of medicine was more unsatisfactory than the diagnosis and treatment of fevers. We did not know what a day, or even an hour, might bring forth; hæmorrhages, convulsions, collapse, and other occurrences took place quite unforeseen. In one of, admittedly, the best fever teaching hospitals in this city, nothing could be more unsatisfactory, hæmorrhage occurring without any recognition of the specific character of the fever, no "duality" admitted." Now symptoms are daily anticipated, and treatment carefully applied on sound pathological and therapeutical grounds. With a glance we recognise the specific character of the fever, its duration, prominent symptoms, their clinical value, with the correlative conditions of pulse and temperature, and ultimately the prognosis of the case. To whom is this exactitude in diagnosis mainly owing? Amongst others in this country to the labours of the late Dr. A. Stewart, a distinguished member of this Association, and to one of our greatest living physicians, Sir William Jenner, whilst by Sir John Simon and his collaborators in the researches of the causes of fever, results have been obtained which, in a preventive point of view, have reduced the mortality from this endemic plague to a minimum compared with fifty years ago.

Nothing lends more exactitude to a knowledge of fevers than a true understanding of their duration; and the occurrence of salient symptoms in the various stages of a long or short fever. For instance, the symptom of delirium occurring in scarlatina (a short fever) must be taken prognostically for what it is worth, whereas the same symptom occurring at the same date in typhus fever would mean coma on the fourth day and fatality on the fifth. Again, we must take another reading of delirium occurring later on in continued fevers, with the associated conditions of pulse and temperature, which in a thousand cases will hold with comparative precision. Still, whilst precision is attainable in diagnosis and morbid anatomy, yet, in the great majority of cases, I fear prognosis and treatment have not advanced beyond the domain of probability.

Now, whilst we should be able to anticipate with comparative exactness by clinical knowledge the great structural changes demonstrated by pathology and morbid anatomy, and verified by the microscope, at the same time we must take into account the variety of types met with in epidemic diseases, and how far this may conduce to a want of exactness in scientific medicine. Next, how far does precision hold in the treatment of fever? Certain it is that our want of knowledge of pathology led us in times gone by to the employment of unsuitable remedies, such as the employment of active purgatives in advanced stages of enteric fever. This has been rectified. Yet we find occasionally a critical diagnosis associated with an ignorance or neglect, or both, of therapeutical means which might be of more importance, and be more successful in combating disease than the remedies of the pure scientist, based, as he supposes them to be, on sound physiology and pathology. Although we must admit that many practitioners, with no scientific pretensions, but by the use of remedies dictated by what the world would call experience and common-sense, prove more successful in the treatment of diseases than with those of the pure and exact scientist. We meet here to remove our profession from an art and to exalt it in a scientific direction, bearing in mind that medicine was an art before it became a science; moreover, there exists a great store of knowledge empirically obtained, especially in the administration of remedies, which, as yet, we are not in a position to discard, because we cannot define their physiological action by scientific induction.

Time does not admit of my pursuing this subject farther on the present occasion, and these crude remarks must only be regarded, at best, as imperfect pioneers for reflection on this wide and interesting subject.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OPHTHALMOLOGY,

At the Annual Meeting of the British Medical Association held in Dublin, August, 1887.

By H. R. SWANZY, F.R.C.S.I.,
President of the Section.

GENTLEMEN,—In opening the business of this Section I do not propose to occupy your time with a lengthened introductory address, inasmuch as I quite agree with the view which has been expressed in some quarters that the delivery of introductory addresses by the Presidents of Sections is open to grave objections. To my mind the chief of these is the expenditure of precious time involved; and this is especi-

ally present to me now, when I think of the long list of highly interesting communications set down in our programme. Yet there are a few things I must say in all brevity.

And, first of all, I desire to express my sense of the honour conferred on me by the Council of the Association in placing me in this chair. I am proud of this honour, not only because the position is a distinguished one, but also because I had some hand in originating this Section. It was at the Cork meeting, eight years ago, that ophthalmology was first recognised by the Council; for at that meeting, at the instigation of Dr. Macnaughton Jones, the Local Honorary Secretary, a Subsection for Ophthalmology was included in the scheme. Mr. Nettleship and I were Secretaries of that Subsection, and, with some others, we felt that the claims of Ophthalmology to a full Section at future meetings should be brought under notice of the Council. We accordingly formed a deputation to wait on the President of the Council; and our representations had the result that, in the following year, at the meeting in Cambridge, we had an Ophthalmological Section, which was very largely attended by ophthalmic surgeons from all parts of the kingdom. At each of the annual meetings since then good work has been done in this Section; many valuable papers have been read, many important discussions have taken place, many new friendships have been formed, and many old ones cemented.

Important as these annual gatherings are to the profession in general, they are, I think, of relatively greater importance to those engaged in a study such as ours, than to men in the more frequented branches; for, unless we live at some great centre, these are almost the only, and are certainly the most important, opportunities we possess for improving ourselves by personal intercourse. That this Section has proved an annual success is, therefore, a subject for much congratulation, and, I am happy to say, it promises to be as successful this year as on any former occasion.

And now, gentlemen, as you are in Dublin, I should like to make you acquainted with a circumstance in respect of which I think ophthalmology takes a higher position here than elsewhere in the kingdom, and concerning which you might hear nothing during your sojourn did I not take this opportunity of telling it to you. I refer to the academic position of our science in Ireland. We have here three licensing bodies—the University of Dublin, the Royal University, and the Conjoint Board of the Colleges of Physicians and Surgeons. Each of these three licensing bodies has recognised ophthalmology in its curriculum. The University of Dublin has for fifteen years or more required for its Bachelor in Surgery Degree a certificate of three months' attendance at an ophthalmic hospital, and a written examination in ophthalmology. The College of Surgeons in Ireland has for some years included in the examination for its licence a distinct clinical examination in ophthalmology, and under the new Conjoint Board of the two Colleges, a certificate of three months' attendance, a clinical and a written examination in diseases of the eye is required, while the Royal University has decided to include ophthalmology in the course for its surgical degree after this year. The result of all this is, that the rising generation of young medical men, much to their own advantage and to that of the public, have some practical knowledge of the every-day diseases of the eye, and most of them can, at least, see the back of the eye with the ophthalmoscope. It is much to be desired that the licensing bodies in other parts of the kingdom would follow the enlightened example set them in this matter by our bodies here.

Finally, gentlemen, it remains for me only to offer you a sincere and hearty welcome to our city; and this I do, not only from myself, but also on the part of my friends the other ophthalmic surgeons of Dublin. It affords us, I can assure you, very great pleasure to see you here, and we hope to be able to make your visit not only profitable, but pleasant.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SUBSECTION OF LARYNGOLOGY AND RHINOLOGY,

At the Annual Meeting of the British Medical Association held in Dublin, August, 1887.

By W. MAC NEILL WHISTLER, M.D.

GENTLEMEN,—To tender a cordial welcome to all devolves upon me as the most pleasant of my duties to-day. To this welcome I would add the thanks of my colleagues in office and my own for your ready and kind response to our invitation that you would lend your aid to

ensure that success to our meeting which it has been our earnest wish and effort to obtain, and for the full attainment of which end your presence is the guarantee. For myself, if a zealous desire to do my part when called upon by the Council of this Association has emboldened me to accept the highly flattering invitation to preside over this Subsection, it has been none the less with full conviction of my feeble claim to such distinction that I have, with many misgivings, approached the undertaking. While, then, I would express my highest appreciation of this honour conferred, and return my heartiest thanks for the great compliment paid me, I would still more, if a stronger feeling than one of gratification were possible to me at this moment, crave your indulgence for any shortcomings on my part. Though a certain anxiety thus mingles with the sense of pride which one more worthy than I might well experience on this the first occasion when our special branches have had their separate and distinctive place assigned to them in the varied sectional work of this annual gathering, yet such conscious doubting grows insignificant contrasted with the privilege I obtain in meeting here in conference with you, and in taking profit and advice from your united experiences.

To you who have so contributed to the history of our speciality by your researches and through your written records, any allusions from me to details of progress would be ill-timed and even presumptuous. For all these stages, from the time when the laryngoscope first gave insight to the hidden workings of the larynx in song, and lent some hope of aid to the physician, to the day when, in the fuller fruition of such hope, laryngology has reached its present state of undenied importance for the clearer understanding and more rational and effectual treatment of disease, all these are known to you as household words. I would but touch upon the thought in passing, as one full of pleasing reflections, and beyond this, if I may be allowed to say it, as an incentive to all of us to further effort that, where so much has been done, more still may be attained.

Much towards the furtherance of this end, I would here venture to suggest, might be gained by still more concerted action, and by reader opportunities for the discussion of those questions which appeal more specially to us, than are afforded through the channel of the general medical societies only, while ever appreciating and gladly accepting the occasions presented by these. By such more frequent interchange of thought, mutual and great advantage must accrue to us, as workers in a common cause. Earnest as is the labour of each, the fruit of these labours must be too often lost to the rest; for though most perfect and complete records of all that is published are now so catalogued that means of reference is ever ready to hand, still the busiest worker, whose experience would be most valued, is not always the first to record this in print, but is often constrained, for want of leisure, to note his findings in his case-book alone. So statistics are too apt to be based upon inconclusive evidence, from which assertions arise which lead to controversy, and end in fruitless argument, thus sometimes hindering that even progress of work which each and all would ardently desire to promote.

Again, working thus as it were apart and alone, may we not at times become perchance earnest enthusiasts following fascinating theories, from which open discussion would sift much that is of worth, putting more doubtful propositions to the test of further proof, until repeated investigation and experiment shall in the end establish truth.

The wisdom that obtains from the multitude of counsels needs not to be insisted upon; yet while others engaged in special researches in the great work of medicine and surgery have proven their acceptance of this truth, by establishing centres for the advancement of their art, laryngology and its associated speciality rhinology have no such representation in England. Contrasted with this seemingly strange defect, the Laryngological Association of America is a bright example of the benefit of collective investigation, which has, even in the few years of its existence, given rich results, until the records of its annual *Transactions* have become an invaluable addition to our literature. The present occasion would then appear to me to be not inopportune to reflect upon the importance of emulating this worthy example; and I would, gentlemen, express the hope that some proposition for the founding of an association for this object in Great Britain may yet be brought forward, and steps be taken towards its accomplishment.

And here at once I would forestall the possible argument that this asserted need is in no way real, in view of the required opportunity being supplied here in this special Subsection of the British Medical Association. I should indeed merit disapprobation could I be understood in any way to under-estimate the value of these meetings under the bright auspices that surround them. I will plead second to no one in my sense of gratification at the establishment of this Subsection; but the time allotted to us here must, of necessity, be too limited, and the intervals between the sessions be too long for the

purpose I have alluded to. In the true sense of a subdivision of that science which is our common interest, we may here still most fitly consider those themes which have a direct and practical bearing upon the questions which engage the attention of those whose sphere in medicine and surgery is less restricted than our own, though the detailed consideration of more abstract questions in our speciality may more properly belong to the debates of a special society.

In, however, thus generalising, and applying the results of our researches here, we, on the one hand, may be saved from what might tend to too narrowed views, while, on the other, we link our special department more closely to the whole.

Gentlemen, if in the expression of these thoughts I have seemed to you to tread too boldly on what is possibly delicate ground, I pray you ascribe such boldness to zeal, and not to any desire of mine to be the critic of the past, already so enriched by work of yours, or to rush into the breach, when I am given permission to speak, as an adviser for the future. I have but ventured to utter an earnest wish.

However sincere, though, my expressions may be, it is my duty to curb their encroachment on that serious work which is the purpose of our meeting to-day. Let me not then further transgress upon your time, for you are not here to listen to a discourse from me, but I to hear and to heed your words.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SUBSECTION OF OTOTOLOGY.

At the Annual Meeting of the British Medical Association held in Dublin, August, 1887.

By EDWARD WOAKES, M.D.,
Aural Surgeon, London Hospital.

GENTLEMEN,—The first duty of the occupant of this chair is to open the work of the session by some preliminary observations which every consideration necessitates should be of the briefest. I need not say with what gratification I find myself on this auspicious occasion in the position which the authorities of the Association, and especially of its Irish contingent, have been courteous enough to assign to me: a gratification which would be complete were it not for the sense of responsibility which the situation involves, and which my own consciousness assures me will compel a large share of forbearance on your part in discharging the duties of this post. In this respect, however, I am relieved by the assurance of the cordial co-operation of every gentleman who may take part in our proceedings.

It is not without reason that I refer to this meeting in the capital city of Dublin as one of a peculiarly auspicious character for the department of otology. Because it may be within the memory of some of you that it was in Ireland, at the meeting of the Association in Cork, in the year 1879, that the special department of the ear received its first public recognition at the hands of the profession, by being constituted a Subsection in conjunction with ophthalmology. After an interval of eight years, we find ourselves again in Ireland. I would submit to you, gentlemen, that this is a suitable time to review the position we occupy to-day, and to encourage each other for the arduous work of the future.

All true knowledge is good for all time, but it is inherent in the acquisition of such knowledge that it is gained slowly, and as it were by prayer and fasting. It will not be denied that in the field of our special labours we have to contend with one of the most intricate organs of the body, and the most important region of which, the perceptive portion of the auditory apparatus, is placed in an inaccessible recess of bone; so that its condition can be arrived at with difficulty, and the conclusions based thereon are oftentimes surrounded with uncertainty. Herein doubtless resides one reason for the slow rate at which the science of otology has progressed, and perhaps for not a little of the contempt which at a period not long distant it was the ungracious custom to pour upon this particular branch of specialism. We may, however, congratulate ourselves that the methods of interrogating the labyrinth are becoming more exact and yield more certain information year by year, so that this basis of animadversion is already a thing of the past.

The one fact that strikes me in this relationship, as it doubtless does many of those now present, is that eight years ago we began as a Subsection, and we meet here to-day as a Subsection still. Many complaints have reached me on this point; and it has been affirmed that due consideration has not been exer-