Surgical diagnosis : a lecture delivered to the medical students of the Melbourne Hospital, at the inauguration of the second session, 1877 / by James George Beaney.

DIAGNOSIS:

AN INAUGURAL LECTURE.

BY

J. G. BEANEY, F.R.C.S.E.

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A LECTURE,

DELIVERED TO THE MEDICAL STUDENTS OF THE MELBOURNE HOSPITAL,

AT THE INAUGURATION OF THE SECOND SESSION, 1877.

BY

JAMES GEORGE BEANEY, F.R.C.S.E.,

SENIOR SURGEON TO THE HOSPITAL.

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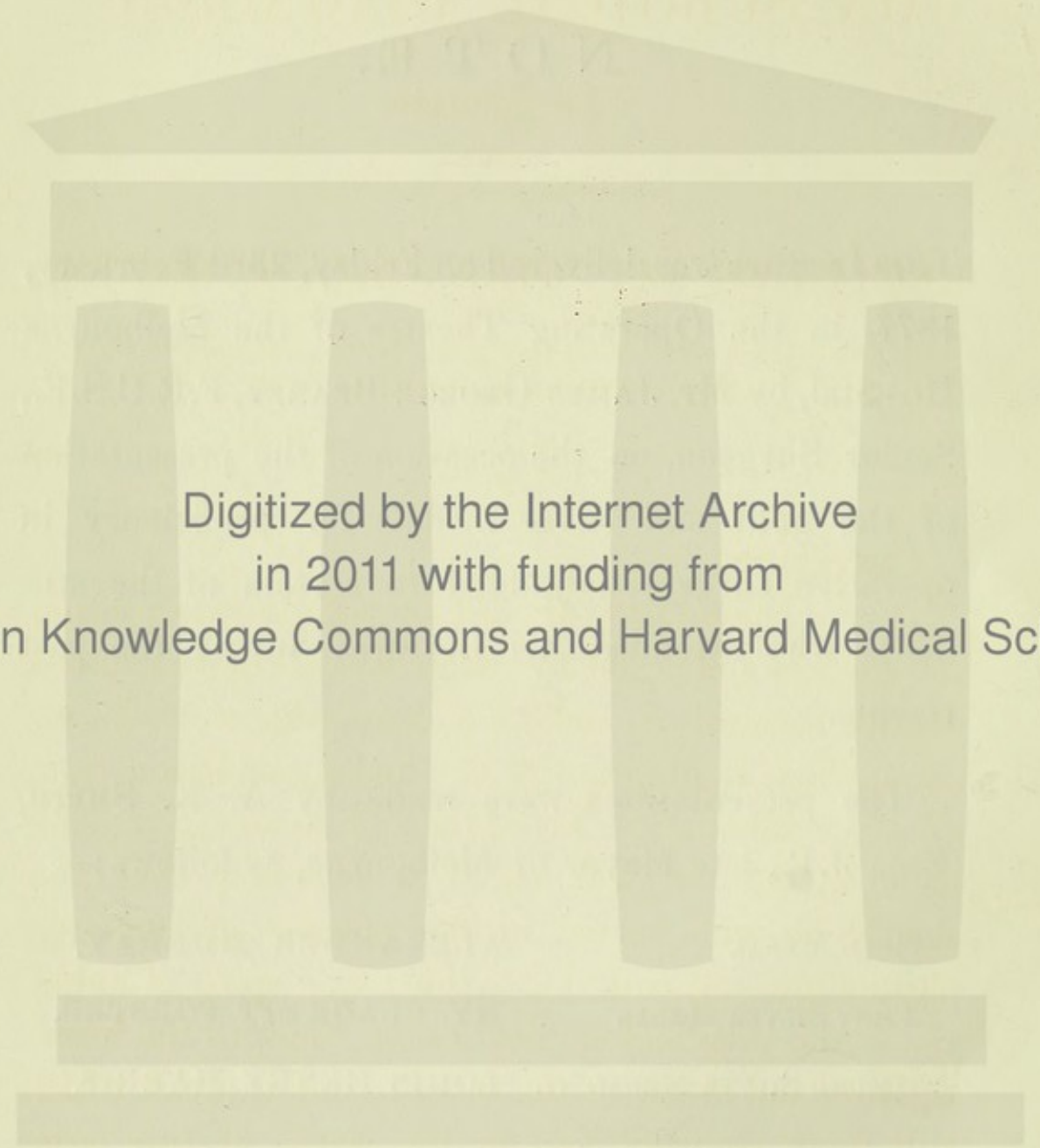
NOTE.

THIS Lecture was delivered on Friday, 23rd February, 1877, in the Operating Theatre of the Melbourne Hospital, by Mr. JAMES GEORGE BEANEY, F.R.C.S.E., Senior Surgeon, on the occasion of the presentation of the gold and silver medals for proficiency in operative surgery, adjudged to certain of the students who attended his Lectures during the past session.

The presentations were made by A. K. SMITH, Esq., J.P., late Mayor of Melbourne, as follows:—

GOLD MEDAL	... ...	ALEXANDER MURRAY.
FIRST SILVER MEDAL	...	HY. BLACKETT FORSTER.
SECOND SILVER MEDAL	...	LOUIS HENRY HARRIS.



ON SURGICAL DIAGNOSIS:

An Address

INTRODUCTORY TO THE COURSE OF

LECTURES ON CLINICAL SURGERY,

Delivered to the Medical Students of the Melbourne Hospital at the inauguration of the Second Session, 1877.

GENTLEMEN,

Diagnosis is the art of rightly interpreting the signs or symptoms by which diseases and accidents declare themselves, and by a knowledge of which we are enabled to distinguish one malady or lesion from all other affections. To attain so high an accomplishment in the surgical art, it is necessary that you should be well versed in the sciences of anatomy, physiology, and pathology, aided by a spirit of industry in the practical application of these to the investigation and study of the diseases and injuries which will daily confront you in the wards of this large Hospital.

Undoubtedly some men are gifted with more intuitive knowledge, or what is called "natural ability," in the detection of disease than others, and thereby can arrive at a diagnosis more rapidly, and with greater precision, than their less endowed *confrères*. At the same time, some great achievements are the direct result of a patient and persevering industry. Gentlemen, never forget the "dignity of labour" during your academical career. Now is your time, now is your opportunity to become accomplished diagnosticians if you hope to attain a respectable position in the high calling you have chosen, involving as it does so many grave responsibilities. How widely changed is the scholastic preparation of the future practitioner from what it was when Crabbe wrote :—

> "He then knew nothing, nothing since acquired,
> Became a doctor honoured and admired."

The preliminary examination which the aspirant to professional fame is compelled to pass in our own time is in itself a sufficient guarantee that he has received the education of a gentleman, and therefore, as he possesses the mental qualification for personal observation and research, he is not held cap-

tive by the expressed or written opinions of other men, nor swayed by the *dictum* of assumed authority; but, like Newton, Sydenham, and John Hunter, he carefully and diligently observes all the phenomena of life, and with a willing obedience bows to the laws by which it is governed. With such mental discipline the "practice of physic," composed of ancient systems, false generalisations, and empirical practice, is now fast tottering to the ground, but upon its ruins is now being reared, in stupendous magnificence, a colossal temple of "rational medicine" worthy of the highest aspirations of our nature—namely, to release our fellow-beings from the pangs of physical suffering, to prolong life, and to avert the "tendency to death."

As I have before observed, Gentlemen, you must bring to the study of clinical medicine and surgery a good knowledge of anatomy, physiology, and pathology. In the practical study of the first two subjects it has been your privilege to be assisted by so eminent a teacher as Professor Halford, and our Committee of Management have been especially fortunate in securing as pathologist so able an exponent of the science as Doctor Allen, who is, as you all know, a distinguished graduate of our University.

Of our Hospital, as a school of practical medicine and surgery, we ought to feel justly proud. There are only three hospitals in London that make up more beds than we do. The hospitals of King's University College, Middlesex, and Charing-Cross are smaller than ours. I therefore congratulate you on having in this a comparatively new country so fine a school for the practical study of medicine and surgery.

The regular attendance on lectures at the University, as well as the diligent perusal of medical and surgical literature, have their advantages during the curriculum of professional study, but no prelections, no book-knowledge can compete with the information to be obtained at the bedside of the sick in this Hospital. It is here you will be called upon to study from the life, the symptoms which bespeak and accompany the disease or accident. It is here you will receive practical instruction in the preliminaries and after-treatment of operations, the principles and practice of bandaging, the mechanical treatment of fractures, and the application of surgical apparatus generally.

It is only in the sick-room you can mark the ravages of disease, observe the torments of pain, and

watch their quiet subsidence into that last deep sleep that knows no waking. Work then, I beseech you, Gentlemen; your opportunities are great! Work so that when you enter upon your professional career you can look upon the past with pleasure, towards the future with hope.

> "Stay, stay the present instant!
> Imprint the mark of wisdom on its wings!
> Oh, let it not elude thy grasp, but like
> The good old patriarch upon record,
> Hold the fleet angel fast until he bless thee!"

It is by hard work alone that the highest places of authority are won, and by which distinction and eminence are attained. When studying disease at the bedside of our patients, we are practically educating our senses, especially those of sight, touch and smell, three most important aids in the diagnosis of disease. Our patient little knows how much we are learning of the "physiognomy of disease" by a simple inspection of the body. The experienced eye can take in at a glance many of the signs characteristic of disordered function, or structural change. The position assumed by the patient in bed is most strikingly suggestive of his physical strength or weakness,

and the facial expression is a never-failing guide to the seat of pain. Pain in the head is known by the corrugated brow; in the chest, by the drawing up of the nostrils; and when the lips are raised and stretched over the gums and teeth, it is an unerring sign that the pain is in the cavity of the abdomen. A doughy swelling of the feet and legs, with or without abdominal enlargement, points to the existence of dropsy, while, on the other hand, rapid emaciation of the body is painfully suggestive of consumption, cancer, or some other lesion belonging to the category of "wasting diseases." The eruption on the skin, the notched teeth, and the incurved nails, all tell their sad tale to the observant practitioner.

In accidents, also, a mere glance is sufficient to enable the observer to recognise the nature of some injuries. The flattened shoulder with acromial projection, together with the presence of a hollow beneath that process, is conclusive evidence that there is dislocation of the shoulder joint. Dislocation of both bones of the elbow joint is known by the concavity of the lower and back part of the arm, together with the increased circumference of the joint and shortening of the forearm. Dislocation of

the hip joint declares itself by the lengthening or shortening of the limb, together with its abduction or adduction; and intracapsular fracture is known by the shortening and eversion of the limb, together with inability to flex the thigh on the abdomen, while ecchymosis within the orbit after an injury to the head is an unerring symptom of severe injury at the base of the skull.

The salient features of heart, liver, lung, kidney, and brain disease are very clearly pourtrayed in the countenance. The white puffy face of kidney disease, the jaundiced look of disease of the liver, the livid look of heart obstruction, and the congested face of the drunkard are not to be forgotten, and finally we watch the sunken or hippocratic countenance of the sick, proclaiming, as it does, with awful solemnity the approach of that from which we all shrink back with instinct dread—the termination of existence.

We now approach another faculty, the most prehensile in the diagnosis, and differentiation of disease—I mean touch, the "*tactus eruditus*" of the experienced surgeon. It is by palpation that we note the temperature of the body, and the character of the pulse, the crepitation of fracture, and the

presence of bullets or other foreign bodies. By it we can diagnose an aneurismal tumour, and enlarged prostate, as well as ascertain the presence of dead bone, and the nature of abdominal tumours. By its aid we are also made aware of the presence of a stone or polypus in the bladder, and the distinctive characteristics of each. By its prehensibility we distinguish hydrarthrosis from articular ostitis, ascites from tympanity, hernia from encephaloid, disease of the testicle, hydrocele from sarcocele, solid from fluctuant tumours, and the increased or limited mobility of a limb in fracture and dislocation.

To be a successful surgeon you must understand the art of diagnosis, and for the acquirement of this art you should pursue a methodical plan of taking cases. It will materially assist you in arriving at an opinion or forming a theory upon the case you are called upon to investigate. Commence, therefore, with (1) the history of the case; (2) the symptoms of the disease; and (3) the physical examination of the patient.

In taking the general history of the case, you should be careful to inquire concerning the family history of

the patient; this will help to clear up many doubtful points connected with the hereditary transmission of disease, such as cancer, consumption, syphilis, insanity, &c., &c. You should also investigate his previous habits, which may help to throw considerable light on the nature of his present ailment.

The age, sex, and occupation of the patient will frequently throw additional light upon the malady to be diagnosed. The marks, cicatrices, and distinctions of pre-existing disease will also furnish valuable information. The advent of many diseases, as well as the nature of certain diseases, are materially influenced by age. In advanced life we have the "change of life," rodent ulcer, epithelioma, senile gangrene, enlarged prostate, intracapsular fracture of the neck of the femur; cancer of the breast, womb, ovary, and rectum; together with malignant disease of the tongue, stomach, liver, and intestines.

In females, bronchocele (or goître) is more common than in men, and so are the diseases of joints called hysterical, depending upon a hypersensitiveness of the uterine system. In childhood, we have fracture of the epiphyses, cancrum oris, morbus coxæ, and others. I would also advise you to bear in mind that the occu-

pation of the patient plays a very important part in the causation of disease. Take, for example, the asthma of the Sheffield grinder, the colic of the painter, chimney-sweep's cancer, grocer's itch, phosphorus-worker's jaw, housemaid's knee, coal-heaver's lung, miner's elbow, commercial traveller's gout, and clergyman's sore throat.

Previous diseases of any kind should be carefully noted, as it may furnish valuable information as to constitutional peculiarities and predisposition. In skin diseases and bone affections, for example, we often verify our suspicions of their nature by being informed that an attack of syphilis preceded their appearance.

Your inquiries should also be directed as to the duration of disease, as it will materially influence your opinion with regard to the innocence or malignity of many morbid growths. In the diagnosis of inguinal and scrotal tumours, their rapid or slow development will aid you much in arriving at a just appreciation of their true character. Is the swelling we see a psoas, abscess, hernia, hydrocele, hœmatocele or sarcocele?

In studying the symptoms or "physiognomy of disease" you should carefully interrogate the different

systems, commencing with the INTEGUMENTARY, NERVOUS, RESPIRATORY, CIRCULATING, DIGESTIVE, GENITO-URINARY, and LOCOMOTIVE. In examining the integumentary system, be careful to note the general posture of the patient, the expression of his countenance, his emaciation or obesity, the colour and temperature of his skin and if it be dry or moist; whether there are any eruptions or morbid growths, and if it pits on pressure examine the condition of the glands, look for cicatrices or other marks, and note the colour of the hair and eyes and the condition of the nails.

The functions of the brain and spinal cord should next be inquired into; see if intelligence be augmented, perverted, diminished or extinguished by coma, as also the special senses of sight, hearing, smell, taste, and touch, and finally the spinal or motor system with reference to pain, paralysis, convulsions, together with the mode of protrusion of the tongue and character of speech.

The careful examination of the organs of respiration will often furnish numerous and highly important truths. For example, the difficulty of breathing which arises from fracture with displacement of the hyoid

bone may be recognised and differentiated from the dyspnœa arising from other causes. We can readily distinguish the dyspnœa caused by the pressure of a foreign body impacted near the glottis, from the awful feeling of impending suffocation in croup. Emphysema and pleuritic effusion after accident can also be easily detected. The arterial and venous circulation should be carefully examined for aneurism, varix, phlebitis, as well as to note the absence of pulsation after injury. Investigate the digestive functions, and ascertain the state of the pharynx, tongue, fauces, œsophagus, epigastric tenderness, vomiting, and the character of the matter vomited. See if there is pain, tenderness or tympany of the abdomen, and look for stricture or prolapsus of the anus, hæmorrhoids, condyloma, fissure or fistula.

The genito-urinary system also demands your attention, having regard to stricture, polypus, stone, prostatic disease, renal calculi, painful menstruation, uterine fibroids and discharges, flexions and versions of the womb, atrophy of the testes, varicocele, congenital phymosis and hypospadias; and, lastly, take a glance at the organs of locomotion, noting particularly the state of the bones, muscles, and tendons,

if there is any swelling of the joints, and if the swelling is of a solid or fluid character; request the patient to walk, if possible, and observe his mode of progression.

I have now to call your attention to the many and valuable instruments we possess, furnishing as they do most important aids in the diagnosis of disease. With the vesical and uterine sounds we can detect the presence of a stone or morbid growth, as well as the rugous condition of a contracted bladder. By the latter instrument we can determine the size and character of a uterine tumour, uterine displacement, stricture of the cervical canal, subinvolution, and other maladies. You will also find the exploring needle of great value in the diagnosis of cystic tumour, when its walls are too thick to permit of its fluid contents being discovered by its fluctuant impulse, and it should always be employed in doubtful cases of abscess.

But amongst the many aids to diagnosis the microscope occupies the very foremost place. By it we can diagnose an innocent from a malignant tumour. It is invaluable in the examination of pus and blood corpuscles, animalcules, epithelium, spermatozoa,

urinary deposits, and other minute objects. Its use is indispensable to the medical jurist, and it has a weighty bearing upon the questions of the origin, propagation, and prevention of erysipelas, pyæmia, and hospital gangrene.

The laryngoscope is another of our aids in diagnosis and treatment. Since Professor Czermack perfected in practical application the laryngoscope of Garcia, that instrument has been extensively employed by the physician and surgeon. You will find it invaluable in the diagnosis and treatment of acute and chronic laryngeal affections; tubercular, syphilitic, and malignant diseases of the throat, laryngeal growths, and vocal paralysis.

The ophthalmoscope also should have a place in every medical man's consulting-room. Through the labours of Hughlings, Jackson, Clifford, Allbutt, Liebreich, Gräfe, and others, it has become an instrument of great value in the detection and treatment of cerebro-spinal disorders.

As I have before observed, our senses are taxed to the utmost in the investigation of disease. The eye notices alterations in form, colour, transparency, and volume. Tactile sensibility will discover changes in

shape, consistence, and mobility. The ear detects abnormal sounds in the circulating and respiratory organs, as well as the *bruit* of aneurism and the crepitation of fracture. The sounds of the fœtal heart will sometimes be found in doubtful abdominal tumefactions.

No book knowledge can equal the "unwritten experience" gained by the diligent exercise of eyes, ears, and fingers, which organs gain respectively an acuteness of perception, a dexterity of manipulation, and a readiness of resource, which guard men from being taken unawares—

> "Segnius irritant animos demissa per aurem,
> Quam quæ sunt oculis subjecta fidelibus."

Gentlemen, if you wish to take high rank as accomplished surgeons, you must thoroughly understand the art of diagnosis; for in this all theoretical opinions converge, and from it all practical rules proceed. Many well-educated theoretical practitioners have been ruined on the very threshold of a prosperous professional career through failure in detecting some serious disease or accident. The same fate has befallen men of long standing, but whose practical education has been neglected.

It will be in the recollection of most of you that an action for damages was brought against a medical man in our Supreme Court for not having diagnosed an intracapsular fracture of the hip joint in an old woman. The verdict was against him, and he left the country injured in fortune and broken in spirits. A short time ago I was asked to see a young lady who had been for months under the treatment of a hydropathic practitioner for what he termed "menorrhagia from weakness." On examination I found a large *polypus* projecting from the mouth of the womb. I removed it at once, and she required no further doctoring. Now this poor thing was sinking fast from hæmorrhage, the *cause* of which was not diagnosed. The same practitioner called at my house, and requested me to bring pullies and chloroform and accompany him to a patient who had dislocated the hip joint. On examination it proved to be an intracapsular fracture of the neck of the thigh bone. A case was sent to me from a neighbouring colony as one of bony anchylosis of the hip joint, with a request that I would operate and induce a false joint. It proved to be a case of *unreduced dislocation!*

A gentleman requested me to examine his son, who was (he had been informed) suffering from

paralysis, the result of an accident, and for which he had been galvanised. I examined the lad in the presence of another medical man, and that turned out to be a dislocation *unreduced!* About ten days ago a man entered my consulting-room, saying he was ruptured, and for which a medical man had applied a truss, which was causing him great pain. On inspection, it turned out to be a case of *hydrocele* of the *cord*, and there was no hernia. I saw another patient who complained of the truss hurting him; I examined him, and found a truss on an *inflamed bubo!* I have known dropsy of the knee joint (hydrarthrosis) treated as white swelling. A practitioner once asked me to take a woman into the Hospital and tie her femoral artery for a popliteal aneurism. I found, on examination, that it was a *cystic tumour* in the popliteal space, its slight pulsation being communicated by the artery *beneath* the tumour. I removed the tumour, and the patient recovered.

A well-known obstetrician declared a married woman to be suffering from ovarian tumour, and had made all the necessary arrangements for operating for its removal; but fortunately for the poor woman

the operation was delayed for a short time, when the tumour came away without any cutting operation whatever in the shape of a fine, healthy, *living child.* Now, Gentlemen, if this poor creature had been operated on, the consequence would have been terrible to contemplate. The same practitioner thrust a large trochar into the belly of a woman, thinking she had dropsy, when he found, alas! there was no water, but instead there was a solid tumour, which enlarged so rapidly after the puncture that the woman died. These cases were freely commented upon by the profession at the time. I remember a case where a medical man was freely leeching what he thought to be an enlarged and inflamed womb, but after several leechings the woman *miscarried!* and he was spared any further trouble in the matter.

A surgeon in good practice a short time ago mistook an aneurismal tumour for an abscess, and opened it; but the leaping torrent of arterial blood that followed the plunge of the knife made it awfully apparent that a serious error had been committed, and the patient died. My advice was sought in a case of scrotal swelling of twelve months' duration. The father of the patient informed me that a surgeon

had been attending his son, and had pronounced it a case of hydrocele. After careful examination, I declared it to be a *hernia*, and its reduction under chloroform verified the diagnosis. I have since radically cured it by Wood's operation, using catgut in lieu of wire. We will now look at the differential points in the diagnosis of hydrocele and hernia.

HERNIA.—The tumour is in the abdominal wall, often coming on SUDDENLY. Its shape is round or pyriform, and when felt it is found to be soft and elastic. Its formation is from ABOVE downwards. Its size is *increased* on standing or coughing, and diminished on lying down. It is *resonant* on percussion. It is *returnable* into the abdomen, but appears again.

HYDROCELE.—The tumour is developed SLOWLY. Its shape is generally oval, and its formation is from BELOW upwards. Its growth is progressive, and posture does *not* affect its size. The swelling is soft and fluctuant, unless it is very tense, and then it is firm and elastic. It is *dull* on percussion; there is *no impulse* on coughing. By transmitted light it is observed to be *transparent.*

Here is another case:—A man was admitted into this Hospital with what was diagnosed to be a

fracture of the lower end of the humerus. He was wearing an angular splint. Upon examination, I found there was no fracture, but a dislocation of both the bones of the forearm backwards. He had been under the care of a country surgeon. The medical man ought to have known the differential signs of the two accidents.

FRACTURE.—There is preternatural *mobility* just above the condyles, with marked crepitation; the shaft of the humerus is shortened, and the reduction is EASY.

DISLOCATION.—There is an *absence* of mobility. There is no crepitation. The humerus is *not* shortened. The reduction is DIFFICULT.

You saw with me a few months ago in No. 1 Ward a case of unreduced dislocation of the shoulder-joint in an old man from the country. He had been treated for a bruise, and was repeatedly assured there was no dislocation. You will remember that when going round I drew your attention to the symptoms diagnostic of dislocation. There was *flattening* of the shoulder, caused by—(1) the head of the bone being out of the glenoid cavity, and (2) atrophy of the deltoid muscle from disuse. The acromion was very

prominent, beneath which there was a hollow. These objective symptoms were at once conclusive as to the nature of the lesion we were investigating.

Gentlemen, I have drawn your attention to these cases from no unworthy motive, nor in a spirit of captious criticism on the conduct of others, as it is impossible for us always to be infallible; but I have done so in order to make you deeply sensible of the difficulties and responsibilities which will beset you when engaged in the active pursuit of your professional duties, and as a warning to you, not to disregard the many advantages you have, in this noble institution, for the practical study of disease in all its phases. Print upon your brain in enduring letters the many errors in diagnosis it has been my privilege to point out to you this day, and let them act as an incentive to diligent study, observation and reflection.

We now approach a subject which must possess to each and all of you an interest the most momentous. I mean that branch of the healing art called "operative surgery," the importance of which we shall endeavour to perpetuate this day by the distribution of prizes to those amongst you who have by fair and honourable competition won them. May you honour

them as they will honour you in the great struggle of professional life which is before you.

Coolness in operating in all the emergencies of surgical practice is sure to command admiration; but that self-possession and dexterity which go to make the operating surgeon, can only be acquired by *constant practice:* first, on the dead body, and afterwards on the living. It is with some degree of pardonable pride when I say that I am the first surgeon to this Hospital who has given systematic and regular instruction in operative surgery, and the success which has attended my efforts in that direction is to me most gratifying. Those amongst you who have availed yourselves of instruction in this branch of study during the past year ought to become reliable operators, and I am sure you will not shrink from acting when duty calls you.

To be a reliable operator is a proud position to occupy. How precious is life! but life itself may be far below its value when embittered by the agony of disease or cumbered by repulsive deformity. Consider, Gentlemen, with what daring the surgeon of the present day encounters the most formidable enemies of human life, and yet what slight traces of

his handiwork he leaves behind. How wonderfully useful are limbs conserved, although the diseased joint has been taken away. With what propiscience deformity is transformed into symmetry: the crooked spine made straight, and the miserable life of the cripple made happy. With what bold, delicate, and unerring hand the skilful surgeon releases the strangulated herniary tumour, extracts the torturing stone from the bladder, and restores sight to the blind by the removal of a cataract. Observe that haggard and worn-out female, whose misshapen form betrays unmistakeably the presence of an ovarian tumour. She, too, can be relieved of the incumbrance that is painfully oppressing her, to be in a few weeks restored to a fond husband and loving children, a fresh and once more blooming woman.

Gentlemen, I trust that when you enter upon the duties of active professional life, you will not exercise your high calling as mere routine practitioners; but that you will by industry, observation, and experiment build up for yourselves a name and a fame in emulation of the master minds who have gone before you. The recollection of such names as Cooper, Brodie, Liston, Paget, Simpson, Syme, Crampton,

Velpéau, Nelaton, Mott, and others should act as a powerful incentive to high and noble aspirations amongst you. How much human life has been saved, and how much suffering has been averted, since the discovery of chloroform by Sir James Simpson! Some years ago, ovariotomy was looked upon as nothing less than murder; but through the labours of Clay, Keith, Spencer, Wells, and others, it has become a recognised operation in surgery. Not long ago, amputation of a limb was invariably resorted to in extensive joint disease, and it was left to Professor Syme to demonstrate the fact that the conservation of life and limb was compatible with less extensive mutilation.

What a brilliant contribution to surgical science was contained in the lectures of Sir James Paget, "On the Healing of Wounds."

Sir William Fergusson's great powers of observation and research enabled him to demonstrate the fact that the cause of many failures after the operation for the cure of cleft palate was due to the non-division of the palatine muscles.

The science of healing is progressive, allowing plenty of room to its votaries for the building-up of new theories, and for the planning and execution of

new operations. It may therefore fall to your lot to contribute many bright pages to the history of our noble art. As Longfellow truly says—

> "Lives of great men all remind us,
> We can make our lives sublime,
> And, departing, leave behind us
> Footprints on the sands of Time:
> Footprints that perhaps another,
> Sailing o'er Life's solemn main
> A forlorn and shipwreck'd brother,
> Seeing, shall take heart again."

It may be the lot of some of you to reach the very summit of your profession, and to acquire an undying reputation by the grandeur of your discoveries. A baronetcy may be awaiting one of you as the fitting reward to self-abnegation and meritorious services in the cause of science. To another may be accorded the honour of having wrested from nature another of her many and deeply hidden secrets, which may enable his contemporaries and successors to combat with, and finally triumph over, diseases now regarded as beyond the reach of surgical skill.

Gentlemen, with some of you the day is not far distant, when you will obtain your degrees in medicine

and surgery from your Alma Mater. The day on which she summons you to her altar to receive her parting benediction, will be your public entry into active professional life, with all its attendant anxieties and responsibilities. Some of you will, I presume, follow your high calling in Victoria, some amongst you may elect to settle down in some of the sister colonies, while others may seek some remote part of the world as a future abiding place; but remember, Gentlemen, that wherever you go you will find accident, disease, and death. Your counsel will be eagerly sought by the sick, both rich and poor, in order that they may regain that which money cannot buy—health.

I trust, therefore, Gentlemen, you are fully impressed with the sacred solemnity of the duties you will ere long be called upon to assume. It may not be out of place here if I add a few words of advice for your future conduct towards your patients, whose health and many secrets are confided to your safe keeping. You should always observe a strict and inviolable secrecy as regards the health of your patient. Never disclose the nature of your patient's malady in order to extol your own skill in achieving his restoration to health. The sacred nature of your

calling will often bring you into communion with family secrets and troubles, and you should receive such knowledge as only to forget that you have heard it.

Your professional bearing and deportment in the presence of your patients should at all times be those of a gentleman; mutual confidence and respect are engendered thereby, two essentials in the treatment of disease. The profession which you have chosen will tax your energies and zeal to their fullest extent; years may roll on ere you acquire a reputation and a competence, but be assured that the time will come when your highest ambition will be realised if you bring to your aid great powers of self-reliance, professional skill, and *practical experience.* And, lastly, I may observe that your entry into the world as a professional candidate for public patronage may be disputed by ignorant, ambitious, and unscrupulous rivals, skilfully used to the weapons of professional warfare; but if you approach the contest clad in that armour of an honest purpose and an unfaltering courage, which is furnished by a sound professional education, the shafts of envy and detraction, with whatever skill they may be aimed, will rebound, if

not to the injury of those who launched them, at least to fall harmless at your feet.

Believe me, Gentlemen, the public is not slow in discerning skill and ability in their possessor, and always is ready to render the homage due to professional eminence. And what a proud satisfaction will await you, when, at the close of a well-spent life, you will reap for yourselves the sweetest of all rewards—the retrospect of labour devoted to the relief and cure of your afflicted and confiding fellow-creatures.

M'Carron, Bird & Co., Printers, 37 Flinders Lane West, Melbourne.