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Flint (G. B.)

A

L E C T U R E,

INTRODUCTORY TO THE COURSE OF

SURGICAL INSTRUCTION

IN THE

KENTUCKY SCHOOL OF MEDICINE,
1854-55.

BY

JOSHUA B. FLINT, M. D.,

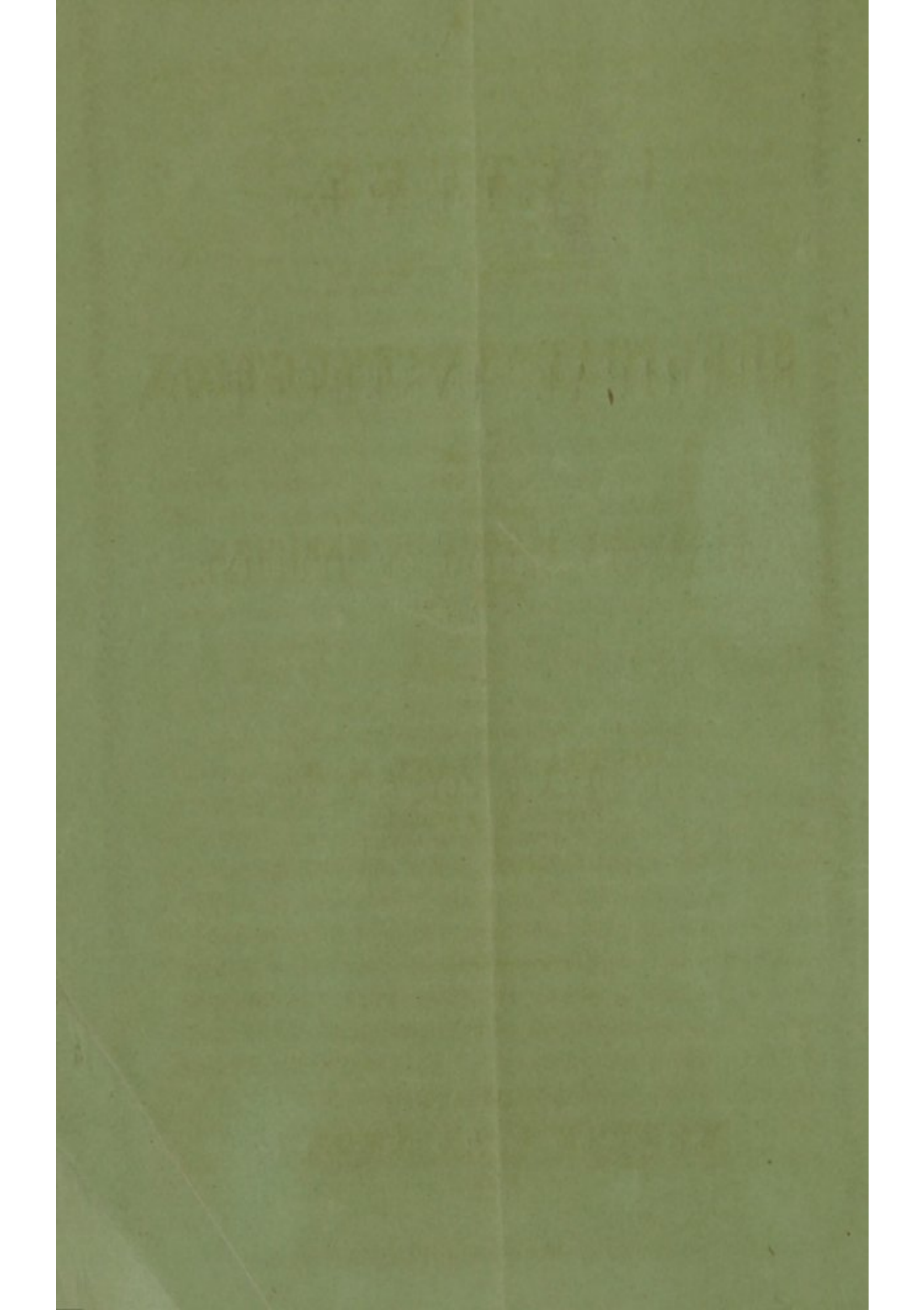
PROFESSOR OF SURGERY.

Alph. Boy

LOUISVILLE:

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LECTURE

IN THE

SURGICAL INSTITUTE

OF THE

RENTZSCH SCHOOL OF MEDICINE

AND

JOSEPH A. B. LINT, M. D.

PROFESSOR OF SURGERY

LECTURE

ON THE SURGERY OF THE

THROAT

TO THE
PRESENT CLASS,
AND TO THE
PAST GRADUATES,
OF THE
KENTUCKY SCHOOL OF MEDICINE,
THE FOLLOWING PAGES ARE INSCRIBED,
BY
THEIR PRECEPTOR AND FRIEND,

J. B. E.

TO THE

PRESIDENT CLASS

AND THE

PAST GRADUATES

OF THE

KENTUCKY SCHOOL OF MEDICINE

THE FOLLOWING PAPERS ARE INSCRIBED

AT

THEIR RECEPTION AND TRINITY

1871

LECTURE.

GENTLEMEN : — The great body of regular medical functionaries, in this country, are *General practitioners*. The arbitrary distinctions between Physic and Surgery, and between Physicians and Surgeons, which originated at an early and imperfect stage of our art, and which habit and pride and interest have conspired to perpetuate in other countries, are happily unknown here. Happily, I say ; for whatever may have been their value, if any, to the cause of medical progress and improvement in other stages of development, it is generally acknowledged that they are useless now, except to sanction pretensions that were once respectable, and to gratify a vanity that is pleased with names and titles and traditionary superiority. Nevertheless, in every modern country where medicine has been much cultivated, so generally and so steadfastly have these distinctions been recognized and adhered to, that the *General practitioner*, like many other manifestations of utilitarianism, may properly enough be called an *Americanism*. The whole profession is here composed of such, as I have said ; and it has always been so ; and I cannot doubt that this innovation upon professional custom is due to that same controlling national good sense, which has shaped our other institutions, in disregard of precedent and authority, as much as to the peculiar conditions and circumstances of country under which the profession has grown up.

At the present time, wherever the true foundations of medical philosophy are appreciated, its disciples are becoming united in

sician, sometimes with, and sometimes without any preparation for the safe and salutary exercise of them. The prophets of Israel, the priests in Egypt, the ministers of the temples that uttered the oracles both in Greece and Asia, the Druids, among the Gauls, all meddled more or less in the exercises of the healing-art.

The advent of Christianity, with its benign modifications of most of the institutions and relations of humanity, effected but little change in that which we are contemplating. The benevolent founder of the new religion chose to exercise the miraculous powers with which he was endowed, for the relief of the insane and sick, more frequently than for any other purpose — to set the seal of healing-wonders upon his mission, rather than to establish its claims by more stupendous demonstrations. “Go tell John,” says he, to the disciples sent to ascertain his messiahship, “that the sick are healed, the lepers are cleansed, the lame walk, the dead are raised,” &c.; and in his last solemn charge to those who were to be the heralds and missionaries of his faith, the most emphatic injunctions were, “heal the sick, cast out devils, cleanse the lepers.” Let us ponder upon these memorable words — let us strive to realize the profound and tender interest in the infirmities of humanity which they imply, and be quickened to a just appreciation of the sacred dignity of our calling.

During the early ages of the Christian era, it was the general belief that the apostles, having been endowed with power to heal all diseases, had transmitted it to their ecclesiastical successors, or to those who claimed to be such, and these again to their subordinates, so that bishops, priests, monks, and even nuns, were physicians *ex-officio*, and that, too — previous to the establishment of the Universities — without having any learning or education beyond that implied in the devout study of their creed as established by the latest council, and the approved style of rehearsing a “*pater noster*,” or “*ave-maria*.” Many of the pious women of that day wrote upon the healing-art. Among these productions there remains a treatise upon *Materia Medica*, by Hildegard, Abbess of a convent in Rupertsburgh — a volume which, I dare say, our

learned and gallant colleague has not failed to consult in preparing his interesting lectures in that department.

Practice was, of course, empirical, in the very worst sense of the term. The imposition of hands, the use of blessed unguents and holy water, the invocation of saints, and the abused credulity of the people, constituted its therapeutics. The charlatanry and impositions of these clerico-medicals became so gross and scandalous, that councils and pontiffs repeatedly forbade the practice of the healing-art by any ecclesiastics—but in vain. In France, England, and Germany, just before the establishment of the University, about the tenth century, things had reverted to the condition of the first ages of civilization, when medicine was the patrimony of the Pagan priests; and the medical monks of this degenerate Christian age, differed from the priests of *Æsculapius*, only in their more profound ignorance and stupidity, and, if possible, more brutal superstition.

A better state of things, however, appeared after the establishment of the Universities, wherein the hierarchy, by instituting faculties of medicine, and providing for instruction, such as it was, in the healing-art, made some atonement to medicine for the debasement it had suffered by its alliance with a corrupt and corrupting priesthood. The sciences being then, as in later times, divided into moral and physical, medicine was placed among the latter, and thus the name physician became originally applied to the students and practioners of it—the propriety of its application being rather an etymological one than suggested by any thing essential to the art or science of medicine.

Nor, be it acknowledged, is this the first or only service that the priesthood has rendered to the cause of medical education, to say nothing of the numerous and essential benefits conferred on educational enterprises of all descriptions, by the enlightened clergy of the present time.

The first instances of the preservation and communication of medical facts and observations, were inscriptions upon the walls of the heathen temples, made by the priests at the instance of

those who had resorted to them for relief, and returned to testify their gratitude for the cure. In some of the temples of Egypt the walls are covered with these *votive tablets*, and the exposition of them has furnished a most interesting archæological essay, by a German scholar, who published in 1749, a book entitled, "*De incremente artis medicinæ, per expositionem ægrotorum in viis publicis et templis.*" Sprengel, in his History of Medicine, gives us translations of a number of the votive tablets, which this learned gentleman discovered in a temple on the isle of Tibre, and the reader cannot fail to observe that, although full of absurdities and superstitions, to a discriminating mind they would communicate much available information respecting the progress of diseases and the effects of remedies.

As the same kind of inscriptions are found in the Grecian temples, it is believed that they furnished no inconsiderable share of that great mass of medical knowledge which made the basis of the instructions of Hippocrates, the first acknowledged teacher of our art; as it appears that his ancestors, for three hundred years, were serving as priests in the temple of Æsculapeus. Among the Israelites also, at the time of Moses, medical knowledge was transmitted by the Levites, who alone understood how to treat the leprosy, and possessed the exclusive right to practice medicine in that nation.

To return to the clerico-medical feature in the universities — while it perpetuated the unbecoming union of secular and sacred professional duties, it legitimatized the best practice of the times, rendered it respectable by scientific associations, and invited to its service men of talents and position in the church. Exercised only by the ministers of religion, medicine necessarily participated in the honors, privileges and immunities which the clergy had accumulated, and, like theology, was the road to distinction in the church — to benefices, to the episcopate, to the cardinalate, and even to the papacy itself. According to the catalogue of Besonius, the popes John XX. and John XXI. were both physicians, as was also the Cardinal Pierre of Amiens, and, on the authority of

M. Meyssoniers' treatise on venereal disorders — a queer place, by the way, for such information — so also was the celebrated bishop Nicholas Fernel. At the time of Charlemagne, the popes and kings had no other physicians than priests and monks and canons. In 1087 William the Conqueror, in his last illness, was attended by Gilbert, Bishop of Lisieux, and Goulard, abbot of Jumiges, the most skilful physicians of his time. By the famous concordat between Francis I. and Leo X., the same privileges were secured to doctors in medicine as to doctors of theology. Under this regime, physicians and their families, were exempt from taxes, and from military duty. They were not subject to any infamous punishments. They took rank next to the clergy and nobles in processions, wore senatorial robes and decorations, and sported the ring as the symbol of professional dignity and authority. Even at the present day, the ecclesiastical association of which I am speaking is commemorated in the festal costume of the faculty in France, which still exhibits the violet color of the episcopate, or its conspicuous ornamental characteristic.

These would appear to have been the palmy days of medicine — this clerico-medical epoch in Christian Europe. But, what does an examination of it show of valuable progress in the healing art? Nothing — absolutely nothing. Fortunately, a more auspicious patronage awaited the profession in Mohammedan lands, at this period, where the labors and studies of the Arabian physicians preserved it from that ignoble dependence to which it was tending during its fraternization with the hierarchy. The Church — meaning by that term any ecclesiastical organization claiming to take care of religion — has always been a curse to every other institution it has undertaken to control or patronize. Allied to the state, it has scourged mankind with the most detestable tyrannies that humanity has ever groaned under; assuming to patronize philosophy and science, with a ruthless dogmatism, it has crushed to the earth the most precious truths, and postponed, for centuries, their enlightening and beneficent influences; and its treacherous friendship for medicine, that we have just glanced at, instead of

contributing to its honor or usefulness, as an independent profession, served only to pollute it by superstitions, and make it the effeminate, pampered protege of sacerdotal authority. At the dictate of policy or caprice, it was ready, as we shall presently see, to ordain a pernicious dismemberment of our art, and to repudiate a large and important portion of its curative agencies.

During many centuries, the priests made no distinction between medicine and surgery, but practised them both indiscriminately; but at the council of Tours, in the twelfth century, as well as at the fourth general council of Latern, where Innocent III. presided, an edict was passed, forbidding any ecclesiastic to perform any operation which required burning or cutting — declaring, as the foundation of the interdict, that ‘the church abhorred the shedding of blood.’ Here was the origin of that separation of medicine and surgery, referred to in our outset; and the intermediate historical ideas have been offered, as conducive to an intelligent appreciation of this event. Surgery was now thrown out of the universities, and abandoned to the then illiterate laity. She was regarded as inferior; and, while medicine flourished among the honors and privileges of the learned and the great, surgery, despoiled of her primitive dignity, became humiliated, and confounded with mechanical occupations.

From the time of Hippocrates to this event, medicine had been an unit. Galen, and Celsus, and Fabricius, and Avicenna, all cultivated the entire field of medical study and practice.

I have always wondered what could have been the real motive of these famous councils, for this remarkable interdict. Few persons are verdant enough to believe that the ostensible one was anything more than an ingenious pretense, which involves an imputation of cruelty on the part of the Surgeon, and an assumption of tenderness on the part of the church, the impudence of which, to a well-informed reader, is really astonishing. If the church had indeed such a holy horror of shedding blood, why had she not expressed it in the same way, long before, and spared its sensibilities a multitude of painful shocks? Moreover, who does

not know that the religious wars of that period of the world, were the most numerous and sanguinary of any, and that an auto-de-fe, either by burning or bloodshed, was one of the most common modes for the church to testify her love to God and the souls of men. "The question of the right of investiture, a purely ecclesiastical one, after causing a war in Germany which deposed Henry IV. and crowned Rodolph, carried Henry V. to Rome, and reddened the Tiber itself with blood;" and the equally grave question of *the orthodox shape of the clerical tonsure* is said to have brought together hostile armies, and occasioned a melancholy waste of human life.

Who instigated the massacre of St. Bartholomew? aye — and whose interposition arrested it? "The bloody tragedy of St. Bartholomew's day was in full progress. 'The hour is come,' said the king, 'when all alive in France shall be of one religion.' The blood of innocents was crying from the streets of Paris, not only to retributive heaven, but to its fellow men for sympathy, and timely interposition. Who then, among the refined and sentimental courtiers was the tender-hearted intercessor? Who then, whether priest, noble or philosopher, was moved with a compassion strong enough to bear him, on an errand of remonstrance, into the presence of his angry sovereign? Not one of these. It was Ambrose Parè, an army surgeon who had passed his life amidst wounds, and agony, and death, that went boldly in, with an unredeemed royal promise, earned by the beneficent exercise of his art, and claimed for its fulfillment, a revocation of the murderous edict.

No indeed—there was something more than meets the eye in this proceeding of the holy fathers. I have had an opportunity, by the favor of a distinguished ecclesiastic of this city, to consult a voluminous and authentic history of the councils of the Catholic church, in order to examine the record of the prohibitory canon in question, and see if there was not some explanation of it in the context, or in the recorded circumstances of its adoption. But there it stands, without note, comment or apology, in the following latin words,

which imply one thing very much to the credit of the writer's understanding of surgical duties — to-wit — that it is only *a part* of surgery to be employed in the use of the cautery and the scalpel. After forbidding the clergy to be judges, in certain cases, it proceeds — “*nec illam chirurgiæ partem, sub deaconus, diaconus vel sacerdos exerceat, quæ ad ustionem vel incisionem inducet.*”

Perhaps the tone of my remarks upon this historical fact, in view of some of the circumstances of the times, may make it proper for me to disclaim any prejudice or antipathy or offensive intention towards that ancient and eminent church, whose councils have provoked this animadversion. As one of the branches of our great Christian family, she has a right to our fraternal regards; and as to her peculiarities of doctrine and worship, we must cheerfully admit, that, the faith which could develop the Christian graces of a Fenelon, a Cheverus or a Flaget, must surely have something of the power, as well as the name of religion in it. But this edict of Tours is a standing insult to my profession, and I would rather seek, than avoid, an opportunity of rendering it harmless by an exposure of its cant and duplicity. No longer ago than 1843, De Maistre, a French author of great ability, writing in defense of the papacy and catholicism, cites this very edict, with its explanation — “the church abhors bloodshed” — as an evidence of the tenderness and clemency of his church, and by implication, of the barbarity and cruelty of surgeons, who are classed with butchers, as too hard-hearted to belong to the same profession with Dominicans and inquisitors.

Now, the truth I suspect to have been, that the sagacious ecclesiastics, perceiving that the incongruous union between priest and physician could not last much longer, and that medicine, in the exercise of all its legitimate functions, possessed the attributes of a powerful independent profession, determined to cripple their ally before she became a rival, by rendering odious, or infamous or even impious, an important portion of her resources. I would do no injustice to the memory of Mr. Innocent or his councils; but the fact is, that after this edict, surgery fell into a state of

degradation, from which it did not emerge until the time of Parè, centuries after, while medicine went on as an humble appendage of the priesthood, disgraced alternately by sorcery and superstition, until some bold and enlightened practitioners, realized, at last, the degrading dismemberment of their profession, set at naught the interference of the Church, returned to the practice of Surgery, and restored the pristine unity of medicine. So prominent in this reform as to deserve to be held in grateful remembrance, was Lanfranc, a distinguished physician of Milan. In the thirteenth century, he appeared in Paris as a teacher of Surgery, and rebuked, with indignation, the members of the Faculty for having given up altogether the use of surgical instruments, and abandoned even venesection to the barbers; asserting the essential unity of medicine, in the declaration which all subsequent experience has verified — “No one can be a good physician unless he be also a Surgeon, and none can be good Surgeons who are not also physicians.” “*Propter superbiam,*” says this medical Luther, inveighing against the abuses of the schismatics, “you know that it is on account of pride, that ye have left even phlebotomy to the barbers.” A striking illustration of the absurdity of the division he was rebuking, is presented in the fact that, in 1607, the parliament of Paris, thinking to do something to compose the feuds existing between the different branches of the healing-art, invoked the Faculty of Medicine to inform them “*quæ sint chirurgicæ,*” and that learned body responded, in terms to which has been applied the soubriquet of *the surgical pentateuch* — “*Tumors, wounds, ulcers, fractures, and laxations.*” Five kinds of maladies constituted the entire field of Surgery, affections too, which have no special community either in form or nature — so imperfect, so arbitrary, and so unsatisfactory was then the understanding even of the OBJECTS of a profession which had already been independent and incorporated for many years. Nor is it possible ever to be otherwise. Surgery is but a particular method of treating a great number and variety of diseases, which medication

proper cannot relieve; recognizing in all its processes, however, the same laws of pathology, and invoking the same principles of therapeutics, as are applied by the physician.

The foregoing observations have abundantly verified the historical portion of the reverend gentleman's toast; but what shall we say of his prophecy? Even that it is being fulfilled, in our experience, at this very day. Both the professions are undoubtedly more liberal, enlightened and useful, than at any former period, and it is equally true that, acting in their respective spheres of duty, they are really co-operating for the benefit of suffering humanity, more effectively than ever before. Co-operation, without coalition, is evidently the condition of their highest usefulness in all things pertaining to the healing-art.

The clergy at the present day, disclaiming the possession of those miraculous powers by which their Master and his apostles cured diseases, have relinquished the exercise of the healing-art to those who have qualified themselves for its important duties by special study, discipline, and experience, while the physician looks to the minister of religion, to employ in behalf of his patient those consolatory offices of the sacred calling, which a discreet, affectionate and pious clergyman can often render as truly curative, as the most appropriate medical treatment. And when that melancholy doom awaits the sick, which neither skill nor prayers can avert, while the physician can only lament the short-comings of his art, the spiritual resources of the devoted pastor are still abundant and adequate —

"Beside the bed where parting life was laid,
And sorrow, guilt, and pain by turns dismayed,
The reverend champion stood. At his control
Despair and anguish fled the struggling soul:
Comfort came down the trembling wretch to raise,
And his last faltering accents whispered praise."

We remarked, in the outset, that a contemplation of the dismemberment of physis and surgery would bring into view another unfortunate professional alliance, which was really more humiliating and degrading than that already noticed. When surgery

was repudiated by the priest, it fell into the hands of the barber. Strange and degrading this association seems to us at the present day: but it was less so at the time of its occurrence. The respectability of the different occupations of life, varies, in the estimation of the world, with the changing tastes and fashions of the times.

We have only to consider what an important appendage to the person the beard was considered, in former times—the symbol of wisdom in the sage, of force in the soldier, of piety in the saint, and a favorite subject in the domain of fashion, even to the present day—in order to understand that it was no ignoble art whose services were devoted to the culture and embellishment of so significant, and sometimes sacred a feature, in the human physiognomy. Long before the edict of Tours, the barbers had joined to the use of the razor, a variety of employments, more or less subservient to the health as well as to the appearance of persons. They administered baths, superintended gymnastic exercises, dispensed perfumery, &c., and it is not strange that, when surgery had been degraded into artisanship, this was the class of artists which assumed its exercise.

In a little volume full of medical curiosities, published by William Wadd, an old English surgeon, is the following account of the barber-surgeons, which, as few of you will have an opportunity of access to the book, I copy and read to you, at large :

“ Edward the Fourth, in the year 1461, granted the charter of incorporation to barber-surgeons, and the barber and surgeon continued in the same firm for three centuries. The barber was originally introduced into surgery by the priest, who was the chief practitioner of the dark ages. The barber, after shaving the head of the priest, was sometimes employed to shave the head of his patient, and finding these fellows handy with edge tools, they taught them to make salves, dress wounds, and bleed. Such was the origin of barber-surgery. In the fourteenth century, however, the barbers pushed themselves forward so much in the practice of surgery, that in France the legislature interfered; but the barber's old friend, the priest, putting in a word for them, they were admitted

into a newly formed surgical establishment, under the title of *barber-surgeons*; and the co-partnership between surgery and shaving has existed in France and England till very lately: nay, till so very near the present time was this foolery continued, that, 'would heart of man e'er think it,' says the philosophical and facetious Abernethy, 'even I myself, have doffed my cap to barber-surgeons.' While this union of the surgeons and barbers continued, surgery retrograded; in truth, surgery, while united with barbering, might fairly enough have been said to have been *barbarous*; and a more curious proof of it cannot, perhaps, be given, than the following order, which appears in the minute books of the the court of assistants, dated July 13, 1587, relative to the disposal of any subject that be daring enough to come to life, after being brought to the hall for dissection:

"*Item.* It is agreed that if any body which shall at any time hereafter, happen to be brought to the Hall, for the intent to be wrought upon by the Thanatomists of the Company, shall revive or come to life again as of late hath been, the charges about the same body so reviving, shall be borne, seen, levied and sustained by the person or persons who shall happen to bring home the body, and further, they shall abide such order or fine as this house shall award.'

"Another proof might be found in a by-law, by which they levied ten pounds on any person who should dissect a body out of their hall without leave.

"The prudent reign of Henry VII., produced a considerable alteration in the state of England, by the increase of the population, and a consequent increase in the number of subjects. In this reign Lues first made its appearance, and produced the most dreadful ravages. The necessity for Surgeons, therefore, increased, and few there were who confined themselves entirely to that profession. These few were, in fact, ten in number, whose portraits have been handed down to us in one of the finest efforts of Holbein's pencil, where these ten worthies are represented on their knees before Henry VIII., who confirmed the charter of the Sur-

geons of London. This celebrated painting is now in the possession of the barbers, who gave one hundred and fifty guineas to Barron to engrave it — one hundred in money, and fifty by subscription, for a hundred prints. It was once borrowed by King James I., and his letter on this occasion, asserts that the portrait of the king was both like him and well done.

“The co-partnership between barbers and Surgeons was not confined to the metropolis, but existed in different parts of the kingdom; and we find a branch of the fraternity at New Castle, ordering (1742) that ‘no brother should shave on a Sunday,’ and moreover, ‘that no one should shave John Robinson till he pays what he owes to John Shafto.’

“It is a curious circumstance, that the act which united the companies separated the professions. It is equally curious, and not less absurd, that though by a special clause it was enacted ‘that no barber shall occupy anything belonging to Surgery, drawing of teeth only excepted;’ yet the reason for this union was, that by their assembling together, the science and faculty of Surgery should be improved. So that those that did practice Surgery were often to meet and assemble with those who did not, ‘*to be improved both in speculation and practice,*’ ” &c., &c.

I should not have extended our retrospect of this whole matter so far, if the interest belonging to it were merely historical. But, besides the pertinacity with which the separation between Medicine and Surgery is adhered to by persons and corporations in Europe, at the expense of reforms demanded by the whole commonwealth of medicine, there is an evident disposition in some quarters, in this country, to introduce it here.

In the last national census, I observe that, in the table relating to the occupations of the people, it is stated that there are in the United States, 40,564 *physicians*, and 101 *surgeons*. The last census of the state of New York, recognizes a similar distinction of professions in practitioners of the healing-art, and states that, in that commonwealth, there were 5,050 *physicians* and 54 *surgeons*; a further subdivision, moreover, is here indicated, in

the enumeration of eight *oculists*. Now, it is not to be supposed that this discrimination among medical practitioners, was, in either case, accidental, or the policy of census-officials. As every individual undoubtedly suggested the denomination he preferred, it is an evidence of the disposition to which I alluded, to revive the old separation among us. Probably it would be a very amusing thing, if we could see the names of these one hundred and one gentlemen who have thus proclaimed themselves the professional "*pures*" of the United States. We may venture to say that there would not be found among them the Warrens, the Motts, the Stevenses, or the Dudleys, and a host of others, best known throughout the country for their surgical excellencies, and whose long and honorable career as general practitioners, is at once an argument for the integrity of medicine, and a rebuke to those who covet distinction by the assumption of names and sectarian practices, that bring schism, if not heresy, into the family of Hippocrates. Standing before you not only as a teacher of Surgery, but its champion, if need be; jealous of the rights and consideration belonging to that department of practice, to which inclination and official position have alike attached me, I deprecate all attempts to sever its natural connections with other portions of the healing-art. Let the past be our monitor in this respect, and not our exemplar.

But, "does not practice make perfect?" I hear some one say, seduced by the sophistry of the schismatics — "Is not exclusive devotion to any one pursuit the best guarantee of excellence in it?" Yes, certainly, if the question be applied to the different petty labors that are combined in the manufacture of a pin, or the heavier ones that result in the construction of a steam-engine, but No, as certainly, if applied to the various and mutually dependent particulars of a great systematic whole. No one of the elements of a *system* can be understood and wisely dealt with, except by means of an acquaintance with the intrinsic and relative attributes of all its associated constituents.

On the occasion of that voyage across the Atlantic, which I hope

many of you will have an opportunity of making, in order to give grace and assurance to your professional attainments, by a personal acquaintance with the medical celebrities of Europe, will you feel yourselves the safer with a navigator who has passed his life in crossing and re-crossing from New York to Liverpool, or with him who, besides this easy trip, has passed an equally long life amid the varying exigencies of general navigation — who has interpreted the storm-signs in every clime, and baffled the treacherous currents of every sea ?

A very little discriminating reflection, rightly directed, will serve to expose the fallacy of expecting from the introduction of division of labor into medical practice, any thing like the advantage we realize from it in the mechanical arts ; and so will dissipate all the most specious pretensions of professional specialities. And remarkably are such “*a priori*” conclusions against medical schism, confirmed by the testimony of experience. Venereal affections, and diseases of the eye, have been made matters of exclusive practice more frequently than any other portions of surgical duty — and “*cui bono ?*” The foundations of all sound knowledge and good practice, in both these important sections of Surgery, repose upon the labors of those who cultivated them in common with the other portions of their art. Hunter, and Bell, and Carmichael, and Larrey, and Rose, have done infinitely more for the elucidation of Syphilis, than all the exclusive Syphilographers, from Sir Ulric Hutton of the sixteenth century, who wrote and practiced from personal experience of the disease, down to the present accomplished surgeon of the Hopital du Midi, in Paris. And so of the other example — Ophthalmic Surgery is under obligations to Cheselden, and Lawrence, and Tyrell, and Wardrop, and Graefe, and Chelins, to Sanson, and Dupuyten, and Velpeau, and to my venerable friend, the Surgeon of Wills’ Hospital in Philadelphia, in comparison with which the services of all the exclusive oculists from Sir Wm. Gascoigne, of whom Dr. Bulleyn quaintly testifies that he “helpeth sore eyes,” to Sechel, and Wilde, and Elliot, of our own times, are but dust in the balance.

Mr. William Mackenzie, lecturer on Ophthalmic Surgery in the city of Glasgow, and author of one of the best systematic treatises on these diseases ever produced, after giving statistics of the operation for cataract—a section of practice where, if in any, the dexterity acquired by exclusive devotion would most certainly tell, remarks: “Such are some of the data furnished us from the practice of general Surgeons, on which to furnish an ultimate prognosis with regard to cataract. *I am by no means of opinion that the practice of mere oculists would afford more favorable results.*”

Alike unprofitable in practice as in science, are all these divisions and subdivisions, of medicine. Show me an Oculist, an Aurist, or a Hernia-curer—a ‘throat-doctor,’ a ‘lung-doctor,’ ‘a liver-doctor,’ or a ‘urine doctor,’ and I will presently show you, in the same person, nine times out of ten, an arrant routineist, who has long since ceased to investigate, and does nothing but prescribe.

You are forming your professional relations with surgery, gentlemen, at a period of its history somewhat remarkable in two particulars. In the first place there is, at present, no predominating, engrossing topic of attention, either speculative or practical, in the surgical community. Seldom has this been the case heretofore. Almost always the professional mind has been more or less monopolized by some captivating or fashionable dogma or system. Sometimes certain pathological views and doctrines, asserting for themselves supreme importance, have received the exclusive devotion of the surgical world, at others, mere matter of detail—methods, mechanical preferences, have risen into disproportioned consequence, and either agitated it by conflicting partizanship, or fascinated it into an universal acquiescence. We have just emerged from a long thralldom to an exaggerated idea of inflammation, which the genius and authority of Mr. Hunter had imposed upon his disciples, as the price of the rich inheritance of inestimable truths which he left them. Undoubtedly it is a circumstance

highly favorable to the general progress of our art, that the minds of those who cultivate it are left free from the dominion of prevalent partiality, and responsive to the invitations to labor for a common cause, which come from any quarter of the field.

I am conscious myself, and I presume the same is true of most of my cotemporaries, that my very introduction to medicine, brought me under the illegitimate influences of certain ideas, which then ruled the day, from which I have never been able altogether to emancipate myself—influences, which could hardly claim any better authority than fashion, whose sway is fain to be acknowledged in the world of science as well as in the world of taste.

It appears to me, however, as I have said above — perhaps it is only because it is so difficult to appreciate alike the actual and the past, in any particular of our experience — but it appears to me, that the present time is remarkably exempt from such embarrassments to free and impartial thought and action in surgical pursuits; and, if I am right in this, it is a proper subject of congratulation to those who are just entering upon them,

"Pledged to no party's arbitrary sway,
We follow truth where'er she leads the way."

In the second place, the present period of surgical history is marked by the absence of many great, illustrious, authoritative masters of the art.

It is often remarked that distinguished men, in all the departments of intellectual action, have appeared upon the stage of human life in groups, and that periods of mediocrity appear alternately with those of excellence, in the history of letters and science. The age of Augustus, that of Queen Ann, and of Louis XIV. afford familiar examples of these galaxies in art and letters, and in the same period of time there are examples of at least as many well marked groups of illustrious surgeons. In none of these golden ages of surgery has there appeared such a constellation of illustrious masters, as has passed, or is passing, away with the first half of the nineteenth century. Where should we begin—or rather where should we end—in our enumeration of the men who have made this period

a memorable one for our art, in Britain, France, Germany, and America — alike in civil and military practice — men, any one of whom, in times less prolific of greatness, would have signalized his epoch, and honored his nation. But, the great surgeons of the nineteenth century are among the treasures of the past; many of them resting from their labors in honored graves, and others remaining among the living, in the dignified retirement which belongs to the declining years of a well-spent life; while, in the twilight of their closing day, there appears no omen of another dawn like theirs. As this glorious constellation sinks below the medical horizon, we look in vain, in the opposite heavens, for a starry group to replace it. Where is, or where is likely to be, another Dupeytren — the learned, the subtle, the expert, the inexorable Dupeytren—monarch, undisputed, of the surgical realm of his nation, if not of the world? Who shall worthily resume those attractive lessons of practice, which, for so many years, rendered the surgical clinic of the Hotel Dieu the crowded resort alike of pupils and masters, from all the civilized nations of the earth?

Or, bringing our retrospect across the channel, where now shall we find the compeer of the stately Sir Astley — the indefatigable, the discriminating, the adroit, the authoritative Cooper — a Noble by the deserved favor of his sovereign, but infinitely nobler by his heroic devotion to a noble calling? Who shall now lead through the wards of Guy's Hospital such throngs of admiring pupils, and afterwards chain them to his discourse, for hours, in the amphitheater, by such clear, practical, convincing disquisition?

Scarcely can we contemplate the accomplished baronet and his brilliant career, without calling up the memory of his untitled but renowned competitor for professional distinction, John Abernethy. The eccentricities of this great man contributed largely to his general fame, while they constituted no part of his excellencies as a surgeon; but, as the founder of the school of St. Bartholemews, as the most successful practical expositor of John Hunter, as the personification of the great fundamental idea in his own surgical teachings, *the constitutional treatment of local diseases*, he chal-

lenges a special notice among the great surgeons of his day, and stands without a peer, in the generation that is succeeding him.

To conclude our specifications with a domestic example — where now shall we look, for so remarkable a concentration of surgical merit, reputation, and authority, as was exhibited in Philip Syng Physic. Without genius, or anything attractive in manners or discourse, by the assiduous cultivation and development of native qualities singularly adapted to professional success, he acquired and maintained for years, a commanding position, such as no man, at present, even aspires to. When, a few years before his death, he was called on for one of the highest exercises of his art, on the person of the venerable Chief Justice of the nation, it was a general subject of congratulation that one whose life and services were so invaluable to his country had found a surgeon of commensurate renown and estimation, and the public anxiety for the chief of its jurists, reposed on its confidence in the chief of its surgeons.

Let it not be supposed that I advert to the glory of this epoch and its departure in a spirit of complaint or discouragement. The disappearance of these luminaries of our art has, by no means, left us in darkness. The stately planets fix the attention of the astronomer, and move along the heavens, the admiration of all observers; but in due time they disappear, and a thousand twinkling stars, of various magnitudes, make luminous the firmament, and perpetuate the order of celestial phenomena.

In the aggregate, there is, undoubtedly, as much surgical talent on the stage now, as at any former period, and far more of surgical information; but it is more diffused and general, and there appears to be in operation, none of those influences — often occult and indirect — which bring into existence, or, at least, into view, such remarkable instances of concentrated superiority — the giants and monarchs of their professional day.*

It could result only in some curious expositions of cotemporary events, if we were to trace the influences that have determined the occasional affluence of surgical eminence — events too, fre-

* Unless the present European war be so regarded.

quently having no intrinsic interest in a professional sense. It is far more pertinent to the present occasion to glance at the means and opportunities of individual excellence in surgery, and particularly at those which offer themselves to our own generation of practitioners and pupils. In this point of view, no period of our art appears to better advantage than the present. Never have there been more encouraging incentives and aids to the pursuit. The glory that we have just been contemplating, as well as the more substantial fruits of the labors of those who achieved it, is our inheritance. Not into the grave, with their crumbling remains, goes down the bright example, the alluring distinction, the enviable honors of the exalted dead: but, hovering over the toiling path-way of their successors, they animate as well as guide the emulous spirit — “come up hither,” “come *up* hither,” is their encouraging invitation. But, over and above this, prestige, as it may be called, in favor of the surgical department of practice, it is at present the favorite one with practitioners and the public, for more homely and economical reasons,— with the former, because its imposing operations afford opportunities for early reputation and ample emolument, and with the latter, because its processes are more intelligible, the relation between the means employed and results obtained more obvious, and because there is always something attractive in whatever partakes of the dramatic — not to say the tragical. The organization and curricula of the schools are now arranged with a view to this preference. Until very lately, the chair of the “Theory and Practice of Medicine” was universally regarded as the leading choir in the school, and the occupant of it, “*ex-officio*,” among his colleagues, “*primus inter pares*.” On the contrary, if I mistake not, in a majority of the schools, in this country, at present, the most prominent and influential position is that which is held by the teacher of surgery. If our own institution be an exception to this fact, it is only because the extraordinary learning and talents of the teacher of physic and the humbler merits of his brother of surgery, have perpetuated here the old fashioned precedence of the former.

Under these favoring influences, the standard of surgical proficiency, in the graduates, has evidently been elevated. Many of them have felt themselves competent to the management of cases, that were heretofore confided only to their preceptors, or to eminent metropolitan surgeons. This will continue to be more and more the case, as the schools are more and more successful in supplying the community with practitioners, prepared for the various portions of their miscellaneous duty.

It will not be expected, indeed, that all, or even many, can be truly expert operators. That is an excellence depending upon conditions, some of which neither the best teaching nor the most faithful study can supply. We may say with Heister, in his introduction to his "*Institutiones Chirurgicae*" that it is in Surgery, meaning operative surgery, "neither study, nor meditation, nor disputation that makes the master ; but practice."

Nothing but exercise can bestow that address in the use of instruments, or that nicety of manipulation, which so greatly facilitate operative proceedings, while the self-possession, and imperturbable composure of mind and muscle, which are equally essential to the finished operator, are exclusively the gift of nature. She had denied it to the illustrious Haller, towards whom she was so prodigal, in other respects, and he tells us that "although he had taught Surgery for sixteen years, and had practised on the cadaver, all the most difficult operations, he never could draw the edge of a sharp instrument over a living person, restrained by the fear of inflicting pain."

The highest accomplishments of the art, however, are not indispensable to a reputable discharge of all the ordinary surgical duties of the general practitioner.

With no extraordinary natural gifts, and but limited opportunities of exercise, we frequently see gentlemen of good sense and a sound collegiate medical education encountering, without disgrace, the most trying emergencies of surgical practice. Their chief reliance on those occasions, gentlemen, and the thing they then find to be absolutely indispensable, is the anatomical knowl-

edge for which they look back to their medical Alma-Mater, as to the most precious portion of her benefits. As it is this knowledge which has more to do with your qualifications for surgery than any of the accessory or collateral studies of the college, I must so far trespass upon my colleague of that chair, as to offer you a word or two of advice as to the kind of anatomical knowledge most servicable in practice, and beneficial to you as surgeons.

In the first place then, let me counsel you to pay more attention than is usually done to *external Anatomy*. Make yourselves familiar with the contour and varied surface of the body, mark well the different projections and depressions, especially in the neighborhood of the larger articulations, the elevations and pits, depending upon muscular form or action, &c. You cannot conceive how valuable this sort of information will be to you, on those perplexing occasions of practice, which often occur in cases of injuries to bones and joints, and in the diagnosis of various tumors. This study has the recommendation, moreover, of being prosecuted without any of the difficulties and inconveniences attending practical anatomy, and instead of the revolting scenes and associations of the dissecting-room, carries you into the domain of taste, art, refinement — the contemplation of beauty and symmetry, as they are exhibited no where else, in “the human form divine.”

In the second place, let your dissecting be conducted with a view to becoming intimately acquainted with the different textures of the body. As a Surgeon, you must know not only the place and name of these parts, but you must know the parts themselves. Look at them in various lights, as they present themselves under your scalpel — handle them, and fix in your mind an impression of all their sensible qualities. It is difficult enough to distinguish them amidst the blood and derangement of an operation, even with the most vivid recollections of their appearance in the subject; but, with confused ideas of the parts in your own mind, the confusion in the wound becomes “worse confounded” — you lose self-possession, and the first element of a safe and reputable issue

of your undertaking is wanting. In this view of the subject, I will add, that it is not altogether without its advantages that the press of time and circumstances compel you to do a good part of your dissections at night. The larger part of the operations for Hernia that I have been called on to perform, have been done by candle-light, and it very often happens that the most intricate surgical proceedings must be undertaken by artificial light. In such cases, it cannot but aid the operator in the recognition of parts, to remember their appearance, in a similar light, when he studied them by dissection.

In the third place, let me urge you to study, with great particularity, the structure of the organs of the special senses — the eye and the ear. So admirable is the mechanism of these organs — so curious and interesting is their formation, as optical and acoustic instruments — that both professor and pupil are too apt to rest with these views of them, at the expense of those professional ones which the great frequency, variety and importance of their diseases should command.

He who would treat these diseases judiciously, should not only understand the mechanism of the organs, but be well acquainted also with the special anatomy of all their parts — the structure as well as the relations of each, its peculiar vascularity, the sources of its nervous endowments, and its sympathetic or actual connections with other organs, either near or remote.

Judging from the cases that are sent to me for advisement from different parts of the country, I believe that no portion of the surgical duties of the great body of respectable practitioners are so imperfectly — nay, so badly — performed, as the treatment of ophthalmic disease. The infinite diversity of phlegmasiæ of the eye, is simplified into *ophthalmia*, and bleeding, purging and calomel, with perhaps a saturnine wash, constitute the indiscriminate routine of treatment, whether the disease be seated in the iris, the conjunctiva, or the meibomian glands of the lids. Let me advise you, gentlemen, that there is no department of medicine in which you may so soon gain or lose a character, as in

Opthalmic Surgery—it is without exception, that branch of the healing-art where success is most easily recognized, and most justly appreciated by the public, and where some of our operative proceedings, when skillfully performed, result in the most brilliant, as well as the most beneficent, of the triumphs of our art.

In the foregoing remarks, gentlemen, you will observe that I have taken the largest liberty with the privileges of the occasion. Instead of a formal programme of the lectures of the course, I hope to have given you, in comments on various topics of professional interest, some idea of the principles and spirit that will determine the character of all the instructions to be delivered from this chair. These topics—some of them at least—are among the most interesting subjects of thought to the reflecting medical mind, and it may be presumed to be gratifying to pupils to know the sentiments entertained upon them by one for whom, and for whose opinions, they have manifested sufficient respect and confidence to constitute him their instructor.

Henceforth, however, we must forego discursive disquisitions, and address ourselves, resolutely, to the essential duties of the class-room. For you and for myself, the duties involved in our present relation are arduous and responsible. The paths that lead to scientific attainment are seldom strewn with roses—labor and self-denial are inevitable conditions of progress in most of them. It is no easy thing to sit, day after day, in the close and crowded halls of the College, and listen to discourses, that have little in them to relieve the drudgery of study, or lighten the burden of homely facts and conclusions, under which the weary memory staggers before mid-day.

Nor is it an easy thing, on the other hand, for the teacher, in the midst of the cares and distractions of practice, to be prepared, at each appointed hour, with a profitable and interesting discourse, and always to realize the mood and enthusiasm necessary to the most satisfactory delivery of it. Under such circumstances, then, of reciprocal difficulty, in their respective functions, the two

parties must exercise a common spirit of indulgence and consideration. If it be pardonable in the pupil sometimes to be listless, it must not be an inexcusable fault, in the teacher, if he be occasionally dull. If the former cannot always bend his attention, the latter may not, at all times, be equally animated — if one may slumber and nod, the other may hesitate and pause.

But a common sense of the mutual obligations of the relation, and a common interest in its important objects, will render these occasions of indulgence, on the one part or the other, extremely unfrequent.

Be it ours to keep ourselves alive to these obligations, and to pursue with fidelity these high objects. We shall thus not only render these exercises as conducive as possible to the important ends of their institution; but shall find our devotion to a common and noble purpose, tributary to personal attachments, which will cause our course of instruction which we commence as a circle of strangers, to terminate with the regrets attending the separation of friends.

