THE HUNTERIAN ORATION,

Delivered February 14th, at the Royal College of Surgeons of England

By T. SPENCER WELLS, F.R.C.S.,

President of the College.

MR. VICE-PRESIDENT, MY LORDS, AND GENTLEMEN,—Just seventy years ago, Matthew Baillie and Everard Home, being, to use their own words, “desirous of showing a lasting mark of respect to the memory of the late Mr. John Hunter, which shall at the same time express the very high sense they entertain of the very liberal conduct of the Royal College of Surgeons, in supporting and preserving the Hunterian Collection,” agreed with Sir William Blizard and Mr. Cline to endow “an annual oration, to be called the Hunterian Oration, which shall be read or delivered in the theatre of the said college on the 14th day of February in each and every year (being the birthday of John Hunter).” They devised that such oration “shall be expressive of the merits in comparative anatomy, physiology, and surgery, not only of the said Mr. Hunter, but also of all such persons as are or shall be from time to time deceased, whose labours have contributed to the improvement or extension of chirological science.” After the first oration in 1814, one was delivered every year until 1849. Since that year, it has been biennial; and the indefinite phrase, “from time to time deceased,” has been interpreted as applicable to the Fellows and Members and other distinguished men who have died since the delivery of the previous oration. This custom I shall follow; and, before alluding to any other subject, I will endeavour to bring before you some account, necessarily very brief, of a few of the men who have died since February 1881, “whose labours have contributed to the improvement or extension of chirological science.”

Were I to attempt to do more than make a passing allusion to such men as Schwann, and Bischoff, and Darwin, and Rolleston, and include comparative anatomy and physiology in the term “chirological science”—which in the home of the Hunterian Museum I should almost be bound to do—the short space of one hour would be so fully taken up as to exclude any other subject. And even if I were to include some of our countrymen who have rather advanced the medical department of chirological science, and allude to such veterans as Christison and Billing, or Alderson, or Watson, whose loss is so recent, and to whom personally I shall always be grateful for kind encouragement in the earlier years of my practice in London; or to our Scotch brethren, as Pirrie and Spence; or Thompson, of Lisburn, who did the first ovariectomy in Ireland; or McClintock, a leader among our Dublin brethren—any notice must be so brief as to be useless. Still more so, were I to include those of our brethren abroad or in America, like Pirogoff, Busch, Huetter, Davaine, Atlee, who now “rest from their labours,” and whose “works follow them.” I am compelled, therefore—not from want of respect or appreciation of such men, but simply from want of time—to limit my remarks to those Fellows and Members of this College who have died since Mr. Holden’s eloquent oration was delivered here two years ago.

Three hundred and sixty-eight Members and Fellows are included in this death-roll of only two years. A hundred years ago, in 1783, when Hunter had just bought the house in Leicester Square, which in its altered form of Alhambra was burnt down last year, the members of this College numbered 835. In a hundred years, we have increased in number more than twentyfold: for we have now 16,093 Members and 1,186 Fellows—a total of 17,279 men associated in our work. In the two years which have passed since the last Hunterian Oration, 368 of the associates have died. The average age of the Fellows was about sixty-six years, and of the Members fifty-seven years. One Fellow and four Members attained the age of ninety years and upwards, and other thirteen Fellows and twenty Members ages upwards of eighty. A few Members died within five years of obtaining their diplomas, and we lament the loss of one Fellow who was only admitted last year.

Two of our deceased Fellows, Luke and South, had attained the highest position in our College. Both were members of council, both examiners, both had been president twice, and both had been teachers of surgery in large metropolitan hospitals.

Mr. Luke was twice president of this College, in 1853 and 1862. He delivered the Hunterian Oration in 1852. For many years he was one of the examiners, and he was connected with the London Hospital from 1860 as a pupil, till his death at the age of eighty-

two, when, after having long retired from private practice, he held the office of consulting-surgeon. He attended the lectures of Abernethy and Astley Cooper, and was one of the personal links connecting these great masters of our art with the surgeons of our time. Luke’s work as hospital surgeon and as teacher certainly contributed to the advance of surgery in his time. In his operation for femoral hernia, by small incision and division of the stricture without opening the sac, his success was very remarkable. In his Hunterian Oration, Mr. Luke refers to a letter of Hunter’s, urging upon this College the establishment of a library, which he “would consider one of the happiest wants of his life,” as a proof that he regretted his own deficient early education. And Mr. Luke strongly insisted upon the necessity of a good general education for all medical men, and upon the study specially of French and German; and he spoke with great satisfaction of the examinations in the classics recently instituted by the council of this College. Turning to the study of Hunter’s character as an example to ourselves, he noted the “perfect honesty and integrity of all his scientific and professional acts,” his indifference to money—except as enabling him to promote his favourite objects—his beneficence, his wonderful industry, and his careful subjection of all his doctrines to the test of fact or experiment.

South was one of the last surviving relics of the staff of the then united hospitals of Guy’s and St. Thomas’s. Apprenticed to the younger Cline of St. Thomas’s, and after very many years’ service as assistant-surgeon there, succeeding too late in life to the full surgery. He was a member of our Council from 1841 to 1871; was an examiner for many years: was Arris and Gale Professor; delivered the Hunterian Oration in 1844; and twice, in 1851 and 1860, was honoured by the highest distinction his colleagues on the council could bestow. His works are, translations of Otto’s well known *Compendium of Anatomy* and of Chelius’s *Surgery*, which he greatly enriched by his own notes. His text-book on the *Bones* and his *Household Surgery* have both done useful service. When Frank Buckland discovered the coffin of John Hunter in St. Martin’s vault, it was owing to the exertions of South that the body was removed to Westminster Abbey, and the inscription on the tablet, which has been placed over the grave in the abbey, was written by South. For many years he had been engaged on a history of this College and of the Barber-surgeons. His widow has permitted me to read the manuscript volumes—most beautiful specimens of neat and distinct handwriting, and very extraordinary evidence of industrious research. One extract from these volumes I may now use as illustrating the advancement of the College since Hunter’s time.

A former President—then styled Master of the Corporation—Mr. Gunning, wrote as follows, on retiring, in July 1790, from the office of Master. John Hunter was one of those present when these remarks of the Master were read. After some complaints of the imperfect way in which the College books were kept, and the unnecessary expenditure on dinners, he said: “Your theatre is without lectures; your library-room, without books, is converted into an office for your clerk; and your committee-room has become an eating parlour. If, gentlemen, you make no better use of the Hall than what you have already done, you had better sell it. I am sorry to observe that you have instituted lectures neither in surgery nor indeed in anatomy of any degree of importance, nor have you held out any gratification or reward for rising merit.”

Now, our library contains about 39,000 volumes, and every year becomes a more complete library of medicine and the auxiliary sciences. Our museum is our chief possession—the most complete of its kind in the world; and the offices of assistant-conservator are valued as rewards to rising merit. Our hall is not only used for the lectures of Flower, Parker, Power, and Eve, and of a succession of our leading practitioners, but for the examinations of the young men who will become the surgeons of the future. The Council has already taken the first step for providing additional accommodation for the examinations by securing the services of one of the greatest architects of our time—Mr. Waterhouse—to report upon different plans, which will have to be carefully considered. I am also hopeful that, by a judicious outlay of part of our accumulated funds—assisted, perhaps, by contributions or legacies—we may supply what is now felt to be a great want; I mean such a complete central pathological laboratory as may assist the men who are leading the advance of experimental physiology and pathology. Dr. Ogston’s work at Aberdeen, on Micrococci Poisoning, has already proved how very useful such a laboratory may be, and more than justifies the most sanguine hopes of the good to be expected from the endowment of a chair of pathology in the northern university by the munificence of my predecessor in the presidency of this College—Sir Erasmus Wilson.

George Gulliver, who died last year in his seventy-eighth year, was a pupil of Abernethy, dresser to Lawrence, surgeon in the Guards, one of the first Fellows of the College under the new charter—elected “in recognition of purely scientific merit”—for twelve years a member of our council, and Hunterian Professor of Comparative Anatomy and Physiology. In 1863, he delivered the Hunterian Oration in this place, warmly criticising some who had said that the material for these orations is “nearly exhausted.” He maintained that “there is a perennial interest and instruction in reviewing the works of a man of genius, in the now steady and now fitful lights and shadows of advancing science;” and he warmly upheld, against what he believed to be unfounded claims of French and German physiologists, the just merits of the British school of physiology; instancing the labours of Hunter and his disciples, especially of Hewson, who “fairly entering that prolific field of cells and endosmosis which was left utterly forgotten and barren for upwards of half a century afterwards, until new minds, with the aid of better instruments, found in it such a variety of rich fruits, and confirmed so many of his long-neglected conclusions.”

In one of Gulliver's lectures, he asserted that a moderate quantity of beer may promote the formation of a chief product of digestion—the chyle. His illustrations of the molecular base of the chyle, of the intimate structure of tubercle, of the softening of fibrine, and his investigations into fatty degeneration of tissues and their relation with arterial changes and apoplexy, were all in advance of the pathology of his day. He argued that the modern “protoplasm” is but a synonym of the old “coagulable lymph,” and that a delicate shut sac might be formed by coagulation of fibrine without any cell-agency. His demonstrations that the red blood-corpuscles in the mammalia are non-nucleated, while in the oviparous vertebrates they are nucleated, was a distinct addition to the knowledge of the age; and his experiments upon the conditions under which fractures of the patella are united by bone or only by ligament, as well as his observations upon shortening of the neck of the thigh-bone in young persons, were important additions to surgical diagnosis and pathology. Gulliver's life affords another proof that the career of an army surgeon is far from being unfavourable to the cultivation of science. His son, now assistant-physician at St. Thomas's, has already shown that he is worthily following in the path which earned honour for his father.

The name of George Critchett recalls to many who hear me, meetings for several years at our council table, and his pleasant companionship at many less serious gatherings; and it would be difficult to name one whose loss has been more sincerely regretted. His life and work are remarkably illustrative of the recent extraordinary progress of ophthalmology in this country. It has been said of him that his career commenced in the “pre-scientific period of ophthalmology.” But it must not be forgotten that the foundations for the most important of the advances of the German school were laid in England by Hunter, in ground prepared by Isaac Newton and Thomas Young. The anatomy of the eye was well known before Hunter's time; and Haller and Hunter, with Newton and Young, had done much to increase our knowledge of the physiology of vision. Daviel's extraction of cataract, Cheselden's iridotomy, and the treatment of diseases of the lachrymal sac, were already proofs of great progress. But it was not until after the beginning of this century that well educated surgeons in any country devoted themselves to the study of diseases of the eye. Hunter's papers on the use of the oblique muscles, on the colour of the pigmentum of the eye in different animals, his investigations into the structure of the crystalline lens, and the large number of specimens illustrating the comparative anatomy of the eye, now in our museum, are proofs of his interest in the subject. The foundation of special hospitals in London in 1808 and 1810, followed soon after in other large towns and in Scotland and Ireland, and the works of such great surgeons as Travers, Lawrence, Guthrie, and Tyrrell—of such an anatomist as Jacob, and such an oculist as Mackenzie—did much to increase the general knowledge of diseases of the eye. In Germany, until about thirty years ago, the school of Vienna occupied the most important position. Then the school of Berlin entered upon the path which has led to as great, as rapid, as extraordinary a progress as ever has been recorded in the history of any other branch of medicine, equalled only by the advance gained during a still more recent period in abdominal surgery, surgical gynaecology, and the use of antiseptics.

It was in 1851 that the great physiologist Helmholtz invented the ophthalmoscope, and thus enabled us to investigate some diseases of the eye which before were completely hidden in darkness. Just at this time Albrecht von Gräfe began his brilliant but short

career, and in twenty years he worked out all the most difficult and complicated questions in ophthalmology for the aid of the practical surgeon. Gräfe called to his side many able men to assist in his great work. Heinrich Müller worked out the microscopical and pathological anatomy of the eye; Donders, the affections of refraction and accommodation; and one distinguished German, who joined this college after a brilliant career in Berlin and Paris—Liebreich—devoted himself mainly to the study and teaching of the ophthalmoscope. I well remember, when in 1853 I brought from Berlin almost the first ophthalmoscope which was tried in this country, with what delight Critchett watched its earliest trials. When some called it a “toy,” and others feared its possible dangers to a sensitive retina, Critchett eagerly tested its utility. He, and a fellow-workman, happily still among us, beloved by many and honoured by all, who had done much to increase knowledge of the “parts concerned in the operations on the eye,” and whose microscopical researches had greatly increased our knowledge of ocular histology (even to our visitors I need not name Bowman), side by side, with generous rivalry, and throughout a long and useful career, either by improvements in practice, or by clinical teaching and additions to our literature, greatly assisted in the recent progress in the science and art of ophthalmic surgery. How much of this progress is due to the teaching and example of Critchett at Moorfields and the Middlesex Hospital, it is perhaps difficult to say. But it is certain that no one could see him operate without admiration, or without some desire to be able to imitate his perfect coolness, his delicate touch, and his exact precision; while all might learn how a successful operator, by attention to every detail which can influence the result, deserves and obtains his success and his reputation. A junior colleague, Soelberg Wells, had studied in Berlin under Gräfe, and his handbook became a valuable guide for our students. His faithful and fertile work at Moorfields and King's College will not be forgotten in the annals of those institutions. Liebreich will be remembered by his enthusiastic and successful work for ten years at St. Thomas's, and the translation of his “Atlas of Ophthalmology” (equally distinguished by artistic skill as by a faithful and trustworthy interpretation of intra-ocular changes), will always be valued as a notable contribution to the literature of modern ophthalmology. Our public schoolrooms have also been greatly improved by the seats and desks suggested by his endeavour to remove some prevalent causes of defective vision. He now enjoys artistic leisure in a sunnier clime. George Critchett's labours are over, but his son remains, and we may rejoice in the continued accession of able workers in this special field; and while we have so many special hospitals, and eye departments in so many general hospitals, and such men as work in all, there is no fear for the future of ophthalmic surgery in the country where its foundations were laid—in optics by Newton, and in physiology by Hunter.

Probably no man in the whole world, during the last twenty or thirty years, has done so much with his own hands to prevent or relieve severe pain as Joseph Clover. As an administrator of chloroform, or of some other anæsthetic, his services were in almost constant demand. For many years resident in University College Hospital, then extensively occupied in general practice, he became so well known for his careful and precise mode of administering narcotic vapours or gas, that little time was left him for other pursuits. In some respects, although he supplied a real want in daily practice, this limitation of his work is to be regretted; for the valuable improvements he made in several surgical instruments, especially in the double-current exhausting syringe, so useful in lithotomy, afterwards improved by Bigelow, prove that, with less delicate health and more leisure, his many friends would have been able to record more numerous and enduring memorials of the life-work of a singularly industrious man. Now they must be content with thinking

“On that best portion of a good man's life,
His little, nameless, unremembered acts
Of kindness and of love.”

I should hardly do more than mention the name of Dr. Peacock, though one of our Members, as he was so purely devoted to the practice of a physician, if he had not been one of our Examiners. And now I can do little more, for want of time, than allude to his valuable gift to our museum, in recognition of which, in 1876, he received the Honorary Gold Medal of the College. He died when visiting St. Thomas's Hospital, in a ward which had been under his own charge during his years of active work and teaching.

[Mr. Wells briefly recapitulated the services of Edwards Crisp, who was a remarkable instance of a man who, busily employed in the daily work of a large general practice, also took an active part in medical politics, while assisting usefully in the advance of zoological

science and human and comparative pathology; of Dr. Griffith, of Gower Street, who died at the age of ninety, after having honourably carried on a very large general practice for more than sixty years; of George Macilwain, so well known at the Medical Society and the Royal Institution for so many years, who wrote the *Life of Abernethy*, and a thoughtful book entitled *Medicine and Surgery one Inductive Science*, and reached the age of eighty-five; of the octogenarian Francis Godrich, one of the founders of the Medical Benevolent College; of John Merriman, of Kensington, one of a very old medical family; of Frederick Toulmin, who died in his eighty-fifth year only ten days ago, after having practised for nearly fifty years in Clapton; he had been a dresser under Sir Astley Cooper; of Stephen Alford of Hampstead, who took an active and useful part in the attempts made for several years past to protect and reform habitual drunkards; Hemming, who worked hard at disease of the ear; and Duke of Clapham; of Donald Napier, a surgeon who inherited mechanical genius, and though he devoted himself specially to dental surgery, he constructed and improved many ingenious surgical instruments. The Association of Surgeons who practise Dental Surgery owe a great deal to Napier's zeal, and he did very much, although he died at fifty, to improve the position of dental surgeons. Nor was Hardwicke forgotten, who left practice on being elected Coroner for Central Middlesex, and died at his post; nor Heckstall Smith, almost as well known in London as in Kent, where he practised for more than fifty years. The lives of most of these gentlemen have already been fully recorded in our obituary columns.

Turning from London to the provinces, Mr. Wells spoke first of men who reached old age, namely, Thomas Radford, who attained the age of eighty-eight, and for sixty-three years had been associated with St. Mary's Hospital for Women in Manchester.

Stephens, of Shields, was an octogenarian, whose services to the town he served were gratefully acknowledged; Greenhow of Newcastle was one of the original Fellows of the College. At his death, at the age of ninety, there was only one senior Fellow on the list.

Gore of Bath, was also an octogenarian. Green, superintendent of the Birmingham Lunatic Asylum, died at eighty-one. Williams of Swansea, who died at the age of seventy-nine, the son of a surgeon who practised nearly a century ago, and was, at that time, the only member of this College in South Wales. Symonds of Oxford, and Nunn of Colchester, both old friends of the lecturer, were next alluded to.

Mr. Wells then spoke of Drewry Ottley, who died last month, aged 80, the author of the best *Life of John Hunter*—that published with Palmer's edition of Hunter's works. Lastly, the lecturer spoke of John Postgate, a most successful teacher in Birmingham, who did much to prevent adulteration of food, drinks, and drugs. Several Bills were introduced into Parliament by the Members for Birmingham, influenced by Mr. Postgate, and the Amended Acts of 1872 and 1875 are mainly due to his exertions.]

Mr. Wells then continued: Time alone prevents me from alluding to many other of our deceased brethren whose average age at death represents for each about thirty-five years of professional work. Pray consider for a moment what that work is. Walter Scott wrote: "I have heard the celebrated traveller Mungo Park, who had experienced both courses of life, rather give the preference to travelling as a discoverer in Africa, than to wandering by night and by day the wilds of his native land in the capacity of a country medical practitioner." Only a small proportion of our brethren have acted purely as consultants or operating surgeons. By far the larger number, some without, but more with, some medical qualification in addition to our diploma, have been the general practitioners, or "family doctors," of the people—the trusted medical attendants of at least nine-tenths of the population. Wherever their lot may be cast—in town or country—they instruct both rich and poor how to preserve health, and remove or avoid known causes of disease. And although little may be recorded of many, we do know that the nation is as much indebted to them as to any other class of public servants. By night and by day, at the service of any one who may require help in sickness, at the opening or the close of natural life, in mental aberration or in bodily suffering, injured by wound or accident, at almost any distance, in any weather, sometimes suffering themselves from illness or over-fatigue, the members of this college, often without expectation of reward—perhaps bestowing money, hard earned and ill spared, as well as affording surgical aid to the needy—ungrudgingly, cheerfully, gladly do their duty day after day and year after year, until, "unknown, unhonoured, and unsung," they rest in peace. But no—not unhonoured. There may be no monumental epitaph, no biography nor memoir, nothing beyond the erasure of a name from the

College calendar, and yet the nation has lost a good and faithful servant, whose place must be filled by others, who in their turn pass through our portals, and enter upon the work which is prepared for them.

And it is the most important duty of this College, while maintaining the scientific value and character of its diplomas, to guarantee to the public useful and skilful practitioners, really fitted for the daily practice of the healing art. In order to insure the value of the diploma as a proof of education and knowledge and skill, the Council and the examiners, recognising the necessity that the surgeons of the future must be well educated gentlemen, and that their scientific and practical knowledge shall fit them for their daily work, have been earnestly endeavouring to fill up our ranks by attracting, as far as possible, young men who, before they begin professional studies, have had the advantage of as high general culture as can be obtained in our best schools. In this desire, we have the hearty concurrence of the Medical Council and of the College of Physicians; and I trust the day is not far distant when, without either aid or interference from the State, the two Royal Colleges will correct mistakes in the working of the Medical Act, prescribe a common course of study for students, and agree upon a mode of examination which shall secure for the country a body of well-educated medical men, who, either as teachers or as students, in the metropolis or the provinces—as army or navy surgeons, or as civilians, at home or abroad—by observation, by research, by experiment, by improvements in the practice of our art, by additions to our literature, by daily attempts to relieve the sufferings of others, may emulate the best of their predecessors, and, like them, while living be honoured and loved, and when dead not forgotten.

So far I have spoken of deaths among our brethren at home. In India, in our colonies, at sea in our navy, or in our mercantile marine, other losses might be deplored. But I must pass on to speak of some of the army surgeons, who in India, at the Cape, and in Egypt have done honour to their country and their calling. Brigade-Surgeon Martin, who died in India last March, was mentioned in despatches as "attending to the wounded under heavy fire."

Forty years ago, one of our oldest Fellows, whom we all congratulate upon continued vigorous health and continued interest in the progress of modern surgery—a teacher of many who are now themselves teachers—Mr. Arnott—when delivering the Hunterian Oration, spoke of the great French army-surgeon, Larrey, who had recently died, as "the first military surgeon who dressed the wounded under the very fire of the batteries," and said that to him we "owe our place of honour on the field of battle." The army surgeons of our day well maintain their reputation—not only for gallantry, but for self-sacrifice to duty. What can be finer than the conduct of Shepherd, who, riding away from the bloody field of Isandhlwana, with a good chance of escape, dismounted to assist a wounded man, and was killed by the assegais of the Zulus; or of McCrea, who, severely wounded in the chest himself in the first charge, continued to attend the other wounded, as he was the only doctor on the field?

In the military operations on the Transvaal frontier against the Boers, the courageous devotion of army surgeons to their duty was conspicuous. At Lang's Neck, "as the 58th regiment advanced and the men were falling rapidly, Surgeons King and McGann moved up behind the advancing column, and, on its retirement, remained, amidst a hail of bullets, attending to the wounded.....At the final disaster at Majuba Hill, the officers of the medical service remained faithful to their duties even unto death. Dr. Cornish was shot as, with a piper of the 92nd Highlanders, he was carrying a wounded man on a stretcher." [Mr. Wells then described the noble self-devotion and the glorious end of Surgeon Landon, a narrative well-known to our readers.] He added: Well have the men of St. Bartholomew's done by placing a tablet in their chapel, to keep in memory his bright example, by a record of his last words: "I am dying; do what you can for the wounded." And not Bartholomew's men only—not only this College—not army surgeons only, but the whole profession, the whole nation, will rejoice with me when it is made known that Her Majesty the Queen was so much impressed by the story which I have just read to you of Landon's noble conduct, that the report has been preserved among her private records—another proof of the Queen's interest in her soldiers, and in the men who are devoted to them.

The last Egyptian campaign has added another to the list of army surgeons killed in action while attending to the wounded. George Shaw had served in cholera camps in India, in the field in Afghanistan, and in the advance through the Khyber. He was a very gentle, amiable man, most devoted to the soldiers. He went to Egypt with the Bearer Company; and at Kassassin, whilst dressing wounded under fire, was shot through the head.

It is gratifying, also, to be assured that in Egypt, as in South Africa, the men of the Army Hospital Corps worked as bravely and as well as the examples of the medical officers led them to do.

My old comrades, the naval surgeons, also deserve full credit for the way they did their work during the Egyptian campaign. On board ship at the attack on the forts of Alexandria, or on shore with blue-jackets and marines, alike under fire with the fighting line, or in the armoured train, or combating disease in camp, or on the march, we have been assured by everyone in a position to know—from the Commander-in-Chief downwards—that the naval surgeons were always ready, willing, and cheerful. And while we speak with pride and satisfaction of the manner in which our brethren, both in army and navy, who served at the seat of war acquitted themselves, we must not forget those who laboured at home: the heads of both the Medical Departments and those under them have well merited a generous recognition of their forethought and good service.

And what a change for the better has taken place in the practice of army surgeons since Hunter's time! Military surgery, before the publication in 1794 of his last work, so far as the treatment of gunshot wounds is concerned, was influenced by the false doctrine of the poisonous nature of the wound—the necessity for the escape of the poison—and therefore for the dilatation of the wound and the keeping up of suppurative discharge. Hunter served as staff-surgeon in the army in the expedition against Belleisle in 1760, and in Portugal in 1763. In 1776, he was appointed Surgeon-Extraordinary in the army; in 1786, Deputy Surgeon-General; and in 1791, Surgeon-General—as Longmore says, "a laborious office, corresponding with that of the Director-General under existing arrangements." He held this office during the early part of the war with France which preceded the peace of Amiens. After Hunter's death, the simpler treatment of gunshot wounds which he taught has been generally followed, and other great improvements in military surgery have been accomplished. Secondary amputations have been shown to be more fatal than those performed soon after the wound. Amputations have been often avoided by excision of joints or of injured portions of bone. The use of anaesthetics, and latterly of antiseptics, in spite of the much larger number of wounded after modern battles, have greatly lowered the death-rate; while, thanks to our experience in the Crimea, and the perfection of the system of ambulance transport in our Indian army (all admirably worked out by the indefatigable perseverance of one of our own Fellows—the Professor of Military Surgery at Netley)—the transport of our sick and wounded in time of war is so perfect as to have been copied by other armies; while all the administrative arrangements for the care and treatment of sick and wounded, the organisation of military hospitals in time both of peace and of war, and the service in the field, were proved in the late Egyptian expedition, under all the disadvantages of a rapid and unexpected change of base, to have been most creditable to the Army Medical Department. Out of 1,783 admissions to hospital in Egypt from ophthalmia not one man lost his sight. On the other hand, in 1861-2, amongst the French and English armies in Egypt, 1 man in 54 lost the use of one or both eyes. If the Army Medical Department obtains such a control over its own affairs as other branches of the army, we need not fear for its future efficiency. To insure this efficiency, the medical officers and the Army Hospital Corps should be made one Royal Corps—placed on a perfect equality with other corps, and receive a fair share of honorary distinctions. The Director-General and the Principal Medical Officer of a division should be secured rank and pay proportionate to their arduous and responsible duties, and be provided with a subordinate for secretary's duty. A field hospital fully equipped for the field should be maintained at Aldershot, or elsewhere; and the whole corps be frequently exercised during peace in all the duties they may be called upon to perform in war. Let us trust that this may be the result of the Commission which has been sitting under the presidency of Lord Morley, and of which one of our fellows, Sir William Mac Cormac, is a member. Under their own head—a united body, having entire control over and command of their own department, subject only to the general officers commanding—our army surgeons will cheerfully accept the responsibility of collecting, removing from the field of battle, and attending to the first wants of the wounded, and for their subsequent care and treatment, as well as for the equally important duties of sanitary officers in preventing disease and maintaining the physical condition of our army; and, if the corps desire a motto, let me suggest one, well deserved by their conduct in the past, and encouraging to good service in the future: "Faithful unto Death."

[To be continued.]

AN ADDRESS ON MEDICAL REFORM.

Delivered at the Annual Meeting of the Dublin Branch, Thursday, January 25th, 1883.

By JOHN T. BANKS, M.D.,

Regius Professor of Physic in the University of Dublin; Physician in Ordinary to the Queen in Ireland, etc.; President of the Branch.

In addressing you to-day, my first duty is to return my cordial thanks to the Dublin Branch of the British Medical Association for the honour which has been conferred upon me by electing me to the presidential chair. I gratefully remember that it was the wish of those to whom the happy thought occurred of establishing the Branch, to elect me the first president. Deeply sensible of the intended honour, and much as I appreciated it, I considered it my duty to decline it, knowing that I held views on the subject of medical reform divergent from the majority of the members of the parent Association. I have been led to believe that my first impression was mistaken, and I now accept the position, feeling, as I have ever felt, that I am as anxious as the most advanced reformer to promote the best interests of the profession by all means, and to the utmost of my power uphold its dignity.

In the brief address I am about to deliver, I propose taking a short retrospect of events, to us of great importance, which have taken place since my distinguished predecessor, Dr. Kidd, so ably and efficiently performed the duty which now devolves upon me. Some of the events I mean to refer to are of general, some of local interest to our profession.

The event upon which the greatest interest centres is the report of the Royal Commission to inquire into the grants of medical degrees, etc., recently published, and upon which the council of the Branch has placed in your hands a special report. It is needless at this meeting to dwell upon the ability and experience which the medical members brought to bear on the difficult and vexed question they had to deal with. Who amongst us is unacquainted with the reputation of Sir William Jenner, of Mr. Simon and Professor Turner? and I am satisfied that I express the unanimous opinion of our meeting when I affirm that no man could have been selected to represent this country on the Royal Commission, who more entirely commands the confidence of his professional brethren, than Dr. Robert McDonnell. A commission so constituted medically, aided as it was by the non-medical members, formed so highly influential a body, that its judgment, if unanimous, was calculated to influence the legislature in framing a Bill in accordance with the recommendations.

A majority, however, dissent from parts of the report, and, be it observed, not on matters of little moment, but upon some of the most important; for example, Professors Huxley and Turner, Mr. Simon, and Mr. Slater-Booth, dissent from the proposal to give universal suffrage; other members dissent from other parts of the report, which are also of great importance.

Some of the plans which have been proposed to meet the alleged defects of the present licensing system are discussed. The introduction of a "Staats-Examen" finds favour with the Bishop of Peterborough, as calculated to attain the desired result with least disturbance to existing interests. This, however, is objected to on the ground of the profession being against adding an examination to those already existing; an objection, however, which falls to the ground in the event of conjoint boards being formed—a scheme which is now being considered by joint committees of the Colleges of Physicians and Surgeons of London, and the sister colleges of Ireland. A State examination should, in my humble opinion, if adopted, be to a great extent a test of practical knowledge, and should follow a degree or diploma from one of the recognised medical authorities; following the example of Germany, in which the *Abgangs-Zeugnis*, or university testimonial, must be presented by the candidate for the *Staats-Prüfung*, the passing of which entitles him to practise. The proposal in the memorandum of Professor Turner has much to recommend it, namely, the appointment of assessors who should report to the council such examinations as are not of a sufficient standard of proficiency, the council having in such case the power of suspending; a power, I may observe, not possessed by the present General Medical Council. Either the