gical wards, and designated as erysipelas, pyæmia, ichoræmia, and septicæmia.

Such is the septicæmic theory as to the nature of puerperal fever. Those who hold it, look on the disease as preventable, and assert that its occurrence is due either to ignorance of the precautions necessary to prevent it, or to failure in seeing that such precautions are rigorously carried out. These precautions are of a very elaborate character. They have been very fully set out in a paper read before the New York Academy of Medicine in December last, by Dr. Gaillard Thomas. They are to be put in force in private dwellings of all classes, as well as in hospitals. When a confinement is expected, the patient's room is to be carefully prepared, all curtains and upholstery to be removed, the ceilings and floors are to be washed with a solution of carbolic acid or bichloride of mercury, the bedstead and mattress to be sponged with the same solution. The nurses and physician are to take care that all their clothing is free from septic infection. If they have been exposed to the effluvia of septic diseases, such as typhus or erysipelas, their clothing is to be changed, and their bodies thoroughly sponged with a saturated solution of boracic acid. As labour sets in, the nurse is to wash her hands, remove the dirt from under her nails, and give the patient an antiseptic injection every four hours. The physician is also to wash his hands and attend to his nails; and, after washing, both doctor and nurse are to soak their hands for several minutes in a solution of bichloride of mercury. Labour being complete, the third stage being carefully attended to, the physician is to examine the vulva of the patient; if the perineum have been ruptured, it is to be closed by suture; if slight lacerations have occurred, they are to be dressed with a solution of carbolic acid and persulphate of iron, and painted over with collodion. The patient is to take ergot three times a day for a week, to have the vagina syringed out with an antiseptic lotion every eight hours—twice as often if the labour has been an instrumental or difficult one—and, after each syringing, a pessary of iodoform and cocoa-nut butter is to be introduced into the vagina, the nurse being careful to disinfect her hands before every approach to the genital tract of the woman.

In corroboration of their views, the advocates of the theory appeal to the results which they have obtained by adopting some such mode of preventive treatment as that laid down by Dr. Thomas. But the history of great hospitals, such as that of Dublin or Vienna, shows that puerperal fever will prevail and cause sad mortality at times, and disappear again, and that the conditions governing its movements have not yet been discovered. Dr. Collins's precautions, compared to those recommended by Dr. Thomas, were very simple indeed. "All the beds in the hospital are composed," he says, "of straw, nor is any one used more than a second time without the cover having been washed and the straw renewed. In every instance where the patient dies, this is at once done, and, should the most remote symptom of fever have been present, every article connected with the bedding is instantly scoured and stoved; the woodwork and floor washed with the chloride of lime solution, and the entire ward whitewashed."

To these precautions, along with strict attention to ventilation, he attributes the complete disappearance of puerperal fever, and the fact that his mortality during the last four years of his mastership was the lowest that had ever been recorded. The gentleman who immediately succeeded Dr. Collins in the mastership was his near relative, his pupil and assistant, and, it may be fairly assumed, did not relax his attention to the means that had been so successful with his predecessor; yet we find that the mortality during his mastership was nearly double the total mortality of Dr. Collins's mastership, more than three times that of Dr. Collins's four years' exemption from fever, and the highest recorded in the hospital during the first hundred years of its existence.

The experience of the Vienna hospitals is not less remarkable. "It is familiarly known," Dr. Lusk tells us, "that after Semelweiss had introduced the practice among the physicians attending patients at the large lying-in hospital at Vienna of washing the hands in a solution of chloride of lime, there was a great diminution in the mortality which prevailed, notwithstanding which G. Brann reports, however, that in 1857, in the month of July, in 245 deliveries there were 17 deaths. The following month Professor Klein gave orders to suspend the use of disinfectants. By chance, in August there were only 6 deaths out of 250 confinements; and in September, of 275 patients, none died. From 1857 to 1860, the mortality was slight, though disinfectants were not used; while, during the three following years, in spite of the systematic and persistent employment of those agents, the death-rate once more assumed formidable proportions."

Such experiences are, no doubt, discouraging. The precautions of the present day are, however, much more elaborate than those of Collins

and of Semelweiss; and, let us differ as to our theories as we may, we will all unite in the earnest desire that they may prove not only still more efficient, but more permanent in their effects.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF MEDICINE,

At the Annual Meeting of the British Medical Association, held in Belfast, July and August, 1884,

By JAMES W. T. SMITH, M.D.,

Physician to the Belfast General Hospital; Consulting Physician to the Belfast Lying-in Hospital, and Belfast Children's Hospital.

OLD AND NEW VIEWS IN MEDICAL SCIENCE.

My first duty is to thank the members of the Association for the great honour they have done me in appointing me to preside over the Section of Medicine. I am conscious that my selection is due to the kind feeling of the members, and not to any qualifications of mine for the office. It has been customary for the President to open the Section with a few observations of a preliminary kind, the general addresses already delivered absolving him from the necessity of entering at any length upon the present state of medicine.

Since our last meeting, nothing has occurred, that I am aware of, which requires special notice. The year has been distinguished by no great achievement in the domain of medicine, nor by marked advance in any one direction. But, as in previous years, so has it been in the past one. Some new truths have been established; some doubt confirmed, some fallacy laid bare; some general advance made towards a horizon which is still distant.

When I remember the many distinguished physicians who have preceded me in this chair, I feel I am under a great disadvantage in undertaking to address you, and, in the few observations I propose to make, I intend to touch only on some points which have occurred to me in connection with this meeting.

During the last quarter of a century, our general ideas have materially changed in regard to disease. Many affections which were then looked upon as of the gravest character have now come to be regarded with much less apprehension. It is not so very many years since heart-disease was considered a most dangerous if not inevitably fatal affection. The revelation of a cardiac murmur by the stethoscope was like a sentence of death to the patient, and the facilities which this instrument afforded for detecting these lesions, at a time when their importance was greatly exaggerated, must have revealed to many that they were suffering from a disease, of the existence of which they might otherwise have lived and died in happy ignorance. It may indeed be inferred that the anxiety such knowledge gave rise to must often have been more fatal to the patient than the disease itself; for we have now learned that confirmed valvular disease is far less fatal than was supposed, and that the frequency of sudden death from this lesion has been unduly overrated. In the examination of hospital and other patients, we frequently discover a valvular lesion, which has never given any indications of its presence, and which years after will be found unchanged. It is, in fact, a matter of common observation, that persons affected with such lesions will reach the usual term of human life, unconscious of their ailment. In life-assurance cases, no doubt, healthy lives are annually declined, as it may be assumed that a cardiac murmur would be looked upon as a disqualification. But even acute cases of heart-disease, now that we no longer contend against them with the weapons we formerly used, are found to be far less fatal than was at one time supposed. It is not only in reference to cardiac disease that our opinions have changed; a more matured experience and a more judicious system of treatment have enabled us to entertain a more favourable opinion of rheumatic fever, of pulmonary consumption, and other diseases.

Our views have also changed with regard to many acute diseases. We do not often find nor expect to find acute inflammations occurring in healthy persons. The numerous ailments whose names end in *itis*, are rarely met with in practice as primary diseases, except when supervening upon morbid changes which have been at work often for a long time before. In pericarditis we look for the poison of rheumatic fever or Bright's disease, in peritonitis we do not rest satisfied with attributing the attack to cold, but look for some of those pre-existing lesions which morbid anatomy has taught us to expect. It may be said that acute pulmonary inflammations, the result of exposure, are well marked ex-

ceptions, occurring as they do in persons apparently healthy, but even in these there is probably a condition of health below the normal standard. Daily experience teaches us that, except in fever and contagious affections, we rarely see the beginnings of disease, and that acute inflammations are generally but the inevitable sequel of causes which have been in slow and silent operation long before.

Our prognosis in disease is still very imperfect, and there is much room for improvement in that department. The subject is one of much difficulty. The chances of life and death are often apparently so equal that it is impossible to predict the issue, yet there is no question of more importance to the patient and his friends, and none we shall be so pressed to answer. They naturally think we should be able to tell them what is curable and what is not. Experience will help us to some extent, but it may deceive as well as assist us. Our diagnosis may be complete, we may map out accurately the extent and limits of the disease, but experience cannot reveal to us that unknown quantity—the vital power within the patient to resist the destructive influences at work. Referring to the backward state of prognosis, a late eminent physician said “he thought it remarkable how deficient medical literature was in a careful record of well authenticated cases illustrating the possible duration of various anatomical lesions, and how far they were compatible with a fair amount of health. It is to those of our members engaged in family practice that we must look for assistance in these matters. In hospital and consulting practice, we see mainly the termination of disease, and the most erroneous conclusions in reference to prognosis have frequently been drawn from so limited an area of observation.” But it is obvious that a large number of such cases would be required, before we could obtain satisfactory results in this department.

Our knowledge of therapeutics has not advanced in equal proportion with other branches of medical science. It is the department in which we know least. The modes of action of many medicines are a labyrinth to which we have no clue. To investigate their actions and to obtain a knowledge of their influence on disease are matters of great difficulty. The action of many is imperfectly known, and it may differ much in individuals. It is very difficult to estimate correctly what influence a medicine has really had in producing the changes which have occurred after its administration, for we know that many diseases will get well if left to themselves. Repeated trials and careful observation can alone determine this.

Perhaps there is no point on which members of our profession so frequently deceive themselves as on that of the effect of new medicines, and it must be admitted that many of the communications which appear in our journals upon this subject will not bear the test of experience. Such statements should be received with great hesitation, except when they come from those who, by careful physiological experiment, are entitled to speak on the subject. Another hindrance to progress is this—that when a medicine has been ascertained to have a decided effect in a particular class of affections, there is a tendency to urge its employment and vaunt its usefulness in diseases over which it has no influence whatever; of this tendency the bromide of potassium is a good instance, that excellent but ill-used drug having been recommended in nearly half the ills which flesh is heir to.

New suggestions of treatment, and the wonderful effects of new medicines, put forth without substantial test, excite only distrust and disappointment in those who act on them, and add to the number of those who are already sceptical about the use of any medicine.

A disbelief in the efficacy of all drugs is, however, as unreasonable as an unlimited faith in their powers. We possess several which have been proved to have a definite action on which we can rely, and their number is being slowly added to. The discovery of salicylic acid has changed the whole treatment of rheumatism, and is a strong incentive to further therapeutic investigation.

After all, the practice of medicine is ultimately the practical application of therapeutic agents, and it is in the careful study of these that some of the greatest victories are to be gained by the coming race. But our progress must necessarily be slow, and we must take care lest the structures we build on our way prove only to be sand-castles.

The papers to be read at the present meeting are less numerous than in previous years, but one advantage arising from this is that there will be more time for their discussion. As a rule, the scanty time at our disposal has not admitted of this, and members who might wish to speak, and possibly dissent from the views put forward, hesitate to do so for want of sufficient time. Besides, some papers are not read at all. There are three subjects for discussion, and it may be said that, since such discussions were first introduced at the meetings of this Association, there have been none of more importance or of greater interest to the profession than those now to be brought before us.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF SURGERY,

At the Annual Meeting of the British Medical Association, held in Belfast, July and August, 1884,

By SIR WILLIAM MAC CORMAC, M.A., M.Ch., D.Sc.,
F.R.C.S. Eng. and Ireland,

Surgeon, and Lecturer on Surgery, to St. Thomas's Hospital, London;
President of the Section.

GASTROSTOMY: RADICAL CURE OF HERNIA: AND THYROIDECTOMY.

GENTLEMEN,—My first duty is to express my very sincere thanks for the honour you have done me in electing me President of the Surgical Section. I appreciate the compliment in a twofold sense, as well because of the distinction the office carries with it, as because that distinction has been conferred upon me by my old fellow-townsmen in the place in which I was born and bred. A good many years have passed since I left my native town; but I shall always retain for it, and for the institution in which we now meet, where I received the earlier part of my education, feelings of very warm affection.

It has been the custom for the President to preface the work of his Section by an introductory address; and, on the present occasion, this practice would seem the more appropriate, since no general address on surgery appears upon the programme of the meeting.

It is always difficult to select a subject; but if you will permit me, gentlemen, I should like to refer in my remarks to some of the questions which appear upon our list of agenda; and also to some matters of practical interest, which I have endeavoured to illustrate by cases occurring in my own practice. This has appeared to me preferable to any endeavour to make a general review of the progress of surgery at the present time. If one were merely to attempt to define the direction of that progress, it would be to say that modern surgery is the surgery of cavities. In respect of the surgical treatment of the contents of the skull, and the diagnosis of hidden lesions there, what strides have been made! How often, now, is surgical interference demanded by the physician in affections of the chest, and what startling proposals have been made for their more efficacious treatment! The abdomen seems handed over almost without reserve to the surgeon, of whom it may now be said that he has dealt surgically, and with most surprising success, with almost every organ contained within it. I might, indeed, say every organ.

Among the subjects we have to discuss, there is, in the first place, the treatment of spinal curvature by the plaster-of-Paris jacket. I do not wish to speak of this now, further than to say with how much pleasure we anticipate hearing its merits advocated by the originator of the method, a man of much surgical enthusiasm and fertility of resource, who will not fail to delight us all by the energy and originality of his mind, as well as by his thorough goodness of heart. The principles of Dr. Sayre's treatment appear to me to be sound; and, when his practice is adopted in suitable cases, unquestionable benefits have been derived; one of the greatest, in my opinion, being the transference of the treatment of these chronic and painful cases from the hands of the instrument-maker to those of the surgeon.

Gastrostomy for Stricture of the Oesophagus.—Gastrostomy for the relief of stricture of the oesophagus will be discussed by Mr. Macnamara and Mr. Fagan. The early history of this operation is very discouraging. Twenty-eight cases of the operation succumbed in succession before a successful result was obtained. Of forty-one cases recorded by Petit, thirty-one were for cancer, and thirty of these died; but I think the improved method of operating, and a better choice of time for performing it, will soon afford a very different record. That there is nothing fatal or even very dangerous in the operation itself, is sufficiently well established by the general success which attends the operation when performed for cicatricial stricture or the removal of a foreign body from the stomach. In the year 1872, I brought before the London Clinical Society notes of two cases of stricture of the oesophagus operated upon in this way. In both, a fatal result shortly ensued—one in forty-five hours, the other in six days. At the same meeting, Mr. Thomas Smith brought forward a similar case, which proved fatal on the eighth day. All three cases were in a very feeble condition prior to operation; and, although some of the more distressing symptoms were materially relieved, the patients died very much as if no operation had been performed.