is possible for the union of two individuals in marriage, neither of whom have ever shown the disease in question, to produce offspring so constituted that not one, but several, shall show proclivity to tissue-changes of the most peculiar and remarkable kind. This is certainly one of the most noteworthy facts as regards heredity with which we are acquainted. In other domains of clinical observation, it receives illustration in such maladies as retinitis pigmentosa, coloboma iridis, deaf-mutism, and colour-blindness, whilst in dermatology ichthyosis almost offers a parallel to Kaposi's disease.

(To be concluded.)

AN ADDRESS

ON

THE POSITION OF THE GENERAL PRACTITIONER WITH REFERENCE TO THE WORK OF THE PROFESSION.

Delivered at the Annual Meeting of the Yorkshire Branch.

By CLAUDIUS GALEN WHEELHOUSE, F.R.C.S.,

Member of the General Medical Council; Consulting Surgeon to the Leeds General Infirmary; President of the Branch.

GENTLEMEN,—It was my privilege and my great pleasure to be present, by invitation, a short time ago at the annual meeting of the Lancashire and Cheshire Branch, the largest—save only one, the Metropolitan Counties—of the many Branches of which our Association is formed. I went to that gathering for a double reason and with a double intention. I went first because I was invited as an honoured guest, and secondly because, as far as it lay in my power, I was desirous to do honour to an old and valued friend, with whom, and in whose companionship, work for our Association had been raised to the level of happiness, and in giving to whom his reward I was earnestly anxious to take part. Moreover I desired, for my own benefit, to learn all I could gather from the meeting of my friends, to hear what they had to say, to note how they celebrated their annual gathering, to see how they dealt with their membership in the British Medical Association, and to learn the value they placed upon it.

Well, they had not much work to do; they seemed to treat their annual meeting rather as a festive than as a scientific occasion, and to make high holiday of it; and, after just a sufficient spice of professional and scientific introduction, we all plunged freely into the enjoyment of a social happiness, wherein the pleasure of each one seemed to be the enhancement of the pleasure of his friend or neighbour. Then we all dined cheerily together, and made a series of speeches, which will have been sadly thrown away if they do not make better practitioners, better friends, and better men of us all. The subject of the Presidential address was one which came home with vivid interest to my mind, for it was one on which I have often been led to think both long and seriously, on many occasions during my professional life; namely, the "position of the general practitioner with reference to the work of the profession."

Among the many who are all doing good, if distinctive, work for our profession—the professor, the clinical teacher, the consultant, the pure physician, the pure surgeon—where does the general practitioner fit in? and then I could not help thinking of the *means* with which each works; and the *uses of medicines* seemed to me to be a subject which I might well suggest for your thoughts to-day. It is true I had often thought of this before, but Dr. Ball's address, to which I listened with a very hearty interest, confirmed me in my desire to carry his thoughts on a little further, and to offer this subject for your consideration to-day.

Let us think of the general practitioner in the work of his everyday professional life. Beyond question or dispute he is the backbone of the profession. To him it is that the public must and do look for that ever ready sympathy which places him at all times at the beck and call of everyone, to minister not only to their graver and more serious illnesses, but to the more transient aches and pains, and lesser discomforts of their daily lives; which makes him, in fact, the ready servant, the sympathetic friend, the skilled adviser, the trusted and intelligent confidant of every family he is called upon to enter, and a member of society whose place could in no other way be supplied.

But if these were his only functions, he would be doing no more

than those who tread the easier and loftier walks of professional life; he would only be working in a different sphere, and shaping his efforts to a different end. He has other opportunities for good, and, if he fulfils them in the true spirit of the love of his profession, his labours rise to the dignity of work second to that done by no man. It is his to watch the evolution and development of all forms of ordinary disease; his to take note of the course and tendencies of epidemics; to watch, to note, and to make known all the variations assumed by common diseases; and his to start the workers in the so-called higher grades of teaching—the physiologist, the bacteriologist, and even the specialist, in their various and useful walks in life.

By whom, if not by the general practitioner, has "public medicine been brought to the standard to which, in our day, it has attained?" Who but the general practitioner has tracked out the devious and insidious pathways by which diseases and death enter our houses and then our families, carrying off those who are our dearest; and who but he, with sword drawn, stands ever on guard and ready to bar their entrance?

What has become of the ague of our forefathers? What has become of the small-pox which formerly decimated the world? What of the fatality which in former times marred all the best surgical work of the world, and dogged the footsteps, day and night, of the most careful obstetricians? To whom, if not to the general practitioner, is the world's victory over all these to be ascribed? To stand as a unit in the great army of workers for the public good is a privilege of which we may every one of us be justly proud; and whenever I am asked for the patent of the true nobility of my profession, I point proudly to public and preventive medicine as a work greater than that accomplished by any other section of the community.

The general practitioner of to-day takes, year by year, a higher position in society. Bob Sawyer and Mr. Benjamin Allen are dead and buried, though they will never be forgotten, and in their places we have the thoughtful, the intelligent student, the practitioner of judgment and sound knowledge, the highly trained and educated medical man—in one word, the "gentleman."

The pathology of to-day is a wholly different science to that which prevailed in the days of even our own immediate fathers. Science has given us instruments of precision of which they dreamed not, even in the wildest flights of their imagination. Education has taught us how to use and apply those instruments, and how to read and translate the problems they lay open to our study; and, in so far, medicine has been advanced in the scale of the "exact sciences," and bids fair, ere very long, to have cast off entirely the opprobrium of mere empiricism.

In the prevention of disease, in clearness of diagnosis, in knowledge of the physiological and chemical facts of disease, we stand on ground to which our fathers could only venture to aspire, and we trust that, in another half century, it will still be so, and that our children will be able in their turn to pride themselves on advances equally great. They will probably have conquered a whole tribe of bacteria and micrococci, and other invisible enemies; will have so reduced their virulence by cultivation, and have so prepared the soil into which they introduce them for their safe development, that they shall have been converted from bitter foes to welcome friends; that scarlet fever, diphtheria, measles, typhoid, typhus, and all zymotic diseases will, like Messrs. Sawyer and Allen, have become only things of the past.

Of our three hitherto invincible enemies—hydrophobia, phthisis, and cancer—the first, we have reasonable ground to hope, has received its death-stab at the hands of M. Pasteur; the second is being watched so closely by skilled eyes that it cannot eventually escape, and who will venture to say that they may not have overcome even cancer itself?

But now to the other idea to which I wish to lead your thoughts. How, *and with what arms*, will they have won these triumphs? The microscope will undoubtedly continue to aid them as it has done us, but is *pharmacy* to have no share in helping them? Are all drugs to be discarded, and relegated (as Sir William Gull tried lately to persuade some of us they are already) to the shelves of curiosity-mongers and their museums, as things wonderfully believed in and over-rated in bygone times? Have they no virtues, no powers, no healing charms? "Drugs!" exclaimed Sir William Gull at the late meeting of the General Medical Council; "we want no drugs. Drugs never cured anyone. A warm bed is better than all the drugs in the world for the sick."

Surely, the worthy baronet was carried a little over far by his enthusiasm in saying this, for who amongst us is there who does not hold a profound belief in the value and efficacy of those medicines by which we know that every day of our lives we combat and we can and do cure disease? Will the Indian or the African believe your

sneers if you tell him that quinine is useless? Will the patient who, when wrestling with an agony of pain, is promptly relieved and comforted by a hypodermic injection of morphine or a dose of laudanum or of ether, believe you if you tell him that it is not the drug that has wrought the change? Are anaesthetics not drugs? Yet what would the millions who benefit by them say if they were in the future to be denied their beneficent help? Are antiseptics not drugs? and would the surgeons of the world be content to go back to the old days and to the state of things which held sway before their discovery? Even of the more simple every-day remedies—the alkali, the gentle laxative, the drastic purge, the emetic, the febrifuge—can we venture to say that we dare to face the daily ills of life without their aid? No, gentlemen, we have advanced in knowledge, in culture, in observation, and correspondingly in power; but we cannot afford to cast aside the benefits we derive from our humble friends, the bottles on our shelves, as yet. Year by year we eliminate some of them, but only to replace them by others more directly efficacious than they; year by year we add to them, as we have recently added cascara, strophanthus, and others. Slowly but steadily we are learning to cast away their coarser, more distasteful, and useless elements, and to search for and depend upon their active and energetic principles; simplicity in prescription, portability, palatability, and efficacy are daily and everywhere more and more sought after, and in this department, as in all others, genuine progress is perceptible; but the day is yet far off, in the dim and distant future, when medical men will feel justified in meeting all the ills of life with folded hands, a sympathetic eye, and the genial influence of only a warm bed.

Gentlemen, I pray you pardon me if I detain you to add a few words more of a purely personal character. I commenced my address to you this evening in an unusual fashion. It is customary, on such occasions, to open with an expression of gratitude for the honour conferred, and a few commonplaces of that kind, which everyone understands, accepts, and smiles at; but to-night I have ventured to disobey this common practice of society, but only because I wished a little later on, more earnestly, more emphatically, and more directly, to offer you my personal thanks on a wider scale.

In the late election of direct representatives of the profession on the General Medical Council, the whole profession to which I have the honour to belong united to confer upon me a distinction which I shall ever be proud to remember, and returned me triumphantly at the head of the poll as its first member to that which is practically our professional Parliament. If I were not grateful for such an honour, I should be insensible indeed; and now that you, by electing me as your President for the year, have added your sign manual of approval to that election, I ask you to take it for granted that I heartily appreciate your kindness. I accept the office thoroughly imbued with this feeling, and I ask you to believe me implicitly when I tell you that I do so. And I go a great deal further still. I am requested by a body of men among whom I have laboured all my life, whose interests have been my life's study, whose profession is that to which I too have the honour to belong, and who are, therefore, my peers in the strictest sense of the word, to accept an office which implies that I will, in a position of unparalleled responsibility, protect their interests, seek to forward their rights, and guard their honour. Am I likely, do you think—is it possible for any man—to accept such a call either coldly or with indifference? No, gentlemen, I regard the late poll as a solemn call to a most sacred duty; and while I ask you to accept my most grateful acknowledgment and thanks, I promise that, God helping me, I will not be false to the trust you have reposed in me.

THE need has long been felt of a seaside home to which temporarily disabled policemen could be sent. An influential committee has been formed, including the Speaker, Lord Wolseley, the Dukes of Norfolk, Portland, Westminster, Grafton, Sutherland, and Manchester, and other representative men, for the purpose of urging upon the benevolent public the advisability of establishing such an institution.

ST. JOHN AMBULANCE ASSOCIATION.—Certificates of proficiency were presented on Sunday last by General D. Anderson, Governor of the Royal Military College, Yorktown, Farnborough, to fifty-five cadets who had attended a course of lectures and instruction on "First Aid to the Wounded."

It is proposed to erect at Salford a new hospital for infectious diseases at a cost of about £90,000. This hospital is to supply the place of Wilton Hospital, which the Health Committee have sold to the North Western Railway Company for £21,000.

THE female scarlet fever wards of the London Fever Hospital, Islington, are to be enriched with decorative wall-paintings, the work of Miss Emily Wall whilst a patient in the hospital. These paintings are stated to be of a high order of merit.

AN ADDRESS ON THE DEVELOPMENT OF SURGERY AND THE GERM THEORY.

Delivered at the Annual Meeting of the Birmingham and Midland Counties Branch.

By LAWSON TAIT, F.R.C.S.,

Surgeon to the Birmingham and Midland Hospital for Women; President of the Branch.

GENTLEMEN,—Your kindness in placing me in this position of distinction brings with it for all of us the burden of an address. I tried hard to find some new line for this, but I have failed, and I have to fall back on the retrospect inevitable in all such efforts, and, more serious still, the retrospect must be personal.

I am reminded that it is exactly twenty-seven years since I entered the University of Edinburgh as a medical student, and I have been trying to recall to mind, as accurately as I can, my impressions of what I then saw, to contrast them with what I see now; to recall the teaching and practice of 1860, and compare them with those of 1887, and to see wherein and how far we have improved.

In such a retrospect there will be this advantage, that I shall speak of events and contrasts which most of you have witnessed, and which can, therefore, be in no way regarded as ancient history.

My earliest surgical recollection is still very vivid. The operating theatre of the old infirmary was crowded, every seat even of the top gallery was occupied. There were probably seven or eight hundred spectators, for Syme was to operate on a gluteal aneurysm. He was then in the zenith of his fame, and in the very best of his powers, his hand as steady and his eye as true as it ever had been—incomparably the best surgeon I have ever seen. He entered the theatre with the recognised procession of assistants—house-surgeon and dressers—and was greeted with a subdued murmur of applause. The spectators included men of all ages and ranks in the profession. Very many who had come from great distances to see the great feat—like Bickersteth, of Liverpool, who came specially to assist, if I remember rightly—and, of course, there were many boys like myself from fifteen upwards. The patient was put to sleep, Syme buttoned up his dress-coat, turned up his sleeve, I saw a rush of blood, and in a few minutes the placing of the patient in the carrying chair and a round of applause announced the conclusion of the operation.

I have often wondered since, and now I wonder still more deeply, why we gathered in such numbers to see that operation. The boys did so from curiosity and in ignorance. I am sure I did, and my ignorance was in no way lessened, for I saw little of the operation, and I understood less. The older and more experienced spectators went mostly from curiosity, and perhaps to be able to say that they had seen the great surgeon do this great deed. Some six or eight men were there, like Bickersteth, who might some day be called upon to operate for a gluteal aneurysm, and they were the only legitimate spectators. All the others had far better have been away.

In those days the first-year students were turned into the operating room, and I believe this practice is still continued, to learn how operations are done before they know the names, far less the relations, of the structures concerned. In the dissecting-rooms our greatest feats were to display skilfully the fancifully numerous layers of fascia which, if we had been really operating for hernia, we certainly would never have troubled about; or to remember the varieties of troublesome perineal arteries with which not one per cent. of us would ever have any practical anxiety.

The strange thing was that this nonsense was encouraged by our teachers—nay, it was carried into the examination hall. At that time, as now, the College of Surgeons was the great manufacturing agency for those practitioners in England and Wales who had the care of all the ordinary ailments of British humanity, as well as the smaller number who operated on gluteal aneurysms. In order to receive a certificate which enabled the candidate to deal with scarlet fever and pneumonia, he had to answer questions about the internal iliac artery, and how it might be tied. Such a trifling accident as that upon which many of you depend for your night work, the process of parturition, had not been regarded as of nearly so much importance as the relations of the pelvic fascia.