blood. But gradually the sputa lost their odour and changed to blood-stained mucus; the temperature became normal; and in about a fortnight all the signs of this mischief passed away; and there remained only some slight swelling of the left leg and thigh, with scarcely any perceptible thickening in the course of the femoral vessels. In another fortnight, there was little to be observed beyond weakness and considerable depression; and, at his own wish, he left the hospital.

Pyæmia, then, as a consequence of phlebitis, is so exceptional that we hardly think of it as among the dangers to which our patient is exposed. The possible or probable occurrence of embolism is a source of far more immediate anxiety, but even this accident is comparatively rare. The majority of cases of thrombosis and phlebitis escape without it. The consequences of this affection are usually from first to last local—that is to say, limited to the vein or veins affected, and to the limb in which it occurs. Any direct evidence of disintegration of the clot within the vein is, for the most part, wanting. As a rule, all we are able to trace is the very gradual disappearance of the signs of thrombosis. The vessel, which at first is tender, distended, and solid, gradually becomes less sensitive to the touch, then reduced in size, but withal firmer and more cord-like; then, week by week, this solid passive cord becomes less and less distinct. The cases are very exceptional in which it remains completely and permanently plugged. No doubt, far more frequently the whole of the clot at length disappears; but, perhaps, in the majority of cases, a portion of the clot remains, either as a thin or thick layer lining the interior, or in the form of fragments shrunk to one side and adherent to the walls. For all practical purposes, then, recovery is complete; and, therefore, in these cases, the prognosis, as a rule, is favourable. I have, however, already mentioned that, where there has been any considerable œdema of the limb, this condition is very apt to linger, and the leg may thus remain cumbersome and troublesome for very many months; and I have already mentioned, too, that, in the gouty form of the affection, there is an especial liability to relapse, and consequently oftentimes much disappointment in the progress of the cure.

Almost the whole of the treatment of phlebitis is described in one word—rest; rest in the horizontal posture, or with the limb affected somewhat raised. When the liability to this affection is great, the most trivial causes seem to determine the formation or extension of clot. It is often started by extra exercise—an unusually long walk or slight overexertion. Even very moderate pressure on a vein, as from one leg resting on the other, will sometimes start it. And, after it has begun, the chances are that the mischief will spread to some extent, do what you will. But absolute rest is the best safeguard. For it is not only of chief efficacy in controlling the extension of the disease, but no other means are known which can be reckoned of any material value in lessening the chance of any of those accidents which wait upon phlebitis. Drugs may be employed when there are any special indications for them. When, for example, there is any evidence of gout or rheumatism, much good may come of physic, or when there are signs of other forms of constitutional disturbance, such as pyrexia. In all circumstances, measures of general hygiene should be carefully attended to. The patient should lie at rest in air as pure as possible; and, in view of the tediousness of these cases, it is often well to have him soon carried to some place where this condition can be best fulfilled. We know how phlebitis is apt to complicate the convalescence of fevers, and cases can be mentioned in which thrombosis or an attack of phlebitis has followed exposure to emanations from foul drains, in such a way as to suggest that some poison mingling with the blood, instead of continuing to disturb the whole mass, has coagulated a portion of it, and has thus been separated from the rest.

Neither can very much be done in thrombosis or phlebitis by local measures. The application of leeches in the course of the vessel has gone out of fashion. The relief they give is but temporary, and sometimes the irritation of their bites will prove mischievous. When the pain is very severe, it can be controlled by the local or general use of opium or morphia, or of something else. Otherwise, I think the most grateful application is, in the early period, a very strong lotion of acetate of lead; one part of the liquor plumbi to seven or eleven or nineteen of water. But, perhaps, the application of cloths wetted in simple water is nearly as good. Bandages at first are not advisable. They heat the limb, and otherwise increase the discomfort. But, when all signs of active mischief have subsided, when little or no tenderness remains, and the œdema is the chief trouble left, then bandages properly applied are undoubtedly very useful. Still later on, shampooing and baths of various kinds may be tried; but these should only be thought of when all risk of disturbing clots has long passed by. The baths of Aix les Bains, or Wiedbad, or the mud-baths of Marienbad may be suggested, and evidence is not wanting of brilliant cures effected by their means.

But, given a case of phlebitis, and it is not difficult to describe in general terms the prospect. At the best, it is likely to last long and prove tedious. It is not without risk to life; but a fatal issue, even from its several causes conjointly, is comparatively rare; and as time goes on, these risks diminish. But, if the patient would reduce these several risks to their lowest value, and otherwise accept conditions most favourable to his recovery, he must make up his mind to lie still for a long time.

AN ADDRESS ON THE HISTORY AND OBJECTS OF THE BRITISH MEDICAL ASSOCIATION.

Delivered at the First Annual Meeting of the Dublin Branch of the Association.

By ALFRED HUDSON, M.D., President.
Physician in Ordinary to the Queen in Ireland, etc.

In occupying this chair for the few moments which remain of my term of office, my first duty is to offer you my sincere thanks for the honour conferred upon me by electing me as the first President of the Dublin Branch of the British Medical Association, and to tender the thanks of the members of the Branch to the distinguished visitors who have honoured us by their presence on this occasion.

Following the example of some of the distinguished men who have held a similar position to mine elsewhere, I shall throw a glance backwards upon the origin, objects, and progress, of the parent Association, and, to a very limited extent, I shall refer to the science it aims to advance. Such an address, while necessarily brief and fragmentary, must be of a twofold character—retrospective and suggestive. The materials I shall chiefly glean in the records of the Association, and more especially of the decade which has elapsed since its annual meeting in this city.

Having been for some years a member of the original Provincial Medical and Surgical Association, I may, perhaps, be permitted to make a few remarks on the precursor of that which is now the most numerous and powerful body existing in the profession.

I would remark, then, that much of the great success which has been achieved was due to two causes—the time and the mode of its inauguration. The time was one of wonderful intellectual activity and scientific progress. It was said by an eloquent writer of the period: “The reason of man is now more fully employed than at any former period; a vast store of mental power, a vast mass of mind, is everywhere at work; what formerly was vainly attempted by the labour of a few is now easily accomplished by the exertions of the many.” A glance at the names and works of the great physicians and surgeons of the time will amply prove the truth of this with regard to our science, so that we may say that the original promoters of the Association took advantage of that “tide in the affairs of men which, taken at the flood, leads on to fortune”. But it is due to the memory of its principal founder, Sir Charles Hastings, to state that much of its success was due to the judgment and clearness of view with which he drew up its rules and defined its objects, calculated, as these were, to advance the interests of the profession and the public, and to elevate the status, and illustrate the talents and acquirements of the provincial practitioner. This latter object was most effectually subserved by the masterly retrospective addresses of such men as Prichard of Bristol, Crosse of Norwich, Scott of Liverpool, Symonds of Clifton, Bardley and Black of Manchester. Even now, no one could peruse these learned essays without improvement, nor without that feeling of admiration which prompted the late Sir William Ferguson to say in his presidential address: “Few physicians or surgeons of the present day would venture upon such extensive ground; but, doubtless, there were giants in those days, for they did their work well.”

All who are familiar with the annual addresses delivered during the last decade will admit that, if necessarily less comprehensive in their scope than those I have alluded to, they are marked by an equally enlightened and philosophic spirit, and justify the wise anticipation of the founder of the Association, that this retrospective view of medicine alone will stamp a considerable value on its proceedings, because nothing can be more proper than that, at stated periods, reports should be made of the advancement of a progressive science.

The career of the Association has been a continued and increasing

success. Founded forty-five years ago, and originally consisting of three hundred and ten members, the numbers have increased year by year, at first slowly, but since the present editor, Mr. Ernest Hart, took charge of its weekly JOURNAL, more rapidly, so that in the last eleven years nearly six thousand members have been added to its strength, and it now numbers nearly eight thousand members, comprising men of the first rank in the profession in the three countries; and has received and conferred honour by having been presided over by men of the highest professional status in the towns in which its annual meetings have been held, as by Sir William Fergusson, in London; Sir Robert Christison, in Edinburgh; by Dr. Stokes, in Dublin; Dr. Acland, in Oxford; and Dr. Paget, in Cambridge.

Commensurate with the growth of the Association in numbers have been the development of its work at its annual meetings, the increase in the number and interest of papers and discussions, and the improvement of its JOURNAL; the increase of the grants of money for the promotion of medicine and the allied sciences, and of its social and political influence.

Its meetings consisted originally of a single section. For several years, they have comprised from four to six, the attendance on each of which has been in proportion more numerous than that of the meetings formerly was. We had, at the late meeting in Manchester, no fewer than nine special addresses of marked ability, on medicine, surgery, midwifery, physiology, sanitary science, and psychology. Its JOURNAL, I think you will all admit, deserves the eulogy of Dr. Allen Thomson, in his address to the Glasgow Branch, that with an enormous circulation it maintains an useful and honourable place among the records of the medical literature of the time. Of the third object, I am happy to learn that the Scientific Grants Committee has this year at its disposal the sum of £400. I also learn that the Committee of Council, acting on the recommendation of the Scientific Grants Committee, have resolved that in future the Hastings Memorial Fund shall be allocated to found a Hastings oration or address, to be delivered biennially by some highly distinguished medical man, at home or abroad, who has elucidated by his researches some important point in medical science or practice.

It cannot be doubted that, by the subdivision into several sections, the power of doing scientific work at the annual meetings has been much increased; but, as Dr. Sieveking remarked (in his Address on Medicine in 1876): "An association can do little *directly* to promote science. Scientific work is rarely well done by large assemblies. The student works in the quiet laboratory, in the secluded library, or at the bedside of his patient; and though he may be encouraged by the sympathy and approval of his contemporaries, science and its results are, and ever will be, his chief reward." It has, however, powerfully contributed to the improvement of medicine as a practical art, by enlisting and embodying the labours and experience of those "silent workers who", says Sir William Jenner (Address on Medicine, 1869) "render most efficient aid, the results of their unspoken experience confirming or refuting the published assertions of the few. It is to the experience of the mass of the profession that we look for the final establishment of doctrine and of the rules of practice."

But the influence of the Association has been most decidedly felt in the improved relations of the members of the profession to each other and to the public, and the consequent increasing influence, both social and political, of the profession as a body, as well as in the promotion of that branch of preventive medicine called sanitary science.

The subjects of social reform and sanitary science, though essentially distinct, have been usually treated of together at the annual meetings under the name of Preventive Medicine, Public Medicine, or State Medicine. They were first thus grouped, so far as I am aware, by our fellow-citizen, Dr. Henry Maunsell, in an able and vigorous discourse on what he termed Political Medicine, published in 1839. I need not remind my hearers of the discourse delivered at the meeting in this city in 1867, by Dr. Rumsey, or of its effect in leading, as it did, through the exertions and influence of Dr. Stokes, to the creation of the Dublin University diploma in State Medicine.

It is to be remarked that a great impulse was given to the study of that portion of Preventive Medicine, which relates to the etiology of fever, by the offer, by Dr. Thackeray, through the Provincial Association, of a prize of £50 for the best essay on the sources and modes of propagation of the continued fevers of Great Britain and Ireland. Not that the prize essay added anything whatever to our knowledge of the subject, or was free from the confusion which pervaded all reports of epidemics of that period (and, I may add, of some of those of the subsequent Irish epidemics of 1847-9; all causes of fever, save contagion, being ignored by the writer, and all distinctions of species, as regards typhus and typhoid, being denied. Many minds were, however,

directed to the subject at this period, with the result of producing method and order where formerly all was confusion, and of placing the etiology and classification of fevers upon a sure and irrefragable basis. The late Dr. Parkes, in his admirable address in 1873, alluded to the pre-existing confusion, but added: "How wonderful is the change now. We can make, in most cases of so-called continued fever, a diagnosis as certain as in small-pox or measles; we know what to expect, and can indicate the limits within which the morbid cause acts. When I contrast this certainty with the vague, hesitating, conjectural, diagnosis of former times; when I think also of the results of this accurate diagnosis, viz., a recognition of the mode and conditions of spread, a recognition which leads at once to preventive measures, I begin to doubt whether, after all, this is not our greatest advance in practical medicine."

But we by no means limit the domain of preventive medicine or sanitation to the investigation and prevention of external or exciting causes of disease. It has a far wider scope, embracing not only the physical, but also the moral, political, and social conditions of mankind. Of the importance of national health, in a political point of view, Dr. Maunsell writes: "No proverb is more trite than that which proclaims health to be the greatest of earthly blessings; but it is even more—it is essential, as man is constituted, to the existence of anything like virtue and peace in a nation. All experience shows that human beings, when placed in circumstances which render their tenure of life especially precarious, become almost in a direct ratio with the uncertainty of their existence, profligate, selfish, and reckless of the sufferings of others." "For my own part," says Dr. Wilks (Address on Medicine, 1872), "I believe a much larger share of the conduct of mankind should come under the cognisance of the medical man. If it be his duty to have regard to man's bodily frame, and not merely to be (as Carlyle says) a body-cobbler, his function is very large, and he immediately enters into the domain taken possession of by the social philosopher, parson, and philanthropist."

Our influence in averting the too prevalent physical, moral, and social evils of intemperance; in controlling the physical education of children; in correcting the evil effects of overwork of the brain, and other evils of the advanced civilisation of the age, will at once suggest themselves as illustrations of Dr. Wilks's remark. But neither would I limit the action of preventive medicine to the antecedents of disease, or exclude it from the domain of curative medicine so termed; on the contrary, I regard the relations of preventive medicine to disease as being coextensive with our anticipations or prognosis of its access, progress, termination, and consequences. It not only recognises and wards off the external exciting causes, but foresees and guards against predisposition, whether arising from age, occupation, habits of living, temperament, constitutional states, pre-existing illness, or the material and moral surroundings of the individual. It takes account alike of the risks attendant on the evolution and development of early age, and the involution and degeneration of advanced life, and regulates its hygienic measures accordingly, looking especially to the improvement of nutrition in the one, and to the due elimination of the products of regressive change in the other extreme. It recognises those constitutional states, whether inherited or acquired, which so frequently cause, combine with, or modify, visceral disease, as gout, struma, and syphilis; and those constitutional tendencies which Sir James Paget defines as "progressive changes growing up towards complete and evident disease; a study comprising the personal health characters, not only of those whose unhealthy constitutions are signalled in some typical form of disease, but in those also who, to the unobservant, may seem nearly well, or indefinitely ill, or, at most, locally unsound". (*Clinical Lectures*.) As a corollary to this, it investigates the state of health before the performance of operations, as with reference to the existence of albuminuria, or of intemperate habits, etc., while, by its anticipatory care of patients after operations, the mortality of these has, in the last thirty years, been reduced, according to Sir J. Paget, fully 50 per cent.

Again, preventive medicine suggests the measures necessary to anticipate and prevent secondary blood-contamination, by infection from diseased surfaces, such as those of the throat in scarlatina and diphtheria, and the intestinal ulcers in typhoid, while it averts the risks to which patients are exposed during the convalescence from these diseases, whether from the effects of disease or from injudicious management.

Preventive medicine also comprises the adaptation of the condition and work of the healthy organs to the condition of those which are unhealthy or enfeebled, so preserving what has been happily termed the balance of safety, and avoiding the too common error of stimulating an enfeebled organ (as the heart by alcohol). Of such treatment, Dr. Russell Reynolds justly observes (Address in Medicine, 1874):—"We may help a man to get through some work for which, without such

aid, he was totally or partially incompetent. We have evoked an amount of vital action that would otherwise have been impossible; but we have used up his life in doing so."

Again, the treatment of functional derangements of internal organs in so far as this is prophylactic of structural change, is, strictly speaking, preventive medicine. To two illustrations I may be permitted to allude. One is that form of congestion of the upper lobe of the lung to which young females are subject, more especially if menstruation be suddenly checked, and which, if neglected, too frequently eventuates in phthisis. The other is those hepatic derangements of which Dr. Murchison says: "I believe the day will come when, with a more perfect knowledge than we now possess of the healthy functions and of the signs of functional derangement of the liver, we shall be enabled to prevent, or to arrest at their commencement, many of the most serious ailments to which mankind are liable, and thereby to add another chapter to the volume of Preventive Medicine (*Croonian Lectures*).

And, to bring this digression to a close, probably no more striking example could be adduced of the value of the principle of preventive medicine than the influence exerted upon the intra-uterine health and future viability of the fœtus by certain medicinal substances administered to the mother. I allude more particularly to the paper read at Manchester by Dr. McClintock, on "Fœtal Therapeutics"; and I would ask, does not the valuable results of the treatment suggested and detailed by him give us ground for hope that some of the predispositions to disease inherited from the parent may be successfully combated by preventive treatment during gestation? Exclusive of syphilis, I would suggest struma, phthisis, and epilepsy as the diseases more especially suited for such therapeutic experiment. It is true that its results, being negative and far distant, may seldom be realised by the experimenter; but, in such cases, as in many others, we act upon the Scriptural precept and "cast pur bread upon the waters, to be found" (it may be) "after many days".

Then, to turn for a moment to the present state of what may be more strictly termed Curative Medicine, in his able and exhaustive address on the Progress of Medicine at Leeds in 1869, Sir W. Jenner made the remark that "the advances of curative medicine have been as decided as those of preventive medicine"; "that not only have sounder views of the rational treatment of special diseases, based on advances of pathological knowledge, been established, but new drugs of great practical worth have been introduced into our *Pharmacopœia*, and old drugs have been found to possess virtues heretofore unsuspected." I must refer to this address, well worthy of attentive perusal, for an enumeration of the more novel remedies then known. Time will not allow me to enumerate the many which have been since introduced, some of which have been adopted by the profession generally, while others are under trial.

Viewing these in their relation to pathological conditions, they seem to fall naturally under four heads:

1. Alternatives, viewed in relation to the several tissues for which they have an affinity, and on which they act; a knowledge which is co-related to that of the special changes to which each tissue is liable.

2. Antiseptics, in relation to septicæmia, pyæmia, diphtheria, and all diseases caused by infective germs.

3. Constructive or recuperative, in relation to excessive waste of blood or tissue, loss of balance between waste and repair, and some forms of tissue-degenerescence.

4. Agents acting on the vaso-motor system of nerves, and through them upon the circulation.

Examples of each class will occur to all, and whether we regard the treatment by alternatives of the syphilitic affections of vital organs, or the antiseptic treatment of Lister, Sansom, and others; or the influence of phosphorus and the hypophosphites on enfeebled brain and spine; or the striking effect of the hypodermic injections of ergotina in internal hæmorrhages, or of that of ether in collapse from hæmorrhage, or heart-failure from other causes, or of the inhalation of nitrite of amyl in the paroxysm of angina. We may appeal to these, with many others, as justifying our faith in medicine, and our anticipation of its future triumphs. To some of these the sciolist and the sceptic may take exception, as well as to other older and equally valuable remedies, as blood-letting, counterirritation, and mercury; but these objections amount to little more than saying I will not believe what I do not understand. But, as Dr. Wood rightly remarks, "to deny as has been done the existence or value of alternative medicines because we cannot tell why mercury relieves syphilis, or why iodide of potassium cures rheumatism, is as absurd as to deny the existence of the syphilitic and the rheumatic dyscrasia because we do not know their ultimate nature" (*H. Wood, Treatise on Therapeutics*, p. 351).

In the arguments of the sceptic we seem to recognise:—1. Objections founded on denial of the *vis consequentie* of treatment. These we can, in some cases, meet by a reference to the physiological action of our remedies; in others, by their immediate and direct effects on diseased phenomena; in others, we have no better answer at present than the experience of the mass of the profession. It were needless to remind you in how many instances this experience has been eventually confirmed by a more enlightened theory; let one example suffice.

We have often been told that the received notion that calomel acted as a cholagogue was disproved by the experiments performed on dogs by Dr. Hughes Bennett and others; but still the fact remained that headache and other supposed toxic effects of bile were removed by a calomel purge. The experiment and the empirical observation would seem to be reconciled by the theory which transfers the action of the drug to the small intestine, by irritating which, says Murchison, "it sweeps along the bile before there is time for its absorption, thus causing an increased flow from the bowel without the secretion from liver being necessarily increased".

2. Some objections are of more positive character, founded on chemical or theoretic grounds, such as Dr. Brinton's argument against that invaluable remedy in cases of gastric ulcer—nitrate of silver; as the objection on similar grounds to benzoic acid in acid states of the urine, and such as some laboured attempts to prove (see Waring's *Therapeutics*, pp. 388 and 389) the inutility of counterirritation by a mixture of fallacious reasoning and flippant ridicule (*Practitioner*, 1869). Here, again, we simply appeal to experience and wait for the explanatory fact.

3. There is the objection grounded on the secondary ill-effects of medicines. But, however just and well founded this may have been in former times, it no longer is so, since—to borrow the terse and pithy language of Mr. Simon—we have learned that "overdoctoring is an evil. Strong measures are not for trifling purposes, nor ought treatment to be allowed except where treatment is necessary". That "in medicine, as in ordinary life, it is the great test of common sense that a man seeks, and it is the great reward of observant experience that he learns to make his means proportionate to his ends" (*Art. Inflammation in Holmes's System of Surgery*).

But, lastly, the sceptic rejecting such moderate views, and relying on his own theoretic arguments, boldly predicts that certain doctrines in pathology or modes of practice can never obtain acceptance in future. In so doing, he ignores two important considerations. The first, that medicine, unlike the exact sciences, advances not directly, but in cycles, and that consequently change is not synonymous with progress. The doctrine or practice of to-day is often discarded to-morrow, only to be again accepted for better reasons and as founded on a surer basis. The illustration of the employment of digitalis in cardiac dropsy will occur to every mind and needs not to be dwelt upon.

But, again, we may remark that the history of medicine, as of other arts and sciences, abounds with vaticinations which have been falsified by advancing knowledge; and with problems pronounced dark and insoluble, which have been solved by its increasing light. Such vaticinations appear to me to be of two kinds, the one due to ignorance or imperfect means of research, the other to the inability to reconcile the novel doctrine or practice with existing theory. Perhaps I may be permitted to mention briefly one or two examples of each.

Cabanis, the author of a classical work on the revolutions of medicine in the beginning of the present century, pronounced the minute anatomy of the brain as not only badly capable of being ascertained by the scalpel or microscope, but as "rather an object of physiological curiosity than of medical utility, and at present wholly useless and likely to remain so". At a more advanced period, Sir Astley Cooper was, like all his contemporaries, so ignorant of the pathology of constitutional syphilis as to teach that it never attacked the vital organs, as the brain, liver, or kidneys. In the retrospective address of 1840, the able orator (Dr. Scott) characterised the doctrine that "the material of contagion is composed of organic matter, and not only an organic, but living matter, as startling, and based on a few unsatisfactory analogies". Lastly, not to multiply examples, that profound physician and psychologist Dr. Prichard, in his retrospective address of 1835, says: "How strange does the following proposition of M. Broussais appear to those who have reflected on the obscurity of the subject. The cause of moral perversion and of suicide in cases of mental derangement consists always in irritation of the trisplanchnic apparatus, and especially of that belonging to the stomach acting on the brain." Doubtless, the hypothesis was, like others of the same author, both too general and too exclusive, but that it contained a germ of truth, daily experience proved; so that Sir W. Gull, in his address in Medicine at the Oxford meeting, remarks that, "as there is no explanation of laughter when the axillary nerves are tickled, so there seems to be none of the morbid fears which

oppress those who are the subjects of some affections of the colon, and who weary our patience with their doleful complaints. Yet, surely we have no more reason to deny the one than the other, though we must at present refer both to some ultimate fact of our natural history."

Now, according to Dr. Fothergill, this is no longer an ultimate fact, but is explained by the fact that the posterior cerebral lobes are fed by the vertebral arteries, these deriving their nerve-supply from the same cervical ganglion, which is in intimate relation with the thoracic ganglia and the splanchnic nerves which supply the abdominal viscera. "Thus", says Dr. Fothergill, "we now comprehend how disturbance in the abdominal viscera can produce melancholia without the intellect being obviously affected. There is anæmia of the posterior cerebral lobes from arteriole spasm, the result of distant irritation."

I would remark, in passing, that there is a possibility of the progress of therapeutics being for a time hindered rather than forwarded by advances in science. One danger arises from relying too much on the results of experiments on animals. Valuable results have, no doubt, been obtained from these, more especially with regard to the physiological action of medicines and to the antagonisms of certain poisons; but, as Dr. Matthews Duncan remarked in his able address on *Obstetric Medicine* in 1874: "There is a variety of circumstances which seem to indicate that the lower animals are not subject to exactly the same laws in these matters as man is, and certainly there must be great caution exercised in arguing in human pathology from the analogy of the lower animals."

Another danger may arise from an undue reliance on the mechanical aids to morbid anatomy and physical diagnosis which abound in the present day. Some of us may remember how, shortly after the introduction of the stethoscope, a too exclusive attention to the physical signs of diseases led not unfrequently to imperfect diagnosis both of the local mischief and of the constitutional state, and certainly a large amount of skill in the use of the more modern appliances is compatible with insufficient comprehension of subjective symptoms, and consequently with imperfect diagnosis. A similar remark holds good with regard to the microscopic study of morbid structure, a profound knowledge of which is also compatible with imperfect acquaintance with the disease which led to it. I would by no means undervalue those mechanical aids, far from it, but "it is well when the tool sharpens the wits that use it, and teaches its pupils in the end to dispense with its services". This reliance on physical diagnosis and its instruments becomes an effectual hindrance to true progress when conjoined with what Dr. Acland, in his presidential address in 1868, happily termed "reckless negation of the accumulated experience of our race". He well observes that "we are superior to our fathers in the means at our disposal, and in the positiveness with which we can up to certain points enunciate our results. But we ought not to overlook the fact that, with these positive gains, we are subject to contingent losses, and that in an epoch of details and comparatively facile methods of inquiry, the greater qualities of patience and reserve may be lost to those who are not themselves original investigators."

Another hindrance to progress is that produced by what I might term waves of fashion, which not only drown our judgment when fashion is at the flood, as when some doctrine or practice is carried to excess—like the much abused apophthegm of Graves, "Let my epitaph be 'He fed fevers,'" or the alcoholic treatment of Todd—but leave us stranded in doubt and uncertainty when it is at the ebb, as when blood-letting, once too indiscriminately employed, is indiscriminately neglected, for no better reason than that its disuse is now the fashion, the only arguments against the *use* being those drawn from the former *abuse* of this remedy.

I shall allude to but one more of the besetting sins of the day, which seems the natural outcome and result of self-confidence, and neglect of the labours of others. It is the unnecessary and increasing accumulation of dry facts, by which, as has been remarked, the progress of science is impeded like as that of an army by its baggage. The age of hypothesis is past, but that mental operation is now often wanting by means of which we advance from the observation and collection of facts to the laws of phenomena, and onwards to the theory of causes. Far too much of our periodical literature is occupied with the details of trite and familiar cases and observations by writers, of whom it might be said that they resemble the fool in "As you like it", of whom Jaques says—

"And in his brain—
Which is as dry as the remainder biscuit
After a voyage—he hath strange places cramm'd
With observation, the which he vents
In mangled forms."

I have said that the Provincial Medical Association was fortunate in its inception; and I think we may say the same of our own Branch

of the British Medical Association, which, thanks to the exertions of our able and energetic honorary secretary, has already established intimate and most friendly relations with the parent body, a proof of which we have in the presence of its distinguished President, and the able editor of its *JOURNAL*, among us to-day, giving "a testimony" (to use the language of the President in accepting the invitation to attend), "of readiness to strengthen the new and important bond which the Dublin Branch forms between the members of our profession in England and Ireland".

I am sure that these feelings will meet with a hearty response in the breasts of all our members, and that each will be anxious to support those interests, and promote those high aims, which the Association has in view. And let us remember that, while working for the Association, we shall be upholding the character of the Irish branch of the profession, a duty so eloquently enforced on the members of the Royal Irish Academy by Professor Jellett, that I shall make no apology for quoting a few words of his address: "God forbid that we should ever forget that the place which our country holds among nations must be fixed by the labours of her children, that their success is her glory, that their defeat or dishonour must fall darkly upon her. If this thought be irrelevant, it has in itself that which must command our attention whatever else may engage it. If it be selfish, it is selfishness so enlarged, so purified—may I not say so noble?—that it cannot fail to exalt the mind where it is found. And Truth herself will not condemn us, if with our devotion to her, a thought of patriotism shall mingle. It will not degrade her worship, nor will it render us unfaithful. We shall not love Truth less because we love our country too."

And surely, if any other stimulus to exertion were needed, we have it in the traditions of the Irish School of Medicine, and the memory of the illustrious band whose fame is for ever associated with it—of whom but one, Sir D. Corrigan, the last but not the least in fame and honours, now survives among us. Of men "whose high ability and conscientious worth", said the late Lord Carlisle on a public occasion, "have heretofore rendered the medical profession in this country illustrious, and have attracted to this city, from all shores, crowds who deemed it a privilege to sit at their feet and to profit by their lessons". And may I not add that we have it in the example of one who has so recently passed away from among us—of him to whom Lord Carlisle alluded by name as "that living light of the profession, Dr. Stokes"—who, though dead, still lives in his living works, in the widespread influence of his clinical teaching, and in the grateful memory of the numerous pupils trained, by his precept and example, to the knowledge and love of their profession, and of the many friends and colleagues to whom he was endeared by his high principles, scrupulous honour, and kindly consideration. Nor will he soon be forgotten by those members of the Association who visited Dublin in 1867, when he presided so worthily over its annual meeting.

The name of Stokes involuntarily suggests that of his great colleague, to whom so graceful and deserved a tribute was lately paid in this College Hall. Colleagues they were, in more than the ordinary sense of the term, for no two men were ever more fitted to be thus associated, inasmuch as in their mental gifts and character they were each the complement of the other. During their lives—and, to a great extent, to the present time—their names were constantly coupled as "Graves and Stokes of the Meath Hospital", as the joint authors of valuable papers in the *Dublin Hospital Reports*, and as the reformers of clinical teaching, and among the foremost of clinical physicians.

And if they differed in their type of mind, they differed in their fate. The man of eagle glance, of rapid intuition, and ardent temperament, died in the meridian of his powers, ere his brilliant theories and many valuable practical suggestions had been generally accepted by the profession. The other, the patient worker and profound thinker, was happily spared to beyond the "three score years and ten", long enjoyed an abundance of the blessings "which should accompany old age", and finally, left the stage of this world amid the mingled admiration and regret of his contemporaries in this and other countries.

Gentlemen, I feel that I have trespassed too long on your time and attention. I shall, therefore, add to my gleanings but one more—a passage from an eulogy on the lives and work of some of the master minds of a former generation, which I regard as peculiarly applicable to both my great teachers, and as conveying a salutary lesson to ourselves.

"And as I endeavoured", says Dr. Robert Ferguson, "to track the workings of master minds, I observed that each felt the insignificance of man amid the might of Nature, and that he who looked most loftily tempered his gaze with such humility as to see nothing in his magnificent acquisitions but a few shells gathered on the shores of an un-

known ocean. And this estimate of human powers, I thought, should be a bar against the indulgence of all those envyings and heart-burnings that too often embitter the professional career. And then, if I followed them into the recesses of their study, I learnt that knowledge not only fills but purifies the understanding; that, in their communing with Nature, their minds had insensibly imbibed her influences; that their industry, like hers, was calm, unobtrusive, and incessant—an instinct rather than an effort, and its reward the gratitude of mankind. If their lives were chequered with the good and evil of our lot, I saw that they sustained the trials of prosperity with honour, and the sharp strokes of adversity with dignity. The consciousness of duties discharged, and the occupations of their career, alleviated private griefs; while the contemplation of the serenity and steadfastness of Nature prepared the heart for those higher and nobler thoughts without which there is indeed no repose."

Let me add, we have reason to know that such thoughts were entertained by both, and consequently that it may be said of both—

"They rest from their labours, and their works do follow them."

IODOFORM AS A LOCAL APPLICATION.

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At a time when many new remedies are constantly being brought to the notice of the profession, and often lauded as of extraordinary virtue, but, after a longer and more extended trial, disappear from practice and are heard of no more, I should feel some disinclination to call attention to a not widely known drug, had not so high an authority as Mr. Berkeley Hill already done so. But, indeed, iodoform scarcely comes within this category. It has been in extensive use for some time by many surgeons, and, during the last two or three years, I have experimented with and prescribed it largely and with the most encouraging results. First discovered about the year 1824 by Serullas, its properties have long been known to chemists. It is readily obtained by adding an alcoholic solution of potash to tincture of iodine, and crystallises as a yellow lustrous coarse-grained powder of a peculiar pungent penetrating odour. It stands in the same relation to its analogues chloroform and bromoform as hydriodic acid does to hydrochloric and hydrobromic. It may be regarded as chloroform (CHCl_3), in which the three atoms of chlorine are replaced by three of iodine (CHI_3). It also forms substitution compounds with chlorine and bromine. It is sparingly soluble in water and glycerine, less sparingly so in alcohol and warm oil, but readily soluble in ether, and to a still greater degree in chloroform.

Two years ago, I made solutions of iodoform in alcohol and ether; but, as the liquid rapidly became of a dark iodine tint, I feared that some substitution-product or decomposition might take place in the liquid, and generally employed the solution in warm oil. Chloroform is, I believe, its most effective solvent. Iodoform can readily, by trituration, be made into an ointment with either lard or vaseline, and its odour, in some measure, disguised by the addition of essential oils, as the essential oil of almonds. As a powder, it can be employed alone or diluted with fullers' earth, magnesia, or tannin; the last mentioned body having the peculiar property of, in some measure, removing its powerful and disagreeable odour.

In the form of suppositories, iodoform has been employed as a local anodyne, but with no marked benefit, as I understand, though I have no experience of it in this respect. As a powder, it has been extensively applied to cancers and venereal sores; and I have to thank my friend Mr. George Perry for calling my attention to its use in these cases, when I was at once struck by the very remarkable results produced. Its action can, perhaps, be best shown by stating its effect in the several affections in which I have applied it.

Venereal Sores.—Iodoform seems to act equally well in these cases whether they are ordinary venereal sores or genuine hard or soft chancres, and whether situated beneath the prepuce or on other parts. Its action seems to be that of a topical irritant in some measure, and it may set up too much local action, if applied to an inflamed sore or wound, as Mr. Berkeley Hill points out in his paper on the subject in the BRITISH MEDICAL JOURNAL of January 26th, 1878. It should not, therefore, be applied to a sore when acutely inflamed.

From records of cases, I find that twenty cases of venereal sores classed "primary syphilis", which occurred in practice in their chance sequence and without any effort at selection, were treated by me by the ordinary local methods, with or without internal remedies. These were, on an average, rather more than twice as long under treatment,

before the sores were completely healed, as the same number of other cases, taken in a similar way and under precisely similar conditions, in which the only remedial measure was the topical application of iodoform. These results are the more encouraging when I add that, in patients so treated, there is diminished risk of buboes and lessened constitutional depression from the more rapid progress of the cases. It seemed to me also that the sequence of secondary syphilis was less frequent. Iodoform acts particularly well in cases where there is a disposition to slough.

Buboes, Syphilitic Ulceration, etc.—In practice, buboes that are most tedious and indolent are of frequent occurrence. They often have deep and extensive sinuses and fissures that show little or no inclination to heal, and sorely tax the patience both of the surgeon and of the patient. I have found that these cases almost invariably rapidly granulate, contract, and cicatrise by the application of iodoform; and the same obtains in the late forms of syphilitic ulceration. A man, about twenty-eight years of age, with serpiginous ulceration of syphilitic origin, which, first breaking out in the groin, had extended over the lower part of the abdomen and upper part of the thigh, and was for over a year under treatment, with every likely remedy, including change to the seaside. In this case, nothing seemed to check the morbid process, or to set up healthy action, till iodoform was called into requisition. Under its use, the ulceration had almost healed, when the patient was lost sight of. I have often injected the deep sinuses that may result from buboes, etc., with a solution of iodoform, and have frequently found them mend under this treatment when other means have failed. As an injection in gonorrhoea, in the few cases in which it was tried, it seemed to set up so much inflammation, that I abandoned its use.

Chronic Ulcers.—In ulcers about the lower extremities, and indeed elsewhere, I have formed a very high opinion of iodoform as a therapeutic agent. I have used it largely both at the hospital and in private. Ulcers that have remained open for years, and on the treatment of which much care and skill have been expended, often close in a few weeks under its influence; but the same caution must be repeated as in the case of venereal sores. It will only irritate the actively inflamed wound. It is the indolent ulcer, from whatever cause it may arise, whether from varicose veins, malnutrition, syphilis, or injury, that is especially benefited by iodoform. Repeatedly, under its use, I have seen a surface, glazed or oedematous, rapidly take on healthy action, granulate, and heal, and this where other measures have been tried for months, or even longer, without effect. Often, too, the pain that so frequently accompanies these ulcerative processes ceases after iodoform has been applied for a few hours.

As a Parasiticide.—In many cases of ringworm of the scalp of long duration, and which had been before the subjects of much and careful treatment, I have prescribed iodoform in the form of an ointment. In several of these, speedy improvement ensued, spores being no longer to be found and the parts returning to a state of health; but I met, in some instances, with considerable difficulty in inducing the parents to apply the remedy, on account of its powerful odour. It set up no violent inflammation, and I hope it may prove an useful adjunct to the means at our disposal for combating that disease.

Chloasma quickly yields to this agent; but, again, its odour is an insuperable objection to its employment in the treatment of this disease. The results that I obtained from its application in several cases of syphilis were not encouraging, as it seemed to give rise to undue irritation. In the form of powder, I have used iodoform in several cases of lupus with ulceration and rodent ulcer; but my observations on its conduct in these cases have not been at present sufficiently complete to warrant a definite opinion.

A word, in conclusion, as to its mode of application. If used as a powder, iodoform should be dusted on the ulcerated surface, and a piece of dry lint, or lint soaked in a weak solution of carbolic acid, may be laid over it, and this process repeated night and morning. Undiluted, I have often found it apt to produce irritation and pain, and, therefore, generally prescribe it mixed with equal parts of either fullers' earth or tannin. As a parasiticide, I have used it as an ointment with about twenty grains to an ounce of lard, and have directed it to be applied twice daily. Such an ointment spread on lint is a convenient mode of application to a wound or ulcer, and its employment in this form prevents the risk of dropping this disagreeably smelling drug on the patient's clothes, etc. If an ointment of the strength named cause inflammation or pain, it may be diluted. I am also in the habit of ordering iodoform in combination with a salt of mercury, etc., with satisfactory results. So also it may most conveniently and easily be applied by painting the part with its solution in alcohol, chloroform, or ether, as Mr. Hill describes.

There are two drawbacks to the use of iodoform. The first is its extremely disagreeable odour, which, unless it is carefully covered over,