

Introductory lecture to the winter course of instruction in the Philadelphia College of Medicine : delivered on Monday, at 5 o'clock p.m., October 14, 1850 / by James M'Clintock.

Contributors

McClintock, James, 1809-1881.
Philadelphia College of Medicine.
National Library of Medicine (U.S.)

Publication/Creation

Philadelphia : Hughes & Gaskill, Printers ..., 1850.

Persistent URL

<https://wellcomecollection.org/works/cd3ne94d>

License and attribution

This material has been provided by This material has been provided by the National Library of Medicine (U.S.), through the Medical Heritage Library. The original may be consulted at the National Library of Medicine (U.S.) where the originals may be consulted.

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

**wellcome
collection**

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Mr. Clintock (Jas.)

INTRODUCTORY LECTURE

TO THE

WINTER COURSE OF INSTRUCTION

IN THE

Philadelphia College of Medicine,

DELIVERED ON

MONDAY, AT 5 O'CLOCK P. M., OCTOBER 14, 1850,

By James M'Clintock, M. D.,

Professor of Surgery and Anatomy.

PUBLISHED BY THE CLASS.

PHILADELPHIA:

HUGHES & GASKILL, PRINTERS, No. 84 NORTH THIRD STREET.

1850.

29681

4

CORRESPONDENCE.

PHILADELPHIA, October 17, 1850.

PROFESSOR JAMES McCLINTOCK, M. D.,

Dear Sir:—At a meeting of the Class of the Philadelphia College of Medicine, held this day, at which Mr. MURDOCH MURCHISON of Tennessee, presided, and *Mr. T. T. Turner* acted as Secretary, the undersigned were appointed a Committee to request of you your excellent Introductory Lecture for publication. In discharging this agreeable duty, permit us to express the hope that you will accede to the wishes of the Class, and much oblige,

Yours Respectfully,

MURDOCH MURCHISON, <i>Chairman.</i>	THOMAS T. TURNER, <i>Secretary.</i>
JOHN GREENAWALT, PA.	JOHN W. BRYAN, PA.
THOS. W. HIX, VA.	JAMES HAMAN, DEL.
JOHN DICKSON, PA.	ISAAC PRITCHARD, LA.
SAML. AVERY, M. D., N. Y.	ANDREW J. HAY, N. J.
JOS. A. HOLTON, MD.	ALEXANDER R. SHAW, PA.
WM. W. FLOK, S. C.	EDWIN T. EDGERTON, S. C.
GEO. W. MILLER, Ohio.	JAMES B. BELL, GEO.
CHAS. T. GASKILL, MISS.	FRED. S. LEWIE, S. C.
CHARLES BOCOCK, VA.	HARVEY A. MOORE, KY.

PHILADELPHIA, Monday, October 22, 1850.

Gentlemen:

In reply to your polite note of the 17th inst., I cheerfully place the accompanying manuscript at your disposal.

With every wish for the success of yourselves, and the Class you represent, I am Gentlemen,

Truly Yours,

JAMES McCLINTOCK,

No. 1, N. Eleventh St.

TO MESSRS. MURCHISON, TURNER, GREENAWALT, &C.

LECTURE.

PERMIT me, gentlemen, in the name of the Faculty, to welcome you to our Halls at the opening of a new session. Some of you have been here before—and such I greet, on their return, with the feelings with which men welcome tried friends. Others of you are here for the first time: it will be our earnest effort, also, to *make* friends of *you*. We shall make this effort, gentlemen, not, I hope, in a merely mercenary spirit, or for merely mercenary ends; nor, I trust, by the use of any *means* unworthy either of our profession or of the Institution whose interests we serve. It will be our aim and hope rather, to form with you that better friendship which springs from common interests and common pursuits—especially when those pursuits are in the higher walks of our intellectual being. We shall tread the paths of science together—we shall study together some of the greatest works of God—and shall we not be friends?

In these walks, however, we shall be expected to go *before* you as leaders and guides. It is not for me to make promises as to what we shall do—to herald either my colleagues' doings or my own, by any mere preliminary flourish of trumpets. But this much I can promise, that whatever earnest industry, a genuine devotion to our science, and a sincere wish for your success in study can accomplish, will be attempted, at least, by each of us. And on your part, gentlemen, we shall look, (and I am sure we shall not look in vain) for hearty devotion to your studies and for that willingness to *work* which is the only price at which you can purchase success. We shall lay before you “a goodly land:” it will lie with you to “go up and possess it.” We shall point out to you the tree of knowledge and the glorious fruit it bears—but you must pluck, and eat, and digest it for yourselves. We

shall mark out for you at least the outline of that vast domain of human knowledge which passes by the name of Medical Science; it will be for *you* to not only grasp that outline, but to fill it up by your own independent labor. With such dispositions, gentlemen, on your part and on ours, our journeyings together will be mutually pleasant and profitable.

In choosing a topic for discussion to-day, I have thought it best, instead of dwelling upon broad generalities, to select a single line of remark, upon a subject of wide interest however to you and to our whole profession. My purpose will be to correct a misapprehension which prevails in many quarters in regard to the scope of Surgery, and the relation which subsists between the medical practice of the Surgeon and that of the Physician. Many persons out of our profession imagine that the duties of the Surgeon are confined to the management of external diseases and the performance of manual operations. It readily follows from this notion, wherever it is imbibed, that a man may be a skilful surgeon without being a capable physician; and from this again it is not difficult, for the common mind, by one of those leaps of induction to which it is so remarkably liable, to infer that the skilful surgeon is not *likely* to be a good physician. This, gentlemen, is the misapprehension which I now propose to correct. It is an error so injurious, not merely to the interests of our profession, but also those of suffering humanity, that one would think it the duty of every practitioner, whether surgeon or not, to aid in dispelling the delusion from the popular mind. But I am constrained to say, from my own experience in the profession, that there are some in our ranks whose ignorance, envy, or avarice, so far overpowers their sense of duty and professional honor, that they cherish and foster this pernicious error, instead of crushing it. It may be your fortune, as it has been mine, to hear of dialogues like the following, between a physician and a would-be patient, who is ill, but who, instead of showing his discrimination by calling in the *mere* physician, has been foolish enough to trust his life in the hands of a man skilled in *every* branch of his profession. "Ah, sick, are you?" "Yes." "What's the matter?" "The Doctor says it is disorder of the liver." "Who is your Doctor?" "Why, Doctor so and so, a

very good physician, is he not?" "Well," with a significant shrug of the shoulders and shake of the head, "he is an excellent *surgeon*—every body knows that, but it is not every man that can cut off a leg can cure liver disease! If I wanted an operation performed on myself there is no man I should send for sooner; but if I were *sick*, I should not like to trust him." This, gentlemen, is no imaginary case; I repeat to you that it has fallen within my own knowledge.

It might suffice for my present purpose to show you, from the very nature of surgery itself, that no man is qualified to practice it without a full acquaintance with the other branches of medicine; but I shall go further, and show you on the other hand, that the ordinary routine of medical practice so often requires the aid of that branch of the profession which is technically called surgery, that no man is competent to discharge the duties of the physician fully, who is not at the same time familiar, to a certain extent at least, with both the principles and practice of surgery. It will follow, then, gentlemen, necessarily, that, as a general rule, the *good* surgeon is the *best* physician.

It would really seem, to judge from the talk of some men, that the diseases to which the human frame is liable, can be divided into two strongly marked classes—surgical and medical, constituting, severally, branches of science so distinct and separate that they never need run into each other. Indeed, such *ought* to be the case, to justify the notions to which I have adverted, and warrant the absolute separation in practice between Surgery and Medicine, for which some contend. In theory, gentlemen, it may do very well: in practice, it is an absurdity. On paper a very plausible case may be made out, and very fine distinctions be drawn between medical and surgical diseases; but it is a widely different thing with the poor wretch who has suffered some injury or wound, and whose body is racked, not merely, or even chiefly, by the cut, the bruise, the fracture, or whatever the injury may be, but far more with the inflammation, the fever, the nervous irritation, and the thousand other morbid results of injury inflicted upon the sensitive organism, an organism which does not recognize these fine spun distinctions, but which sympathises, it may be, in every fibre, every nerve, and

every filament even, with the organ which may have suffered the direct wound. Look at the case for a moment. There lies your patient, gentlemen, with fractured limb. One of you is to attend him, and that without aid. Days, perhaps, have passed since he received the injury, and he has had no medical assistance; nay, perhaps has been poisoned by quacks. Examine him—you find the broken bone. It is clearly a surgical case. But will the hypothesis of division of labor bear you out in supposing that the sufferer is to be cured by pulling, stretching, splints and bandages? Feel his pulse, and see if nature has kept within scientific limits and restrained the man's sufferings in such a manner as to indicate mere *surgical* lesion. Do you find no fever? Ah! the broken bone is perhaps the *least* evil you have to fear. Has his digestive function remained unimpaired, in spite of his long days and nights of suffering? Have his vigils left no impression on the brain or nerves? To *cure* the man, you must relieve these affections—and in doing so, you must practise *medicine* as well as surgery. Illustration after illustration might be afforded, if it were necessary, to prove the same thing, namely, that the so-called surgical cases involve, in almost every instance, morbid affections, which, according to the ultra speculation of the division of practice, would fall under the care of the physician, rather than the surgeon.

And this is so, gentlemen, and in the nature of things must be so, because, in the language of an able writer, “the numerous individual organs which make up the human body, although various in structure and office, are all intimately connected and mutually dependent. They are merely subordinate parts of one great machine, and they all concur, each in its own way, in producing one general result—the life of the individual. All the leading arrangements are calculated to give a character of unity to the organization and living actions of our frame. There is a common source of nutrition for the whole body; a single centre of circulation; a common place of union for all sensations and volitions, for nervous energy of whatever kind.

The various organs are not only intimately connected by the share which they severally take in executing associated and mutually dependent functions, they act and re-act on each other,

often very powerfully, by those mysterious, or at least hitherto unknown, influences, which we call sympathies. As the animal machine, although complicated in structure, is single, and as its living motions, although numerous and intricate, form one indivisible series, so a similar connection runs through those changes of structure and functions which constitute disease.—Hence there is one *anatomy* and *physiology* and there can be only one *pathology*.” Now, exactly as we separate *anatomy* from *physiology* in our teaching—or as we disjoin the *theory* from the *practice* of medicine, so, for purposes of *instruction and systematic study*, we draw a useful and valuable distinction between Surgery and Medicine. So, whenever the results of injuries must be obviated by the use of *mechanism*, whether by bandages, outward pressure and the like, or by using the knife at once, in direct interference with the organism itself, we are said to employ *surgical* means, and the science which treats of the proper application is called *Surgery*. But to restrict the word to the mere art of curing disease or healing injury by manual operations, would be to deprive surgery of more than half its field, and that the half on which its most splendid triumphs have been won. That part of the branch to which the name of the “Principles of Surgery” is applied and which explains the treatment of lesions of the organism, is by far the most important division of the art, although its lustre is dimmed for many minds by the glare of its more dazzling rival. It is indeed a great thing to use the knife well, but it is a greater thing by far to cure a case without using it at all. The removal of a part of your patient’s body may maim him for life. The Father of American Surgery has most truly said, that every surgical operation is only a confession of the imperfection of the art of healing. And he who has learned to know the limits of that art, by *practice*, not only in operating but also in treating disease, whether the result of injury or not, by—not the bloody knife and the burning cautery—but by the gentler, kinder, yet often far more potent remedial agents which the beneficent author of nature has placed within our reach,—he, gentlemen, and he alone, is fully competent to practice surgery; for he, and he only, can be trusted to decide, (without

either prejudice in favor of a speciality because he excels in it, or ignorance because he knows nothing else) *when* surgical means proper must be used, and when they can be dispensed with. And what is this, gentlemen, but to say, that the *competent surgeon must be a competent physician*.

There was, indeed, a time when the two lines of practice were kept distinct enough to please even the most strenuous advocates for the division. It was when the bath-keeper and the barber were the only surgeons—as was the case for several centuries during the middle ages—when the church was powerful enough not only to dictate what men should believe in religion, but to tell them what was science and what was not. It was one of the pretexts of the clergy that “the Church detested all bloodshed”—a maxim which they seem singularly to have forgotten on too many occasions. But on this ground surgery was banished from the Universities. Indeed, at an earlier period, when, after all, almost all science and knowledge were held by monks and priests, who were in more respects the benefactors than the oppressors of men, the practice of the art of healing was by them, and the Jews, almost entirely throughout Europe. In the twelfth century the clergy were prohibited by the Council of Tours from performing any bloody operation. And it was then that surgery, so called, took refuge under the barbers’ pole, where it would be confined again, if the apparent wishes of some of our profession could be gratified. But after all, gentlemen, the history of the times seem to show that there lay at the bottom of this state of things a salutary dread of *operations*, simply as such, and a just belief that the true glory of the art of healing lay in curing a diseased limb, rather than in cutting it off. This feeling, I repeat, if it existed then, was just and salutary: it is just and salutary now. The *mere* operator does not deserve the name of a scientific surgeon; indeed, this is the very point of which I am aiming to convince you, namely, that the *best* surgeon must necessarily be thoroughly skilled in *all* means of remedying injury and curing disease, and therefore, must be a good physician.

I cannot forbear in this connection to quote a passage from the pen of the late Professor Godman—a man whose scientific

acquirements were an honor to our profession, as his moral qualities were an honor to our race.

“The difference between a surgeon and a mere operator may be more thoroughly appreciated by contrasting them:—the *surgeon* inquires into the causes and removes the consequences of constitutional or local disease—the *operator* inquires into the willingness of his patient to submit, and resorts to the knife. The *surgeon* relies on the restoration of the healthy actions by regimen and medicine—the *operator* relies upon himself and cuts off the diseased part. The *surgeon*, reflecting on the comfort and feelings of his patient, uniformly endeavors to save him from pain and deformity—the *operator* considers his own immediate advantage, and the notoriety he may acquire, regardless of all other considerations. The *surgeon* reluctantly decides on the employment of instruments—the *operator* delays no longer than to give his knife a keen edge. The *surgeon* is governed by the principles of medicine—the *operator*, most generally, by the principal of interest; one is distinguished by the numbers he has saved from mutilation and restored to usefulness—the other by the number of cripples he has successfully made. The *surgeon* is an honor to his profession and a benefactor to his fellow creatures—the mere *operator* renders the profession odious, and is one of the greatest curses to which mankind, among their manifold miseries, are exposed.”

In the oldest times of our art, the distinction between medicine and surgery did not hold. True, the earliest forms of disease were such as mechanical and manual means would generally suffice to remedy, as men who lived in a state of almost unsophisticated nature, seldom suffered, except from wounds received in hunting, or in war—and such simple remedies as those which Patroclus used when the great physician Machaon was wounded before the walls of Troy, perhaps exhausted the resources of the art :

“ There stretched at length the wounded hero lay,
 Patroclus cut the forky steel away.
 Then in his hands a bitter root he bruised ;
 The wound he washed, the styptic juice infused.
 The closing flesh that instant ceased to glow,
 The wound to torture and the blood to flow.”

The mixture which Homer tells us was prepared and given to Machaon, before his wounds were dressed, would seem to show that the surgery of the times was sadly in need of some infusion of medical knowledge.

“ Honey new press'd the sacred flower of wheat,
 And wholesome garlic, crown'd the savoury treat.
 Next her white hand a spacious goblet brings,
 A goblet sacred to the Pylian kings—
 Tempered in this, the nymph of form divine
 Pours a large portion of the Pramnian wine;
 With goat's milk cheese a flavoured taste bestows,
 And last with flour the smiling surface strows.
 This for the wounded prince the dame prepares;
 The cordial beverage reverend Nestor shares.”

Such a dose to a wounded man would be bad enough to be administered by a professional *surgeon* who had never studied in any degree the operation of stimulants upon the human system. Still, Machaon was a great man among the Greeks: for when he was wounded, Idomeneus quickly called old Nestor and cried—

“ Ascend thy chariot, haste, with speed away,
 And great Machaon to the ships convey.
 A wise physician, skill'd our wounds to heal,
 Is more than armies to the public weal—”

and when he died he was honored as a god, and had a temple erected to him—honors, certainly, which neither physician nor surgeon of these days is likely either to receive or to deserve.

In the latter days of Greece, when the art of healing had assumed a scientific form, it is clear that medicine and surgery were generally studied together—and as I have said, the line of distinction was not drawn until it was set up in the middle ages, from causes already assigned:—and when Ambrose Pare had placed surgery upon its proper scientific basis of anatomy, and the schools resumed again the noble functions which had been delegated to the barbers' shop, the science made rapid strides, but always hand in hand with medicine:—and although there had been, as there always must be, separate professors

and teachers of surgery, whose studies lie mainly in their own branch, still, the most eminent surgeons, even in England, where the line between the physician and the surgeon has been most strongly drawn, have been skilful physicians also. I shall prove to you, in the conclusion, gentlemen, from many striking examples, that this has been eminently the case in our own country.

But I was to show you, gentlemen, that not only is a knowledge of physic needed by the surgeon, but also that a knowledge of surgery, to a greater or less extent, is necessary for the physician. Here, as before, I might adduce illustration after illustration to demonstrate that there are “few diseases coming under the care of the physician, in which morbid affections requiring the manual skill of the surgeon do not frequently occur.” But time will not allow me to do more than barely glance at the subject—and, indeed, little more is necessary: and I have been compelled to show already, that the two provinces so absurdly separated, runs into each other in every direction. Nor is surgery less intimately connected with all the other branches of our common science. To use the language of an eminent surgeon and eloquent lecturer of our own city, Dr. GIBSON, the “principles and practice of surgery, taken collectively, embrace a very extensive range, and are so intertwined with physiology, pathology, and therapeutics, so associated with Anatomy, Materia Medica, Obstetrics and the Practice of Medicine, as to constitute a most important link in the chain of all these several departments.”

But in *practice*, as I have said, the cases in which the work of the physician is incomplete, without some resort to the appliances of surgery, are so numerous as to defy enumeration here. Even the simplest of operations, bloodletting, which is of almost indispensable necessity in many forms of febrile and inflammatory disease, lies entirely out of the range of the physician, where his scope of duty is strictly separated from that of the surgeon. If you hold to this distinction, gentlemen, stand to your patient—let his tense or bounding pulse, his fevered brow, his labored respiration, all call upon you to give relief by opening a vein—and yet, though the relief might be given on the

instant, you must keep the poor wretch in pain, and perhaps lose all the benefit of the bleeding, while sending for the surgeon, or his deputy, the barber. This is an extreme case, indeed, but it is strictly within the limits of propriety, when the division of practice is fully recognized. But there are others more strikingly marked. Many forms of disease end in ulcers, abscesses and the like, under the physician's hands; but what can he do with them? Simple as may be the means necessary to be used, he must not, or cannot adopt them, because he is not a surgeon. So, too, a distended bladder must remain unrelieved, at the risk of inflammation, rupture and death, because the practitioner is not surgeon enough to introduce a catheter. Even if such fearful results do not follow delay, the patient must be kept in pain for hours, and his final recovery retarded or made more difficult. Again, you may have a patient bed-ridden for months—perhaps confined in one position, until you find his skin in such parts as are pressed tightly, covered with sores or tending rapidly to mortification. To relieve or heal these, requires a surgeon's skill or a surgeon's remedies. If you have not the one, you will not dare to use the other, and you must either permit your patient to suffer on, until, perhaps, he is beyond the reach of human assistance, or call in the aid of some more gifted practitioner.

But I have all along gone upon the hypothesis, that in cases of emergency you might call in the aid of a surgeon to supply your lack of knowledge. In our great cities, gentlemen, and in some of our larger towns, this is, indeed, generally practicable. But many, if not most of you, will begin your career in the country, where no such facilities will be afforded you. Imagine yourself, then, the sole practitioner in a village or country district, liable to be called on at any time to dress a wound, to treat frightful injuries, to set a dislocated limb, or to manage any one of the multiform injuries from accidents of almost every day occurrence in every part of the country. Suppose you have imbibed the notion that *surgery* is not necessary to the practice of the physician, and in what kind of position will you now find yourself, if called suddenly to some bleeding farmer, who has fallen from his barn loft or his hay wagon,

how will it relieve him, how will it comfort your own feelings, how will it add to your reputation as *the Doctor*, to stand back and tell the gaping and wondering rustics that you are a *physician*, not a *surgeon*? You know very well, gentlemen, that in such a case nothing would remain for you but to pack up your gallipots and decamp to make way for a successor who has studied more sides than one of medical science.

But, gentlemen, leaving these practical considerations, so far as they relate personally to yourselves, entirely out of the case, and abandoning, also, all further theoretical investigation of the point I have been discussing, let me now direct your attention to a few eminent *examples* of the combination, in the same person, of the highest gifts and attainments in both branches of our art. It is hardly too much to say, indeed, that the most prominent surgeons have been the most eminent physicians. I will not cite instances from the ancient days to which I alluded a while ago, when this distinction was almost unknown, but confine myself to modern times, and, first of all, to that country in which the line between medicine and surgery has been kept sharply defined, even to absurdity. Of all English physicians, then, few have rivalled or approached WILLIAM HUNTER in reputation for skill in general and obstetrical practice—and yet no man of his day had a more profound and accurate acquaintance with anatomy and surgery, both which branches, indeed, he lectured on with just success. ABERNETHY, who so long held the very highest rank as an anatomist and surgeon, was the rage of London as a medical practitioner, in spite of eccentricities of mind and manner, which would have effectually kept down any but a man of the highest abilities and attainments. It would have been a rash man, indeed, who should have declared, in regard to either of these, that “he was a great *surgeon*, but no physician.” I might cite other eminent instances, gentlemen, both in England and France, but time will not allow me to do anything more than call up a few American names in support of my position: and these, though taken from our own city—shall be the very brightest stars in the galaxy of American medical reputations. Had you been in this city a few years ago, you might have seen daily travelling

our streets, a plain, neat carriage, drawn by a pair of spirited black horses, bearing a man of venerable and dignified appearance, though of no strong or robust frame. Had you asked his name, you would have found it to be PHILLIP SING PHYSICK, and your informant would probably have called him, in addition, the "Father of American Surgery." Yet could you have gone with him in his daily round of visits, you would have seen him calling and practising, nine times in ten, upon patients affected with so called *medical*, rather than surgical diseases; and you might have learned from common report, that his services were in as much request at the bedside of the sick as they were at the operator's table. Cotemporary with him was JOSEPH PARRISH, whose manly form, benevolent countenance, and quaker garb, were familiar to every man, woman and child in this city, twenty years ago. In youth, an industrious anatomist, he afterwards attained high and deserved distinction as one of the surgeons of the Pennsylvania Hospital and of the Almshouse Infirmary. Moreover, for years, he lectured during the *winter on surgery*, with just success, while during the spring and summer months, his lectures on the *practice of medicine* were no less instructive and popular. And all who are familiar with the history of medical men in this city, know that for many years before Dr. Parrish's death, he stood in the very foremost rank as a general and consulting practitioner. I need not tell you that GEORGE M'CLELLAN was one of the best anatomists, as well as one of the boldest and most successful surgeons, that this country has ever produced—yet few have ever reached a prouder position in general medical practice than he.

Time would fail me, gentlemen, to name all the cases that might be cited—I have only selected a few of the most eminent from the list of departed worthies that have honored our profession in Philadelphia, and shall detain you with but one more example, and that one, a noble specimen of the highest qualities of the physician and surgeon, Dr. JOSEPH HARTSHORNE, recently of Arch street. He was probably, until a few weeks before his death, in possession of one of the largest and most lucrative practices in this city—and what is more—his *title* to it was not disputed even by envy. Yet Dr. Hartshorne had de-

voted a very large portion of his time to what might be technically called pure Surgery. Besides editing Boyer's admirable treatise, he wrote several valuable surgical essays, and modified or invented many useful Chirurgical appliances. For many years, too, he was one of the most useful, distinguished, and successful of the Surgeons to the Pennsylvania Hospital. A few weeks ago, as I have remarked, he was among the first of the large class of able *practitioners of physic* which this city may justly be proud of.

And now, gentlemen, I must bring my lecture to a close. Its aim, both in the theoretical views I have presented, and in the historical examples I have adduced, has been to convince you of the folly of dissevering the study, or the practice of medicine, from that of surgery. Even in those countries where the distinction has been longest and most strictly observed, it is lamented by the most eminent writers as tending to deteriorate the whole practice of our profession. *Here*, it is simple folly and affectation to introduce it. I speak strongly, gentlemen, but not more strongly than the importance of the subject, both to you and to the profession, justly demands. If you would be prepared for any emergency which your future line of life may expose you to—if you would fit yourselves for a complete discharge of the duties of the noble profession to which you devoted your lives—if you would secure yourselves against many hours of uneasiness, many bitter pangs of remorse, many profound but fruitless mortifications, many rebuffs and discomfitures in your early efforts to settle in practice—in a word, gentlemen, if you would be *good physicians*, prepare yourselves for your work, not by attention to any one speciality in our course of study—not by neglecting any of its branches either from fancied or real dislike, or from a false and foolish theory of its uses—but by a large, liberal and many-sided culture of your minds, your eyes, and hands, in every part of the noble science and the noble art which more than all others, except the cure of souls, is worthy to occupy the whole mind, heart and efforts of earnest, intellectual and studious men.

