AN ADDRESS ON THE JUBILEE OF THE PATHOLOGICAL SOCIETY OF LONDON.

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THE FOUNDATION OF THE SOCIETY.

EXACTLY fifty years ago—for it was on October 20th, 1846—the Pathological Society of London held its first meeting. The *Lancet* devoted a short leading article to the event, which it related in the following manner: “The christening of the Pathological Society was performed on Tuesday last, in a very commodious room at 21, Regent Street, before a large and excellent company. Dr. C. J. B. Williams (University College) fulfilled the duties of minister, and Dr. Bentley (Guy’s) and Mr. Ward (London Hospital) executed the honourable office of clerks. The part of godfather was very widely shared. Numerous gifts were made on the occasion, none of them, it is to be hoped, significant by their condition of the future health and strength of the Society. One donor offered an apopleptic brain, another the bones of a dismembered foetus, a third a strictured oesophagus, others a diseased pharynx, a fractured femur (?), and a lacerated heart. The contributions, however, were instructive and valuable. The ceremony was attended by between 60 and 70 relations, bearing the family name of ‘member,’ and nearly double the number of ‘visitors,’ who, on November 3rd, will have the opportunity of witnessing the effect of a fortnight’s growth of the infant Hercules. The rites were all performed with due solemnity, until Mr. Liston, with a characteristic effort to procure a better view of one of the presents, trod for a moment on the toes of Dr. Peacock—a painful proceeding, which, however, considering the weight of the worthy surgeon’s foot, was borne with equally characteristic patience.”¹

It is clear from this somewhat humorous account that the first meeting of our Society consisted in the exhibition and examination of specimens, after the manner determined on by those several gentlemen,² members of the profession to whom had long appeared to be desirable “the establishment of a society which should devote itself specially to the cultivation of pathology, and render more generally available for this purpose the extensive opportunities afforded by the numerous medical charities of the metropolis.”³

I am thankful to say that there remain among us several of the original members of the Society, who are still members: Mr. William Adams, Mr. Carsten Holthouse, Sir William Jenner, Sir John Simon, and Sir Richard Quain. Sir Richard Quain is happily present to-night, and will, I hope, give a good account of himself. Sir Alfred Garrod and Mr. George Pollock became members of the Society in the first year of its existence. To all these gentlemen let us offer our hearty congratulations, and wish them many more years of life and happiness.

THE OBJECTS OF ITS FOUNDERS.

The by-laws and regulations declared that “The Pathological Society of London is instituted for the cultivation and

promotion of pathology, by the exhibition and description of specimens, drawings, microscopic preparations, casts or models of morbid parts.” And the fourth by-law provided: “That, in the remarks made in reference to specimens exhibited, all discussions on abstract points be as far as possible avoided; and the topics of Diagnosis and Treatment be not introduced further than is necessary to illustrate the pathology of the subject.”

It must not be supposed that, before the formation of this Society, there was no study of pathology in this town or country. Excellent books, based on pathology, existed in the lectures of Sir Benjamin Brodie, and in the works of Sir Thomas Watson, Dr. Williams (the first President of the Society), Dr. William P. Addison, and others. And, admitting that these had only recently been published, and that the works of foreign authors, such as Lebert, were not largely read in this country, there were still to be found the admirable works of Carswell and Bright, of Guthrie and Baillie, with those of John Hunter himself, which were not so old that they were considered to be out of date.

Many of the men who wrote these books, and other able pathologists, were attached to the London hospitals; and, to show that pathology was not wholly neglected there, it may suffice to mention that the teaching of pathology at Guy’s was in the hands of King and Hilton; that Todd lectured on physiology and general and morbid anatomy at King’s; that the lecturer at University on pathological anatomy was Dr. Walshe; while Dr. Munk lectured on pathological anatomy at St. Thomas’s, Dr. Seth Thompson at the Middlesex, and Mr. Paget lectured at my own hospital (St. Bartholomew’s) on morbid anatomy and physiology, and made the *post-mortem* examinations. Under such guidance there was little fear that the students would not be led aright.

But, on the other hand, it must be confessed that only six of the London schools in the year 1845 professed, in the prospectus which they issued, any teaching in pathology; and I suspect that the teaching in all the medical schools was rather a mingling of pathology with other subjects, and that there was little or no quite special teaching of pathology. For Dr. C. J. B. Williams lamented, almost grumblingly, the lack of a pathological basis for the medicine learned by the students of that period. I judge, too, that pathology had, not long previously, begun to be studied with more zest than formerly; for Sir Benjamin Brodie wrote in 1839: “The more extended cultivation of morbid anatomy is one of the most peculiar features of modern times. It has laid the foundation of a more accurate system of pathology than that which existed formerly, and has led to many improvements in practice.”⁴

I do not know whether London was behind other large towns in the study of pathology; but it is certain that our Pathological Society, which I had hoped was the first of its kind, was founded partly because similar societies had been very successful in some of the large towns of the realm. The Dublin Society particularly had attained a success which was worthy of emulation.⁵

Everything seems to point to the belief that, although there were distinguished pathologists in London in the year 1846, and although there were excellent works and papers on various subjects in pathology, the study had not yet taken a fair hold on the minds of students of medicine and of practitioners. Even the hospital physicians and surgeons of the day were disposed to regard the study of pathology with contempt and as of little use in the practice of their art. Indeed, more than twenty years after the period of which I speak, there can be little doubt that the assistance which a knowledge of pathology may lend to medicine and surgery was still wholly unappreciated. I can remember, as if it were only a few days ago, Mr. Paget (whose house-surgeon I then was) saying as we passed from the wards one day: “I cannot understand how men can say that a knowledge of pathology is of no use in surgery.” And a distinguished surgeon, who took an interest in my career, advised me not to have too

⁴ Lectures illustrative of various subjects in Pathology and Surgery. London: 1846.

⁵ I believe the Dublin Pathological Society was the first pathological society founded in the United Kingdom (established 1839). The Reading Pathological Society, from which our Society has received an address of congratulation through the President, Mr. Maurice, was the first pathological society in Great Britain, and was founded in 1841.

¹ *Lancet*, 1846, vol. ii, p. 462.
² I learn from Sir Richard Quain that Mr. Bentley must be regarded as the founder of the Society. Sir Richard Quain was himself one of the eight gentlemen who met at Mr. Bentley’s house to consider the desirability of founding a society for the promotion of the study of pathology, and was one of the early secretaries of the new Society, an office which he filled for a period of six years to the great advantage of the Society. Of the other gentlemen who were present at this meeting, Sir Richard Quain remembers Mr. James Moncrieff Arnott, Sir Risdon Bennett, Dr. Babington, Dr. Peacock, and Dr. C. J. B. Williams. A very interesting account of the foundation of the Society may be read in Chapter xxv of Dr. C. J. B. Williams’s *Memoirs of Life and Work* (London, 1884), with a report of his speech on the opening of the Society (taken from the *Lancet*). To Dr. Williams, the first President of the Society, is due the selection of the motto, “Nec silet mors,” which is placed around the bust of Dr. Matthew Baillie on the seal of the Society.

³ Report of the Council presented February 1st, 1847, to the [first] general meeting of the Society.]

much to do with the Pathological Society, lest men should come to think that I had no interest in surgery.

THE INFLUENCE OF THE SOCIETY ON THE PROGRESS OF PATHOLOGY.

In such matters fifty years have made a vast change. In the place of a few good works on medicine and surgery founded on a knowledge of pathology, our students have treatises devoted to the study of pathology alone, and the best foreign works on pathology have been translated into English and are within reach of students and practitioners of medicine. There are journals devoted to pathology, and books and journals which treat only of special branches of pathology. Pathological laboratories have been established in most of the hospital schools, and professorships of pathology have been created. Pathological research has, from various sources, been endowed with no inconsiderable sum of money in scholarships and grants. A good knowledge of pathology is regarded as an essential qualification to success in practice of every physician and surgeon who aspires to a leading place as a consultant. And the specialisation of pathology grows so fast apace, that we are in danger of falling into the opposite extreme to the condition in which we stood fifty years ago, and of seeing all things medical and surgical only through the aperture of pathology; and even of resigning to the pathologist, or at least to the bacteriologist, the whole duty of diagnosis and treatment of disease.

It is difficult to estimate the precise influence which this Society has exercised on the advance of pathology during the last half century; and, as I have sought to do so, I have been almost disappointed not to be able distinctly to say, This and this step in advance were the work of the Pathological Society of London. Indeed, I do not know that I can claim for our Society one single discovery in pathology, or show that it, either through its discussions or by the work of any of its committees, was the first to bring to light any great new fact in pathology. Yet, of its influence on the progress of pathology I can have no doubt. To say nothing of the regular exhibition of specimens and the discussion on them at the fifteen meetings in the course of every winter and spring; or of the larger discussions which were instituted and the stimulus to work and thought which they must have given; I regard our *Transactions* as the most valuable series of records of morbid anatomy which the world possesses. They contain more than 7,350 communications, of which more than 1,100 refer to diseases of the heart and organs of the circulation, 1,100 to diseases of the digestive tract and system, 1,000 to the genito-urinary tract, 600 to tumours and morbid growths, besides innumerable cases of morbid growth under various other headings; and these 7,350 communications are illustrated by more than 2,700 drawings on 730 plates, of which 133 are coloured or partly coloured, and by several hundred woodcuts and figures in the text. Although the communications are not the work of a single pathologist, and their accuracy is not guaranteed by the Society, I do not know that they suffer on that account. Some of them are, probably, not so complete or so correct as they might be; but a very large number of them are published by men who were, or still are, experts on the particular subject which they exhibited and illustrated. The descriptions in the text are for the most part singularly complete in detail; the illustrations are generally remarkably good, especially when it is taken into account that they are, both macroscopic and microscopic, more often the work of amateurs than of professional artists. Naturally, although the intention of the founders of the Society that "all discussions on abstract points be as far as possible avoided" (By-law 4), and "the topics of Diagnosis and Treatment be not introduced farther than is necessary to illustrate the pathology of the subject" (By-law 4), has been to a great extent observed; still, fortunately, the communications have not been limited to the mere description and illustration of morbid specimens. The relation of the particular communication to the prevailing theories of the day has been discussed, or the specimen has been exhibited to support some new theory. Consequently, our *Transactions* present a sufficiently faithful mirror of the pathology of the last fifty years; sometimes liquid, sometimes solid, sometimes cellular, and of late teeming with bacteria.

In order to assist exhibitors, and to afford the stamp of authority to certain communications, the Council of the Society in the year 1866 appointed a Committee on Morbid Growths and Deposits. The first report of the Committee was presented in April, 1867, on Dr. Moxon's case of malignant disease of the gall bladder, and was signed by two past-presidents, Dr. Dickinson and Mr. Hulke. From that time to the present the Morbid Growths Committee has been steadily at work, and its reports have been, and still are, regarded with peculiar respect, on account of the care which has been expended on them and the names which have been of late years attached to them. The scope of the Committee's work was after a time widened, and for the last twenty years morbid specimens of all kinds have been submitted to it for examination and report.

To render further assistance to exhibitors, a Chemical Committee was appointed in 1873, and from time to time has presented valuable reports.

In addition to the two standing committees, special committees have been appointed, such as that on the nature of the so-called Lardaceous Disease, whose report was published in 1871; that on Displaced, Movable, and Floating Kidneys, in 1876; that on the Infective Processes known as Pyæmia, Septicæmia, and Purulent Infection in 1878, the importance of which was so far recognised that the Local Government Board granted a sum of £350 to assist the inquiry; another on The Structure of Arteries and Capillaries in Bright's Disease with Contracted Kidneys, in 1878; on Diseases of the Lower Animals (which was afterwards made into a Standing Committee, the Comparative Pathology Committee); on The Nervous Centres in Diabetes; on Intracranial Tumours; and last, but by no means least, in the Session 1880-81, a Committee to examine the whole of the volumes of the *Transactions*, and to obtain information, where it was possible to obtain it, to complete past communications. This Committee was formed on the suggestion of the President, Mr. Hutchinson, and I trust that by-and-by a similar Committee may be formed to carry on up to date this admirable work of completion. To the same active, able President we owe another innovation, the introduction of card specimens. They were intended to relieve the plethora of material from which the Society sometimes suffered seventeen or eighteen years ago.

In the year 1873 a discussion on Pulmonary Phthisis was opened by Dr. Wilson Fox, and occupied three sittings of the Society. Since that time debates or discussions, for the most part profusely illustrated, have been held on similar lines—on syphilis, diabetes, intracranial tumours, chronic alcoholism, phagocytosis and immunity, and other subjects; and the reports of these debates add to the value of the *Transactions*. For they have generally served to "fix" the opinion of the profession on the subjects which were debated.

I confess, gentlemen, when I regard the goodly array of volumes of our *Transactions*—forty-six in number—I am filled with pride, and say to myself: Had the Pathological Society of London existed for no other object than to produce this work, it would have well deserved all the time, the trouble, and the money which have been expended on it. If I meet with a rare case in practice and wish to know whether and by whom similar cases have been observed, I search through our *Transactions*, where, if I find a similar case recorded, I am almost sure also to find the best account of the disease, not clinical, perhaps, but, to my mind, far more valuable, pathological. In collecting cases of morbid growth for analysis I have found the best cases for the purpose and the greatest number of them in the Pathological *Transactions*. And what has been my experience has been the experience of every searcher and writer who has aimed at presenting a complete account of his subject during the last thirty years; whether his work has been on general or special medicine and surgery, on inner or outer pathology, in English or in other languages. I venture to declare that it would be impossible to write a complete work on medicine or surgery without being indebted to a large extent to the *Transactions* of our Society. And if the Pathological Society of London ceased to exist to-day, it would still leave behind it a vast storehouse of records of pathology and morbid anatomy which are likely to be of value to the medical profession for more than fifty years to come.

SOME HISTORICAL SPECIMENS.

In an adjoining room are collected, by the kindness of some of the exhibitors and the courteous permission of the Royal College of Surgeons and of the medical schools, specimens, drawings, and casts, with the object of illustrating to some extent some of the important work of the Society. It has not been possible to collect all the specimens which might justly be termed historical, for many of them have been destroyed and the abode of others could not be discovered, but amongst them I may point to those illustrating the morbid anatomy of inherited and visceral syphilis, Addison's disease, Hodgkin's disease, lardaceous disease, fibroid disease of the heart, concretions in the appendix, aneurysms in vomicae. And let me say that although the original communications on some of these diseases were not made to the Pathological Society, the exhibitions and discussions on specimens illustrating them which took place at the meetings of this Society had far more effect than the original communications in establishing the pathology of the diseases. This is particularly true of Addison's disease, the relation of which to affections of the suprarenal capsules was really established through the medium of our Society.

THE FUTURE PROSPECTS OF THE SOCIETY.

In the midst of this survey of the past it is impossible not to perceive that the Society has, in some respects, reached and passed the climax of prosperity, for the present at least. The smaller average attendance of members at its meetings, the smaller size of the *Transactions* during the last few years, the fewer applications for new membership, all tell this tale. And to those who are interested in the prosperity of the Society they naturally suggest grave questions. Are fifty years to our Society what they are to many men, just a few years beyond the middle period of life, and is our altered state but an example of that slow atrophy which marks the decay of some old people? Pathology can never grow old, but the need of a society to promote the study of pathology may gradually be growing less, and in the course of a few more years may wholly cease. I scarcely think that this is so, for there is no sign of the decline of age in the character of the communications made to the Society or of impaired vigour in the discussions. I am much more disposed to attribute the changes which are taking place to other causes, particularly to the specialisation of pathology which has taken place during the last ten or fifteen years.

The renewed impetus to experimental pathology, the new science of bacteriology, and the development of pathological chemistry have carried a large part of pathology beyond the reach of many men who formerly not merely made a large part of the average attendance, but contributed a large proportion of the communications to the Society. There has been more pathology, less morbid anatomy, of late. And, whereas everyone of the 700 members of the Society might feel an interest in a morbid specimen, and many might have something to say on it, comparatively few members take an immediate interest in an experimental inquiry or bacterial research, and only experts are able seriously to discuss them. And, as the pathology of the next period is likely to become more and more chemical, it seems probable that the Pathological Society will receive a goodly number of chemical communications, which will, again, attract but few attendances and few discussers.

For some reasons one might feel inclined to regret this, as tending to carry the study of pathology gradually more and more away from the study of medicine and surgery. But, it is useless to do so; and if it were not useless, it would be unhandsome on our part to do so. For to specialisation we owe the very existence of this Society, and I have no doubt that there were some who, fifty years ago, thought that there was no proper place for a society for the promotion of the study of pathology, which is, after all, only a part of general medicine and surgery, and that the communications which would be presented to this Society ought to be presented to the Medical and Chirurgical Society, or to one of the other societies existing at that time in London. I do not know how else to account for the absence of the names of certain men at that time distinguished for their researches in pathology. Few people then would have predicted that the Society would ever number 700 members.

A review of the past fifty years would not be complete if it did not take into account certain charges and complaints which have been made against the Society. It has been abused for not encouraging pathology in its widest sense, and for having been devoted throughout to the study of morbid anatomy. The "soup-plate" meetings have from time to time been mocked at, and the decline of the Society has been predicted because it showed no disposition to enter on what has been spoken of as "modern pathology." I believe the term "modern pathology" was intended to imply chiefly experimental pathology, which is only so far modern that it has received a considerable impetus of late years. It would, of course, be easy to take refuge from this charge by showing that the intention of the founders of this Society was to make it a society for the demonstration of specimens and of drawings and casts; and that this intention has been scrupulously carried out. But I prefer to attribute the scarcity of communications on experimental pathology to a different reason: they are only rarely attractive to the majority of members who are in the habit of attending the meetings. They have therefore not been welcomed and discussed as the authors of the communications thought that they deserved to be.

The consideration of this matter naturally leads to the study of the functions and capabilities of such a Society as this. As I understand them, they are to offer every facility to exhibitors and authors of communications; and particularly to encourage and enable them to illustrate their communications, and to present them publicly in such a manner as may render them acceptable and useful to the members of the Society, and later, to those who study the *Transactions*. The meetings afford opportunity for criticism and discussion; and the funds of the Society enable the authors to publish and illustrate their communications at the common cost. But the officers of a Society cannot promise a hearty reception to any individual communication, however good it may be; and the author has to take the chance of this, although he may be, and often is, materially assisted by the Secretaries, whose experience enables them to judge whether a communication is likely to be well received or not. Very abstruse communications, the reading of which can only be followed with great difficulty, communications which are loaded with detail, and which are difficult to illustrate, are for the most part better fitted for the lecture-room or for the pages of a journal than for the meetings of a Society, and are seldom listened to, or discussed, either here or at other societies, by a large number of persons. I would venture to impress this particularly on communicators to this Society, and to urge them to illustrate their communications as fully as possible, whether the illustrations are intended or needful to be published in the *Transactions* or not.

But I think such a Society may go further and provide for the illustration, discussion, and publication of any new work which has already obtained a hold on the mind of medical men, or which appears likely to do so. This has been done from time to time in the arrangement for a discussion, and by invitation to an author to bring for exhibition and demonstration the material on which his work has been founded. Naturally the success with which this branch of the work of a society is conducted must depend partly on the vigilance and activity of the officers of the society.

This Society has never had funds at its disposal with which it could assist original workers in pathology.

The part which our Society will play in the work of the future will, I trust, be a continuation of the work of the past fifty years: to afford every facility to the authors of communications on every branch of pathology. I have already suggested that the greater specialisation of pathology in the present day, and the consequent necessity of special training for the higher branches of pathology, may cause a diminution in the number of persons attending the meetings of the Society, and perhaps even of the number of members. The communications will probably not have the same interest for practitioners, only a few of whom will be able to take part in the discussions. In this respect, our Society may come to resemble some of the special medical societies which have been established within the past few years; attractive to specialists and to medical men who are concerned in the particular speciality in which the Society is interested. It is possible that the science of pathology may make more rapid progress from this

meeting together and discussion by special pathologists and persons deeply interested and well instructed in pathology; but I should be sorry to find that practitioners of all kinds, general and special, should cease to take an active interest in the work of this Society. The late Dr. Hadden spoke of its "educational function," and I am quite sure that it has proved of very great advantage to many men in busy practice, who have not been able to keep up their connection with their hospitals, and has served to popularise new work in pathology.

THE APPLICATION OF PATHOLOGY TO PRACTICE.

From many points of view it is very desirable that some means should be taken to connect the study of pathology more closely with the practice of medicine and surgery, not merely to maintain the interest of the practitioner in the study of pathology, but also to ensure an earlier application of new discoveries in pathology to the practice of medicine and surgery.

At present we have, on the one hand, a number of men—particularly of young men, engaged in scientific research, the relation of which to practical medicine and surgery is not immediately apparent to them. On the other hand are many men, for the most part older, engaged in the practice of many branches of medicine and surgery, but from various reasons, unacquainted with the new scientific work which might lend so much assistance to their practice.

We need an intermediate class of workers, acquainted with the work of the laboratory, and in regular attendance in the wards. And I should like to see departments of Applied Pathology attached to the hospitals, and served by some of those younger men who are waiting to become attached as physicians and surgeons, and who, after two or three years spent in the teaching of anatomy and physiology, sometimes find it difficult to fill in the waiting time with work which is sufficiently interesting on the one hand, and likely to be useful on the other hand.

What better training could such men have than the study of the application of pathology to practical medicine and surgery? What work more useful to others or to themselves? What work more interesting or absorbing to fill the years of waiting for place and practice? What training more likely to develop physicians and surgeons fit to occupy the highest posts in hospital and medical school? Mingling in the ward work of the hospital, constantly observant of successes and still more of failures in practice, charged with the carrying out of some special investigation, and provided with opportunity and material, the men serving such a department would form that very connecting link between the laboratory and the wards which is so much needed.

The instant application of every new theory or statement in pathology to the practice of medicine and surgery would be a grievous error, but the too slow appreciation and application of confirmed theories and statements appears to be almost a crime; and, even the confirmation or refutation of new theories and statements in pathology which may have an important bearing on practice is often terribly long deferred.

An example of what is meant is afforded by the tardy and almost unwilling acceptance of the later researches of Heidenhain, Stiles, and others on the anatomical course of cancer of the breast. If these researches are correct, the methods of operating for cancer of the breast which have been pursued hitherto have not been scientifically directed to the completest and most thorough extirpation of the disease; and, when they have been successful—have been successful, so to speak, by chance. Only one surgeon, so far as I am aware, has deliberately designed his operations on the information afforded by Dr. Heidenhain—Dr. William Halsted, of the Johns Hopkins Hospital in the United States, and he has published results far superior to those of any other surgeon. Admitting that sufficient time has not elapsed to prove the greater success of Halsted's operation, and that the statements of Heidenhain must be received with caution, yet the matter is surely worthy, not merely of some attention, but of repeated observations in all parts of the world, to check the work of Heidenhain with the object of proving or disproving his theories and statements. The comfort and, it may be, the lives of thousands of unfortunate women

afflicted with cancer of the breast may hang on the correctness of such researches and on their application to the surgery of the breast. Yet, I venture to say that very few surgeons in active practice are acquainted with Heidenhain's work; and of those who are, some decline to accept his statements, while others are waiting patiently until they have been proved by repeated researches.

If the question were one of business and of the saving or the making of money, such applications would not be left to hazard and deferred for years. The observations would be tested and experimented on, and applied at the earliest possible period. In this respect it is very interesting to compare the application of Pasteur's and of Lister's work. The French professor's discoveries were speedily taken advantage of by brewers, wine manufacturers and farmers, with enormous benefit to industry and agriculture; Professor Lister's discoveries, founded on the researches of Pasteur and applied to surgery, made their way slowly and with difficulty in the course of many years. They were received with distrust, the statements and results denied or belittled, and every effort was made to prevent them from becoming the basis of scientific surgery. Their ultimate triumph makes the tardiness of their acceptance the more regrettable.

In the greater separation which appears likely to take place between pathologists and practitioners, such an intermediate class of workers as I have indicated will become almost a necessity, if the results of pathological research are to be apply and speedily applied to practice; and I hope that our Society may lend important aid in this respect by arranging, amongst its other work, for exhibitions and discussions of such pathological work as is likely to have a direct bearing on the improvement of medical and surgical practice. It has already done so on more than one occasion: for example, in the exhibition and discussion of intracranial tumours at the moment when the surgery of such tumours was prominently before the profession.

To those who object to the introduction of any utilitarian element into scientific work, I would reply that, while I should regard it as a great misfortune that no piece of scientific work should be undertaken unless its direct bearing on practice could be demonstrated, a utilitarian object need not in the least affect the quality of scientific work. Amongst many proofs which might be given let two suffice: the invention of the safety lamp and the discovery of the nature of silkworm disease. The invention was undertaken by Sir Humphry Davy, and the discovery was made by Professor Pasteur in answer to urgent requests on the part of persons interested, and with a distinctly utilitarian object. Both the invention and the discovery, while they were directly successful in saving life and money, were the result of and resulted in excellent scientific work.

We, in our profession, have the best possible excuse for desiring the rapid application of scientific discovery to practice; for the application is not for the saving of money, but for the saving of human life and suffering.

A POINT IN THE OPERATION OF GASTROSTOMY.

By LEONARD A. BIDWELL, F.R.C.S.,
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IN most descriptions of the operation of gastrostomy, no directions are given as to whether the stomach should be attached to the peritoneum only or to the whole thickness of the abdominal wall, and although I believe that it is the practice of several surgeons to attach the stomach to the peritoneum only, I have not found any definite instructions on the point in any of the textbooks or monographs on the subject.

I am strongly in favour of attaching the stomach to the peritoneum alone, and offer the following reasons:—

(1) Since the stomach is a movable organ, it should be sutured to some freely movable part or the constant dragging of the stomach will interfere with the formation of firm adhesions; now the whole thickness of the abdominal wall is not sufficiently movable, whereas the peritoneum is but loosely attached to the other parietes.