punch-bowl given you by Dr. Freind and his co-censors (in 1719), and scorn to dine abroad unless tempted by French cookery and the costliest vintages. We have at any rate the grace to feel that gormandising would be misplaced within our walls; and, until prevalent habits become more moderate, I do not see that we could carry out Harvey's wishes in any mode better than by this *conversazione*. Let us, however, look upon it as a provisional feast.

Some of our benefactors are distinguished as the founders of sundry lectureships called after their names, with which you are familiar. Applied, as intended, to the ocular demonstration of physiological discoveries, these are still made useful.

Notwithstanding, I cannot conscientiously exhort you to a literal following of Croone, or Gulston, or Lumley. The date of a small volume in your library, published by William Caxton, at the bottom of the next street, in 1471, reminds you that four centuries ago there had begun a revolution which renders the foundation of new lectureships an anachronism. The printing-press has crushed the pulpit. It is wise to accept the fact, and to devote to the spread of knowledge by the newer mode, those funds in the disposal of which we may wish to rival the open-handed among our ancestors. There is no way by which a man shall more surely hand down his surname to futurity than by linking it with the publication of the researches of others in a more liberal form than their incomes allow. Remember that you have at your disposal not your own purses only, but that those of your patients will often open at your bidding. I read in the annals that the table and cushions I have alluded to were given "*suasus Doctoris Moundefordi*," and I commend the example to your imitation. Dr. Moundeford had been a kind friend to Lady Arabella during her struggle against the mean tyranny of James the First; and he apparently preferred that the graceful acknowledgment of his kindness should be paid to his college rather than to himself.

Those who like modern instances best, may find one in the noble contest last year between our co-fellow, Dr. Quain and Mr. Cunliffe, the banker, as to which should give £2,000 to secure the building of the Brown Institution for studying diseases of animals.

I have represented designed experiment as the sharpest spur to the progress of rational medicine. But doubtless the guiding vein is observing experience. And it is by experience alone that we can be led to the answer of the question which I asked at the beginning, namely, whether the view which influences modern therapeutics be true as well as new. Some hint as to the future answer may be gained from the more favourable prognosis we are now enabled to give in several diseases whose course is marked and import grave, such as rheumatic fever, pericarditis, pneumonia, typhus. But the final solution must be found after many years in a continuance of the physical improvement noticeable throughout our native population, in increased length of life and diminished liability to fatal sickness, as witnessed first by increase in the profits divided at insurance offices, and latterly by the lessened mortality of the whole population.

To the court of experience we are, one and all of us, called as jurors. There are millions of experiments performed daily by observers who can regulate their conditions. But how are we prepared for turning the experiments into account? What training does the medical student go through which shall enable him to exercise his franchise? I cannot but say that those of us who are teachers in schools have greatly failed of our duties in this respect. I have never yet, as examiner, come across a candidate for diploma, instructed in the art of systematically observing and recording the action of medicines. What an awful waste of raw material is here! Surely the chairs of *materia medica* would be better employed in training a class how to observe, than in discussing varieties of cinchona bark or the shape of senna leaves—a kind of knowledge which no one ever really gets from lectures, but, if he require it, either from a book or a warehouse.

To the court of experience we are one and all of us called as jurors, but more especially those who have the privilege of hospital practice. The duty of aiding in the decision of these questions, by communicating the knowledge gained from our patients, is one that cannot be evaded, and is incumbent upon us to the end of our lives. It can no more be thrown off than can the obligations of a crown, or of inherited wealth. I have sometimes been asked how it is that medical men seldom retire, and usually die in harness; and I say that their harness is their uniform, their decoration, their chiefest reward, and that they lay it aside only at the bidding of their commander-in-chief. When I was in Italy some years ago, on a holiday tour, enforced by a surgical operation, I hesitated whether I should not lengthen my holiday to the end of my life, and leave the race to the swift, the battle to the strong. "Were it not better done, as others use, to sport with Amaryllis in the shade, or with the tangles of Neera's hair?" In visiting Pompeii, I stopped more than once at a sentry-box by the sea-gate, where there

were found the skeleton and arms of a Roman legionary set on guard eighteen hundred years ago. That nameless sentry, I thought, ignorant, sensual heathen, whose flesh lies mouldering among the *debris* of brothels of unmentionable atrocity and filthy wineshops, will yet to the resurrection-call answer "Adsum, Domine!" from a vantage-ground of dignity second to none in the universe—at his post, waiting for orders to leave. And so I turned and came home.

THE ANTISEPTIC TREATMENT OF WOUNDS.

By EDWD. DRUMMOND, M.D. Edin., M.R.C.S. Lond., Oldham.

AMONG four cases in the practice of the Liverpool Royal Infirmary (illustrative of the treatment of wounds on the principles laid down by Mr. Lister), published in the JOURNAL of May 6th, is one of strangulated hernia, in which the wound healed in three days. Having recently treated an almost identical case, with the result of perfect union by first intention, I think it not unworthy of mention.

K. S., aged 30, a member of a family hereditarily disposed to hernia, has been the subject of the oblique inguinal form for six years. I was summoned at six o'clock on the morning of May 3rd, 1871, the hernia having become suddenly strangulated. Having failed with the taxis, I performed herniotomy, the patient having been chloroformed by my friend Mr. Bromley. I opened the sac, and returned a knuckle of intestine and a large portion of omentum. At 6 P.M., I closed the wound with three silver wire sutures and strips of *emplastrum saponis*, placed a pledget of wet lint over the wound, and applied the usual bandage. Next day, she had passed a good night, and was doing well. The following night, the patient was attacked with abdominal tenderness and purging. I saw her at 6 A.M. on the 5th, and ordered two grains of opium immediately, followed by grain-doses every hour. At 9 A.M., the pain was almost gone, and the purging was arrested. At 7 P.M. (forty-nine hours after operation), I removed the dressings, and found perfect union by first intention. The patient got up on the fifth day.

This case shows that at least equally good results may be obtained without as with antiseptic precautions. I found the carbolic acid dressing in use in the York County Hospital in the summer of 1865, but was unable to see that it possessed any special virtue. Ever since the publication of Mr. Lister's views, I have carefully carried out the more elaborate treatment which he suggests in almost every case under my care, including amputations, resections, excisions of tumours, etc.; and the balance of evidence in my mind has been generally in its favour. For example, I removed recently a large fatty tumour by two semi-elliptical incisions eleven and a half inches in length. The wound, closed by fourteen silver wire sutures, and treated antiseptically, healed throughout in four days, without a drop of serum or pus. I am unwilling, therefore, to place myself among the number of those who disbelieve totally in the antiseptic treatment; but I cannot help thinking that the time has arrived when we may look for some authoritative settlement of the question. In medicine, and in a lesser degree in surgery, the tendency has ever been to exaggerate the benefits of new methods. We are all prone *jurare in verba magistri*—ever, let us hope, laudably anxious to be the pioneers of a new era in our art. Can we not, by treating parallel cases with and without carbolic acid dressing, definitely decide whether, on the one hand, the antiseptic method is all its enthusiastic advocates believe it to be, or, on the other, save ourselves from the opprobrium of unduly vaunting a means of treatment which will not stand the test of experience?

THE ENDOSCOPE IN MILITARY SURGERY.—The *Wiener Medizinische Wochenschrift* for June 24th contains a paper by Dr. Christian Fenger, of Copenhagen, in which he suggests the application of the endoscope in the examination of bullet-wounds. From experiments on horses, he last year came to the conclusion that, by means of this instrument, the surgeon may be enabled to see pieces of clothing that have been driven in, or bullets impacted in the cancellous structure of bones; and, having seen them, to remove them easily by means of proper forceps, etc., introduced through the tube of the endoscope. While attending one of the ambulances in France during the late war, he had no opportunity of examining wounds in the early stages; but, in several instances in which he made an examination some weeks after the receipt of the injuries, he was enabled, by introducing an endoscope, to see the interior of the wound distinctly. The introduction of the instrument caused no pain nor hæmorrhage, nor any subsequent irritation. To what extent the suggestion as to the removal of balls and foreign bodies can be carried out in actual practice on the human subject must, Dr. Fenger says, be decided by the future.