to the beautiful suburb Edgbaston. These two hospitals have out-patient departments in the centre of the city, placed so as to be accessible alike to the inhabitants of the city and also to patients coming in by train from the surrounding districts, while the in-patient departments are so located as to gain pure air and sunlight, with garden surroundings.

The Eye Hospital is a modern and completely equipped institution, though the charity was, I believe, the first provincial eye hospital, and was founded by Mr. Joseph Hodgson, a distinguished Birmingham surgeon, who late in life migrated to London, and was elected President of the College of Surgeons. His portrait graces the Board Room of the General Hospital. Among other special hospitals, we have the Orthopædic Hospital, the Ear and Throat Hospital, the Skin and Lock Hospital. There are also at Edgbaston large and important institutions for the support and education of the blind and of the deaf and dumb.

While near Birmingham, situated so as to catch the pure breezes from the Leckey Hills, is the Birmingham Sanatorium, and on the other side of the town, near to the large park or chase at Sutton Coldfield, is the Suburban Hospital, in connection with the General Hospital, founded by the discriminating generosity of Mr. John Jaffray, a distinguished citizen of Birmingham, and bearing his name. This hospital serves two objects—the one, in conferring the benefits of country air and surroundings on convalescent patients; the other, not less important, in relieving our General Hospital wards of chronic cases, principally surgical cases, such as bone and joint diseases, which, by their necessarily protracted occupation of beds, excluded more urgent acute cases.

The traditions of our profession in this city are, I think you will allow, both interesting and honourable. Dr. Ash was the founder of the General Hospital more than a hundred years ago, at which period its site, now in the midst of an extensive manufacturing district, was suburban. One of the earliest notices to be found in the archives of the institution is a charge for the erection of sign posts to guide the sick poor through the fields to its gates.

Dr. Withering, famous for the introduction to our therapeutic armamentarium of digitalis, was also on its staff. Mr. Freer, one of its surgeons, is notorious in classical surgery as having been the first to ligature successfully the external iliac artery, his case succeeding a fatal one of Abernethy's, and preceding his first successful one, which placed the operation in the list of reliable operations, and which gained him world-wide fame.

Mr. Joseph Hodgson, who wrote a classical work on diseases of arteries, and who was subsequently President of the Royal College of Surgeons, was for forty years a member of the General Hospital surgical staff.

On the Queen's Hospital staff Mr. Sands Cox, founder of it and of the Queen's College; Mr. Langston Parker, in his time a well known syphilographer; Mr. Sampson Gamgee, noted alike in surgery and literature; Dr. Fleming, who made aconite a study; and Dr. Heslop who was associated with the foundation of at least three of our special hospitals, and to whom the library at the Mason College owes its existence.

I believe that physicians and surgeons still living ably maintain the honour and prestige of our profession. Among these I feel I may mention without indecorum those whom the British Medical Association has delighted to honour: our President, Dr. Wade; our President at the meeting in 1872, Mr. Baker; the reader of the Address in Surgery on that occasion, Mr. Oliver Pemberton; the readers of the Addresses in Medicine and Surgery at the present meeting, Sir Walter Foster and Mr. Lawson Tait; and the recipients of the Hastings Prize Medal, Mr. Lawson Tait, Mr. Furneaux Jordan, and the present officer for women's disease, at the General Hospital, Dr. Malins. In connection with this branch of my subject, I would mention that the works of Withering, Hodgson, Freer, and Pemberton are on the table for your inspection.

The medical and surgical staffs of the several hospitals I have mentioned desire me to express the hope that their respective establishments will be visited by many members attending the meeting.

I am about to beg a few minutes in which to bring before you a subject in which I am much interested, and I would fain add to my remarks any weight that may attach to my present honour-

able office. The matter is I think of great importance alike to the public and the profession, and of supreme moment to our medical students.

The subject I refer to is the teaching of operative surgery in our schools. Among a body of experts I need not dwell upon the importance of such teaching.

Each one of us knows that years after our book studies, and after having passed our examinations, we were diligent students in the art of our calling; to some operative dexterity never comes even after years of practice—to none does it come without reiterated experiences.

It must be apparent to all that for the credit of our profession, nay, in the sacred interests of humanity, this important branch of study should be so taught and examined in as to render our students competent if not expert operators.

Such competency is at the present more important than at any previous time. Twenty to fifty years ago operative work was in the hands of the few—country surgeons, or what are termed general practitioners, rarely attempted operative surgery. The cases drifted to the county or city hospitals, and the private cases fell under the care of hospital surgeons, but now the case is widely different. The complete education in the science of surgery accorded to our students has shown them that surgical operations are not the fetish they were formerly when a noted lithotomist in my hearing after an operation, fell on his knees, saying, "thank God, that is safely done," while the establishment throughout the country, in every large village of cottage hospitals has created a necessity for operative dexterity in a class of surgeons in whom it was formerly unnecessary.

I look upon it as a solemn duty to bring this matter forward on this occasion, and to urge its importance upon the regulators of medical education. At the present time England is behind other countries in this matter. Almost every school on the Continent, in France, Germany, Austria, Russia, Italy, and Switzerland, requires instruction and examination in operative surgery. In America the same holds. In Ireland for years past operative surgery has been the subject not only of instruction but of examination, while our English qualifying examinations required neither the one or other, and in the higher examination for the F.R.C.S. the matter appears to be considered of minor importance.

I am aware the subject presents difficulties, the cost of tuition must be considerable since instruction in operative surgery necessarily entails more than ordinary time and trouble. Moreover, the cost of subjects is a serious item, and their sometime scarcity a grave difficulty. Similarly the cost of examining must be alike costly and laborious, but the necessity is I think paramount and if it present itself to our surgical law-makers in the same serious light as it does to me, means will be found to carry into effect a system of instruction and examination in operative surgery which will be a credit to our schools, a help to our students, and a benefit to suffering humanity. Before closing I would express a hope that our Section may be alike interesting and useful. We are greatly indebted to gentlemen who have devoted time and trouble to initiate the discussion on arterial surgery and on intestinal obstruction. I have often thought how useful these meetings might be if in their respective sections one new fact each year was evolved, one vexed point finally settled. I believe we all wish to secure this on the present occasion in our Surgical Section, and I hope and believe that the annual meeting of 1890 will not only be interesting and pleasurable, but will leave its mark upon the science and art of surgery.

A NATIONAL DEAF AND DUMB ASSOCIATION.—A congress, attended by deaf and dumb delegates from all parts of the United Kingdom, was held at Leeds, on July 24th, for the purpose of forming a National Deaf and Dumb Association. The Rev. W. B. Sleight, of Northampton, presided. It was decided to form such an association, its chief objects being to protect the interests, to elevate the social status, and as far as possible to secure higher education for the deaf and dumb, to afford to the Educational Department, Members of Parliament, school authorities, and others information as to the condition, education, and opinion of those so afflicted, and to promote the establishment of suitable missions in neglected districts, and homes for the aged and infirm. The rules were adopted and the officers elected, the proceedings throughout being conducted by means of the deaf and dumb alphabet.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OBSTETRIC MEDICINE AND GYNÆCOLOGY.

At the Annual Meeting of the British Medical Association, held in Birmingham, July, 1890.

By THOMAS SAVAGE, M.D., M.R.C.P.LOND., F.R.C.S.ENG.,

President-elect of the Birmingham and Midland Counties Branch of the British Medical Association.

GYNÆCOLOGY IN ITS RELATIONS TO INSANITY.

GENTLEMEN,—I have, in the first place, two pleasant duties to discharge. One is to offer, as President of this Section, a most hearty welcome to all of you members of the British Medical Association and visitors, especially foreign visitors, who have honoured this annual meeting in our city of Birmingham with your presence. My other duty is to express my acknowledgments for the honour conferred upon myself by the Council of the Association in allotting to me the occupancy of this chair during this meeting. I can only say that, while I might easily name many other more distinguished members who could preside over you with more grace and ability than myself, I would yield to none in my loyalty to the British Medical Association, and to the department of work which this Section embraces, and also in my desire to follow the best traditions of the best men in our common profession.

The work provided for our consideration in this Section is this year, as it has been in previous years, so large and varied that it seems to me the time is now not far distant when it will have to be seriously considered and decided upon whether it will not be for the general good to have a separate Section or Subsection for Gynæcology, apart from the original one of Obstetrics. Within the memory of most of us gynæcology was merely a part of the work of the obstetrician; now, having made such great and rapid advances, it has become almost independent of obstetrics. It is true that the two sisters touch, or may even encroach upon, each other's domain at certain points, but that the projected divorce is to some extent a natural one is seen in the large number of men who practise exclusively diseases of women and who yet do not attend obstetric cases, and, on the other hand, the comparatively few obstetricians who operate to any great extent upon the abdomen.

I am aware that sometimes a difficulty may arise in attempting to draw a hard and fast line of separation, and I think the difficulty would generally come from the obstetrician, who, having failed, for example, to extract the foetus, per *vias naturales*, might hesitate to send for his friend, expert in abdominal operations, to perform a Cesarean section.

Then, again, who is the most fit and proper person to be called in as a consultant in cases of so-called puerperal fever? The general physician, the obstetrician, or the gynæcologist? If the first-named sees the case is it not likely that, whilst recognising the general constitutional condition of the patient, he might, from want of special experience in women's ailments, easily overlook some local pelvic condition, the proper treatment of which might just turn the scale between recovery and a fatal issue? Even if he fully realises the potentialities of abdominal surgery in such cases, I mean in reference to the washing out of a purulent peritonitis or the removal of distended pus-containing Fallopian tubes, etc., he would have to call in the aid of a gynæcologist to complete the treatment. Then if the obstetrician attends the case throughout what is to become of his other patients in the meantime? And ought he, when the time for an operation arrives, to send for the gynæcologist?

Although I wish to credit every practitioner with an earnest and honest desire to do his very best for his patient, yet I am sure that a feeling somewhat akin to jealousy would sometimes be likely to arise in the mind of an obstetrician when called upon to send for a fellow-practitioner to complete work which he himself in his own and nearly-allied department had failed to do.

There is one more point I should like to refer to, and that is the necessity, or otherwise, that exists for most, and certainly all large lunatic asylums, to have a gynæcologist as a member of their medical staff.