In the spirit of the exhortation given by the President in his address to-day, and in the slightly altered words of Bacon, with whom I began, let me conclude by saying: "It were a heaven upon earth, to have the mind illumined by knowledge, to move in charity, and turn upon the poles of truth."

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SUBSECTION OF DISEASES OF THE THROAT.

By GEORGE JOHNSON, M.D., F.R.C.P., F.R.S.,

Professor of Clinical Medicine, and Senior Physician to King's College Hospital;
President of the Subsection.

GENTLEMEN,—The first duty that I have to perform is to express my high appreciation of the honour conferred upon me in the appointment to preside over this important subsection of medicine. I have next the pleasure to offer a hearty British welcome to the many very eminent laryngologists who, from various parts of the continents of Europe and America, have done us the favour and the honour to join this Congress, and to make, as they are about to do, numerous important and highly instructive communications to this department of medicine. The history of the laryngoscope has been often written, and is well known to this learned assembly. I am sure, however, that I shall have your sympathy and your approval in giving a brief expression of our indebtedness to Signor Garcia—whom we have the pleasure to welcome amongst us here to-day—for the pre-eminent share which he has had in the invention of that instrument. While all previous attempts to inspect the living larynx had been incomplete, and barren of further results. Signor Garcia, who has the unquestionable distinction of having been the first man whose thoughtful ingenuity enabled him to see his own larynx, published the results of his autoscopic observations in the *Proceedings of the Royal Society* (vol. vii, 1855), and this publication led on, through the appreciative mind of Professor Türck, and the indefatigable zeal and exertions of the late lamented Professor Czermak, to the creation and the rapid development of the art of laryngoscopy.

It is scarcely possible to overestimate the practical importance of this simple invention. I have been long enough in practice as a physician to have had ample experience of the enormous difficulties which often attended the diagnosis, and therefore the treatment of diseases of the throat in the dark prelaryngoscopic age. And now, by contrast, the result of the new light thrown upon this region by the throat-mirror has been that within the last twenty years our knowledge of laryngeal diseases, including accuracy of diagnosis, with certain and successful treatment, has made greater progress than that of any other department of medicine or surgery during the same period of time. In making this statement, I am not unmindful of the immense advance which has been made in the diagnosis and treatment of eye-diseases since the genius of Helmholtz conferred upon mankind the inestimable gift of the ophthalmoscope.

It is not without interest to compare the practical gains with regard to both diagnosis and treatment, which have been derived respectively from the two analogous instruments—the ophthalmoscope and the laryngoscope. In regard to facility and accuracy of diagnosis, the ophthalmic surgeon and the laryngologist may be considered to have been about equally benefited by the use of their respective instruments. If we take into account the numerous remote diseases, more especially those of the nervous system, upon which the ophthalmoscope has thrown a new light, that instrument may, perhaps, be considered, in the matter of mere diagnosis, to take precedence of the laryngoscope. With regard, however, to improved methods of treatment, and in particular to the introduction of entirely new and previously impossible mechanical operations, there can, I think, be no question that the laryngoscope has done more than can fairly be claimed for the ophthalmoscope. Without doubt the exact diagnosis of eye-diseases has led to improved and more successful treatment, but the ophthalmoscope has afforded no direct aid to treatment comparable, for example, with the safe and easy removal of morbid growths and foreign bodies, which the laryngoscope has made an every-day proceeding.

Amongst the most interesting and important of the scientific and practical gains which have resulted from the use of these two instruments—and which may be claimed alike, if not equally for both—is the fact that, by the inspection respectively of the interior of the eye and of the

larynx, valuable light is often thrown upon the diseases of remote but physiologically correlated organs. If, for example, the ophthalmoscopist sees in the eye a retinitis significant of renal disease, a neuritis indicating cerebral tumour, or an embolism the result of valvular disease of the heart, so in like manner the laryngologist is often led, by the observation of the paralytic or spasmodic condition of one or more laryngeal muscles, to the diagnosis of a general neurotic condition to which the term hysteria is often applied, or of a special local disease in the nervous centre, or, it may be, of a tumour, cervical or intra-thoracic, pressing on the pneumogastric nerve or its branches.

It is obvious that all clinical facts of this kind, indicating, as they do, the interdependence and the close physiological relationship between various tissues and organs, are of great scientific and practical importance. There is reason for the belief that, the more thorough and profound is the investigation of any disease or class of diseases, the more numerous and intimate will be found to be the relationship with other morbid states. The study of renal diseases affords abundant and most instructive illustrations of this proposition.

The more special, therefore, is any department of practice, the greater is the need to recur often to general principles, and to bear in mind that, so close is the solidarity of the animal organism, that there is a literal and physiological truth in the apostolic statement: "Whether one member suffer, all the members suffer with it." The ill-informed portion of the public are apt to look upon a man who has a reputation for skill in the treatment of a particular class of diseases, as of necessity unacquainted with all other diseases. We, on the other hand, maintain that, of the specialist, it should be said with truth that he is one, not who knows less of disease in general, but who knows more of the particular class of diseases to which he has devoted most time and especial attention and study.

The Hippocratic maxim "Life is short, and art is long", is as true now as it was two thousand years ago. Bearing this in mind, and knowing, as I do, how many valuable communications are in store for us, I will occupy no more of your time, but will at once call on the gentleman whose name stands first upon the list to read his promised paper.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF SURGERY.

By JOHN ERIC ERICHSEN, F.R.S.,

Consulting Surgeon to University College Hospital; President of the Section.

GENTLEMEN,—Surgery is never stationary. To be stationary while all around is in movement would be practically to retrograde. But movement does not necessarily mean advance. The general direction of the movement may undoubtedly be forwards, but the factors of that movement do not all equally tend to progress. When the history of surgery comes to be written—and this has never yet been done—it will be found that the surgery of the nineteenth century has not been uniform in its progress in all departments; that its advance has not been continuously in one line, but that its progress has been materially affected by the prevailing bias of the professional mind of the day. Anatomical at one time, physiological at another, the tendency of the surgery of the present day is influenced in one direction by the mechanical spirit of the age, and in another by the advanced pathology which is one of its chief medical characteristics. Yet the continuous advance of our art is undoubted. The gain that thus results has been definitively secured to surgery and to mankind. It can never be lost. Every conquest that has been made has been permanent. Year after year some new position has been won, often, it is true, after a hot conflict of opinion; but once occupied it has never been abandoned. Thus our standpoint has ever been pushed on in advance. For knowledge in science is cumulative, and skill in art is a tradition that is hereditarily transmitted from master to pupil, if not by the individual, yet by the profession to which he belongs, from which he has acquired, and to which he bequeaths it, augmented and perfected by his own labours. With the knowledge of our predecessors we are familiar; to its stores each generation has added. What they have done has been transmitted to us, and we can readily accomplish. In what we can do, we may be sure our successors will not fail.

It is well that, from time to time, this advance should be measured, this gain weighed. The business of this Section is not only to measure the extent of the advance, but to determine the value of the gain; and