Inaugural address in connection with the chair of clinical medicine, November 6, 1874 / by McCall Anderson.

INAUGURAL ADDRESS

IN CONNECTION WITH

The Chair of Clinical Medicine,

NOVEMBER 6, 1874.

BY

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ADDRESS.

Gentlemen,—It is a remarkable fact that, until very recently, comparatively little attention has been paid to Clinical instruction ; and even at the present time, there is great difference of opinion as to the best way of carrying it into effect. Without desiring, in any way, to undervalue the importance of systematic lectures, and of reading, it must be admitted that these are but sorry substitutes for bedside instruction ; and no one who has had much experience in the examination of students can have failed to encounter many instances of those whose examinations on systematic medicine and surgery were everything that could be desired, and who yet broke down most lamentably when brought face to face with disease. And as the great aim of the physician should be to recognize, and to treat it with success, so mere book knowledge is of little value, unless its possessor be in a position to apply the principles which he has learned.

The best method of conveying clinical instruction must depend in great measure upon the size of the class. When the number of students is small, there is comparatively little difficulty in accomplishing the end in view, if the teacher be possessed of the requisite knowledge and experience; but when the number is great the difficulties are of a much more serious nature than many would suppose, the most prominent of all being that of bringing every student into contact with a certain number of the patients. For this reason, and because the number of students at a great Medical School such as this is very large, the remarks which follow apply exclusively to large classes.

It is very undesirable, for the sake of the patients, that crowds of students should accompany the physician at his ordinary visit, because the excitement, confusion, and noise attendant upon such a course is very likely to have an injurious effect upon some of them; and it is also undesirable, for the sake of the students, because only a comparatively small number can approach the bedside. And, besides, in many instances at all events, especially in cases that are complicated and obscure, and involve a lengthened examination, it is advisable for the medical attendant to have the opportunity of examining the patient leisurely and quietly, so that the least possible risk of an error in diagnosis may be incurred, that the most suitable cases may be made the subjects of instruction,

and that the time of the students may not be unnecessarily frittered away, and their patience unduly taxed.

For these, and other reasons, which I need not dwell on here, I have for some years followed the plan of meeting the members of my class three times in the week, the intervening days being devoted to the patients and to the selection of cases to be brought forward at the clinical class. Upon one of these days the students met me in the class-room, when a lecture was given upon some of the cases examined in the wards, and special points were discussed which could not well be alluded to in the presence of the patients, while the other two meetings took place in the wards.

The only objection that can be urged to this plan—which I propose to follow in the future as in the past—is that the majority of the students have not the opportunity of actually examining the patients for themselves; but that is in a measure obviated by inviting them to examine them in company with the clinical clerks, when the clinique is over, and it is their own fault if they do not avail themselves of the opportunity. Of course, in some, especially in acute cases, this cannot be permitted, and it is one of the duties of the clinical clerks, acting under the advice of the resident physician, to attend to the welfare of the patients, and to prevent any examination which can be prejudicial to them. This part of the work of bedside instruction could be carried on with much better effect were the

clinical clerks qualified men with some experience, and not senior students only; and I take this opportunity of saying that the idea which seems to prevail so extensively here of gentlemen supposing that they are fully competent to undertake the treatment of the sick whenever their degree has been obtained, is a most absurd and often a most disastrous one. The first feeling which many a student has, when his time of trial is past, is that he knows everything, that he is fully equal, nay, in some instances, that he is decidedly superior to his teachers, and this perhaps has something to do with the sudden leap from the position of student to that of practitioner. In many cases, however, it is a dire necessity, or arises from a desire for independence, or from a "hasting to be rich"; but in this respect it will often be found that "the more hurry the less speed."

It is impossible to devise any system of clinical teaching which would be altogether unassailable; but it is submitted that the conscientious and earnest student has, in the way I have indicated, ample opportunity for becoming to a certain extent familiar with the symptoms, diagnosis, and treatment of disease; and he can, moreover, hope, by perseverance, for advancement to the position of a clinical clerk, or even to that of resident physician, an appointment which should be the great aim of every one who desires, in after life, to distinguish himself in the practice of his profession.

In considering upon what subject I might appropriately address you on the present occasion, it appeared to me to be a suitable thing to give you a few illustrations of the more recent advances and discoveries in the field of Practical Medicine. These have been neither few nor unimportant, and have materially added to our means of recognizing disease and of treating it with success.

It was only in the days of my student life, when visiting the German hospitals—at a time when it was almost unknown in England—that I first saw the Laryngoscope in the hands of Czermak and of Lewin, and then the importance of this means of investigating the functional and organic affections of the larynx was the more deeply impressed upon my mind from the fact, that it was eagerly studied by a young physician with whom I was chiefly associated, by one who has since popularized the instrument in this country, and who has earned for himself the distinction of being the first living authority on the diseases of the throat—I mean Morell Mackenzie of London. Previously to the discovery of this instrument, hardly anything was known of laryngeal diseases, from a clinical point of view; our knowledge was of the vaguest and most unsatisfactory kind, and it was with difficulty that even the commonest varieties could be ascertained. Now, however, by means of it we can diagnose them with clearness and precision, and can distinguish laryngeal affections from those presenting pseudo-laryngeal symptoms.

There is at present in the Western Infirmary a patient who is under my care, and who is labouring under that terrible disease, aneurism of the arch of the aorta, which threatens to penetrate the thoracic walls and to prove fatal by hæmorrhage. In this case, amongst other symptoms, hoarseness, croupy-cough, and dyspnœa were noted. These may occur in connection with intra-thoracic aneurisms, from a variety of causes; but a laryngoscopic examination cleared up all doubt by demonstrating the existence of congestion, coupled with paralysis of one of the vocal cords.

Another case illustrative of the value of the laryngoscope will be mentioned by and by, although quoted for another purpose.

I leave it to my colleague, the lecturer on ophthalmic medicine to instil into your minds the vast increase to our knowledge of the healthy and morbid appearances of the deeper structures of the eye, which the Ophthalmoscope has unfolded, and I content myself, in passing, with reminding you that the employment of this instrument is not only serviceable in the study of diseases of the eye themselves, but that it is frequently of much use in throwing light upon the nature of obscure affections of the brain, and of distant organs, such as the kidneys, so that it is worthy of cultivation, not by the oculist only, but likewise by the physician, who desires to avail himself of every means of elucidating the nature of deep-seated lesions.

One of the most recent novelties is the instrument

devised by Marey, and denominated the Sphygmograph, by means of which we can register upon paper the state of arterial tension, as well as the frequency, amplitude, degree of regularity, and other characters of the pulse, with a certainty and precision such as cannot be attained by the mere application of the finger. The discovery of this instrument naturally excited a great deal of attention, and aroused the hope that the key to most of the obscure diseases of the organs of circulation had at last been obtained, but as far as I am able to judge, the results to the physician have not hitherto come up to expectation. The field of its utility appears to be exceedingly limited, and I know of no disease which can with certainty be diagnosed by means of it, which could not be ascertained by the ordinary methods of examination. It is an instrument which, in my opinion, is much more likely to be appreciated by the physiologist than by the physician; medically speaking, it is little more than an interesting toy, and one which is not likely to come into general use in the practice of medicine.

It is far otherwise with regard to another instrument of comparatively recent introduction, and which is by no means so generally employed as its merits deserve. I refer to the Clinical Thermometer. The investigations of Wunderlich and others have shown that by careful and repeated observations of the temperature of the body, by its introduction into the axilla or rectum, valuable information as to the nature of the disease may

be obtained, and even in some instances by its means alone, a diagnosis may actually be arrived at. It is only in exceptional cases, however, that its readings are pathognomic of disease, and I am satisfied that it will come to be chiefly valued for one of two reasons—either to ascertain the presence or absence of pyrexia in doubtful cases, or, when fever is undoubtedly present, to gauge its intensity. The use of an ordinary thermometer too in the sick room of a patient, with the view of regulating the temperature of the atmosphere which surrounds him, more accurately than can be done by the unaided senses, is of the utmost value, especially in inflammatory affections of the respiratory tract, and should be universally adopted, as inattention to this rule is not only calculated to aggravate symptoms and retard recovery, but also to favour the occurrence of relapses, or the supervention of some other disorder.

The introduction of the clinical thermometer as an infallible guide to the intensity of the febrile state has led on the part of a few to the systematic adoption of a method of reducing the temperature in cases of hyperpyrexia, and one which is far more effectual than the administration of drugs; for it must be borne in mind, that high fever is, in itself, a source of great danger, apart altogether from that of the disease which has called it into being. This consists in the sucking of ice, the application of iced cloths to the surface of the body, the cold douche, and the cold bath. Of these the most powerful, and the most permanent in its effects, is the

last, and which may be usefully employed when the temperature in the axilla registers 105° Fahr. or upwards. The average length of time for the patient to be in the bath is a quarter of an hour, but we must be guided chiefly by its effects, and especially by the rapidity with which the temperature, as ascertained by the thermometer retained in the axilla, approaches the normal temperature of the body, and it must be repeated whenever the results of the previous bath have passed off. Many recommend that the water should be tepid or slightly warm, and gradually cooled down, but the balance of evidence is in favour of employing it cold from the first, as being in the end less distressing to the patient. If there be cerebral symptoms, such as delirium, the cold douche may, with advantage, be combined with the cold bath. It may appear to those who have not had the opportunity of seeing this treatment carried out, and which I trust you may in the course of the session, that it is a very heroic, not to say dangerous, practice, and I must confess that on the first occasion on which I used it it was with fear and trembling ; but now I am so satisfied of its value and of its safety, that I never would hesitate to recommend it as the best means of combating that terrible concomitant, an inordinately high temperature.

The first case in which I tried this treatment (a case of enteric fever) was one of the most unpromising I have ever met with. The patient, a young female, had a temperature of 106 degrees, was delirious, bordering

upon insensibility, in a state of great prostration, with profuse diarrhœa, and with very pronounced congestion of the lungs. Not only was the temperature reduced by the cold bath, but all the other symptoms rapidly subsided, and she made a perfect recovery.

The application of iced cloths, from time to time, if properly administered, is likewise beneficial, not only with the same object in view, but also for the purpose of removing congestion and inflammation of internal organs. A few weeks ago I was consulted by a young man of sound constitution, but of intemperate habits. He had a hard cough, without, however, any further evidence of pulmonary implication ; his tongue was tremulous and coated with a thick white dryish fur, he was constantly sick and could retain no food, his motions were pale and offensive, and there was tenderness with some enlargement of the liver, and slight jaundice. To these symptoms, on two occasions, was superadded an attack of convulsions, although repeated and careful examinations of the urine yielded negative results, and there was no dropsy. In a short time most of the symptoms moderated ; but his tongue remained coated, and his appetite *nil*, while the tenderness and enlargement of the liver became somewhat aggravated, notwithstanding the employment of active treatment. At last I recommended the systematic application of iced cloths to the hepatic region for half an hour three times a day, in the way I shall on a future occasion explain to you. The result was almost magical ; for within three

days his tongue became clean, his appetite returned, the area of hepatic dullness was reduced, the pain and tenderness of the liver had almost disappeared, and the poor fellow was loud in his praise of the virtues of the ice-treatment. Cold water is a very simple thing, and we are very apt to despise simples in the treatment of disease; but I trust I have said enough to prove to you that, just as water may be the medium of conveying into the system the seeds of fatal mischief, so may it be the means, in skilful hands, of alleviating symptoms, and even of arresting disease which is rapidly tending to a fatal issue, and I am surprised to find that it is used so exceptionally in the practice of medicine.

From the study of medical books you might naturally suppose that there is no disease more completely under control than rheumatic fever, and yet when you meet with it at the bedside you will find that most of the remedies recommended for it are useless, if not injurious, a fact which has been recently brought home to the profession by the experiments of Sir William Gull with mint water, although I am far from wishing it to be supposed that my experience would lead me to endorse the conclusions which have been drawn from them. In this complaint I have been very much struck with the value of hydropathic treatment. A sheet of oil cloth is placed upon the bed, and on the top of this a blanket wrung out of warm water. The patient is then laid naked upon the bed, and enveloped in the blanket, the ordinary bed-clothes being super-

added. He remains in the pack for some hours, and the operation is repeated from time to time, if necessary. The first case in which I tried this method of treatment was that of a woman who had been labouring under a severe attack of rheumatic fever for some weeks, and for whom most of the orthodox remedies had been tried in vain. She was wrapt in the blanket for six hours; the following day she was much improved, and a few days thereafter was convalescent.

Again, no one who has given a fair trial to the treatment introduced by Dr. Herbert Davies, of surrounding the inflamed joints with fly-blisters, can have failed to be impressed with the advantages which it offers—indeed the patients themselves constantly bear testimony to the fact, and call out for their repetition, the pain of the blisters being child's play in comparison with the pain of the rheumatism. These facts may serve to show you that when we come face to face with rheumatic fever we must not fold our hands, even though we have the sanction of the distinguished authority I have named for doing so, but that by taking advantage of some of the more recent methods of treatment we may help to bring our patients safely into the harbour of convalescence.

It was only in the year 1853 that Sir Charles Locock read a paper at a meeting of the Royal Medico-Chirurgical Society on the value of bromide of potassium for the cure of epilepsy, and since

that time it has rapidly risen in favour, and has opened out a new era of hope for the poor epileptic. But its value is not limited to cases of epilepsy, for it is a most useful remedy in the treatment of a great variety of diseases, especially those of a spasmodic character. Thus, if given in appropriate doses, it is capable of arresting the paroxysms of laryngismus stridulus, a complaint which strikes terror into the minds of the little sufferers equally with their guardians, and which too often carries them off with lightning rapidity in the midst apparently of the most perfect health; and I know of no medicine in the whole pharmacopœia which is so likely to prove beneficial in the treatment of that obstinate affection, urticaria perstans, or recurrent nettle-rash. You are all doubtless familiar with its value, too, in cases of sleeplessness, a condition which is most distressing to the patient, and calculated, when prolonged, to undermine the health, and to contribute to a fatal issue. But I need not accumulate further proof of the fact that, in the discovery of the therapeutical properties of the bromide of potassium a valuable addition has been made to our means of combating disease.

In the diagnosis and treatment of accumulations of fluids in inward parts medical men were in the habit of resorting to the use of grooved needles, trochars, incisions, and caustics, and even now they are employed by the majority of practitioners; but, thanks to the ingenuity and skill of Dieulafoy, these must soon in great measure be things of the past, that gentleman

having applied "the power of pneumatic aspiration "which the vacuum of the air-pump supplies to the "removal of pathological fluids," and the instrument which he has devised, and with which his name will always be honourably associated, he has called the Aspirator. The advantages offered by this method of treatment are, 1st, the simplicity of the operation; 2nd, its safety, which is due to the fineness of the hollow needles employed, and the impossibility of air entering the cavity containing the fluid, so that it may be sought out with freedom, no matter where it is situated, or what its nature may be; and, 3rd, the uniformity which it affords in the treatment of pathological fluids by operation.

It is unnecessary to dwell at present upon the various kinds of aspirators, or upon the way in which they are used, as this can best be done at the bedside when appropriate cases present themselves, and I therefore conclude by remarking that the discovery of this method of operating is of great service to the physician, as enabling him not only to ascertain with accuracy the presence or absence of fluid accumulations, but also to treat them himself without the aid of the surgeon. Formerly he required to avail himself of the services of the latter; now he can carry the surgeon about with him in his pocket. "The treatment of pathological "fluids," as Dieulafoy has said, "is no longer the "exclusive property of surgery; it takes its place in "the domain of medicine: aspiration is ground on

" which surgery and medicine may meet, and on which, " I hope, they will be able to draw closer the bonds " which ought to unite them. The diagnosis of fluid " collections is most commonly confided to the art of " the physician ; it is auscultation and percussion " which discover to us the effusions of the pleura and " pericardium, the cysts and abscesses of the liver, &c. ; " and I trust that this method of aspiration, in giving " to medicine the means of testing diagnosis, will also " enable it to institute the treatment."

Until five-and-twenty years ago medicines were either administered by the mouth or rectum, or rubbed into the skin, or sprinkled upon an abraded surface ; but in the year 1855, Dr. Alexander Wood published a paper in the *Edinburgh Medical Journal* on a " new method of treating neuralgia by the direct application of opiates to the painful part," that is, by subcutaneous injection. Since that time this mode of introducing drugs into the system has rapidly risen in favour with the profession (indeed in some quarters it seems to be employed to an unjustifiable extent), although it is now pretty generally admitted, as was first pointed out by Mr. Hunter, that the action of the medicine injected does not depend upon its localization at the morbid part—that is to say, it is nearly indifferent where the injection is made, except in so far as a part which is not very sensitive, in which there is an abundance of adipose tissue, and which is not exposed to local irritation or pressure, is to be preferred. It should only

be used in preference to other methods in certain cases and because it offers the following advantages :—

1st. The medicine is quickly absorbed, and its therapeutical action occurs with great rapidity. Some time ago I injected a quarter of a grain of morphia into the cellular tissue of a gentleman who was labouring under a tumour in the brain, which prevented sleep. After making the injection I walked to the table, a distance of a few yards from the bed, laid down the syringe, and turning round, found, to my astonishment, that he was sound asleep.

2nd. Its effects are much more intense than when administered by the mouth, and hence a smaller quantity of it is required, which is sometimes a consideration. For example, quinine is a valuable medicine for the cure of ague, and requires to be given in much larger doses by the mouth than by subcutaneous injection; but it is an expensive drug, and cannot always be had in unlimited quantity in ague districts.

3rd. In certain cases it is the readiest way of bringing the patient under the influence of a drug—in the case of maniacs or those who are unable to swallow, for instance.

4th. Its action is much more certain than when introduced into the stomach, where it is liable to decomposition.

5th. In the case of some drugs unpleasant symptoms, such as vomiting, may sometimes be avoided.

The remedies which I have hitherto used in this way

are morphia and atropia, for the relief of pain, cough, sleeplessness, and the like; quinine for the cure of ague and rheumatic fever; corrosive sublimate, with the view of counteracting the effects of a syphilitic taint in the blood; and ergotine for the purpose of arresting hæmorrhage; but I doubt not that many other medicines may be usefully employed in a similar way, and there can be no question of the fact that in certain cases results can be obtained which it would be hopeless to expect from the ordinary methods of administration. It only remains to be added that the objections which have been urged against it are few and easily overcome. Thus the pain of the puncture may be avoided by freezing the skin with ice or ether spray, while the irritation and inflammation which occasionally follow the injection may in great measure be averted by the use of unirritating and neutral solutions, or by dissolving in the fluid to be injected one-sixth of a grain of morphia, and by the application of iced cloths to the part after the injection has been made.

Electricity, as a means of combating disease, is no recent discovery, but in so far as it is now employed scientifically, and in accordance with our knowledge of its physiological effects, that is, so as to do no mischief, but on the contrary to effect the maximum of good, to that extent must it be ranked as a new therapeutic agent. But even yet there is great difference of opinion as to its value. For, as Althaus has remarked, "there are

few remedies employed in the treatment of disease on the value of which the professional mind is less settled than on that of galvanism. Enthusiastic panegyrists contended fifty years ago, and contend still, that it is a therapeutic agent, superior to all hitherto discovered; whilst the great majority of the profession entertain serious doubts as to the reality of the remarkable successes which are now and then recorded by medical galvanists." Now, why should this be so? The cause is not far to seek. It is due to the ignorance of the great majority of those who use it as to the form of electricity which should be resorted to in individual cases, as well as to its intensity and quantity, and as to the mode and duration of its application. Arsenic is a most valuable medicine, but apply it on a poultice to the unbroken skin, or administer it in a very small dose in a case of ague, and it will be altogether inert, or in a very large dose, and it will prove poisonous, or give it to a patient labouring under acute inflammation of the stomach, and it will only serve to aggravate the symptoms: and so it is with electricity. We must study carefully its different forms, its physiological effects, and its therapeutic action, before we can expect to use it with safety and with advantage. On a future occasion, I may refer to this subject in detail, but in the meantime I content myself with two or three illustrations of the benefits it is capable of conferring.

A few weeks ago a young woman was admitted

into the Royal Infirmary labouring under a chronic affection of the skin, complicated with partial loss of voice. Well, whenever we meet with this combination of symptoms, we at once suspect that they may be dependent upon a syphilitic taint. But there was no history of syphilitis; a careful examination of the cutaneous manifestation showed that it presented none of the characters of a syphilitic affection, while a laryngeal examination demonstrated the existence of loss ot power of the muscles connected with the vocal cords, and the absence of any organic lesion. The loss of voice was evidently functional, and we came to the conclusion that the case was one of eczema, complicated with hysterical aphonia. Faradization was accordingly resorted to, a pretty strong current being applied directly to the glottis by means of Mackenzie's laryngeal electrode, and instantaneously her voice was restored.

I am at present in attendance upon a gentleman who has a large cancerous tumour in the upper part of the abdomen, and who, in addition to other symptoms, has been much worn out from want of sleep. Before I saw him he had been in the habit of resorting with benefit to that valuable new medicine, but one which is very liable to abuse, the hydrate of chloral. I warned him against the regular and systematic use of this drug, and recommended a trial of the continuous current instead. Accordingly, at bedtime, he was galvanized for ten minutes, the electrodes being applied to the head for

four minutes, when ten cells of a Piggott's battery were employed, and to the spine for six minutes, when twenty cells were used. He had been previously quite satisfied with the chloral, but he told me that he had never tried anything which could at all compare with the electricity, having slept more soundly after it than he had previously done for months.

These are comparatively familiar illustrations of the advantages to be derived from the appropriate use ot electricity ; but I may give you another which is not so generally known, and which, in Scotland at least, has only been employed by two or three practitioners. In the treatment of aneurismal dilatations of the blood-vessels of the extremities various methods of procedure are open for adoption by the surgeon ; but it is far otherwise with regard to internal aneurisms which usually come under the notice of the physician. The prospects of patients labouring under this form of the disease, and especially when it is situated within the chest, are far from encouraging. There are many sources of danger, but of these the most terrible by far is that of rupture of the sac externally and death by hæmorrhage ; and I know of no more harrowing spectacle than that of the life's blood of the poor sufferer welling up out of the ruptured sac while we stand at his bedside unable to succour or relieve. Until very recently we knew of no effective means to which we could with any confidence resort with the view of averting so terrible a catastrophe. But, curi-

ously enough, within a comparatively short time, two new methods of treatment have been introduced—the one the administration of large doses of iodide of potassium, and the other, with which we are at present specially concerned, galvano-puncture. This consists in plunging into the aneurism one or more needles, connected with one or both poles of a battery specially adapted for the purpose, and endeavouring to coagulate the blood by means of electrolysis. The operation may at first sight appear to be a bold one, and one replete with danger; but a considerable experience of it has satisfied me that, if carried out upon correct principles, and with due care, it is comparatively safe and harmless. It would be out of place at the present time to direct attention to the method of performing this operation, or to cite at length the cases in which it has been employed; but this I may say, that, while it is far from uniformly successful, it has been the means of prolonging life to an extent which could hardly have been expected, and which is very gratifying indeed.

But the most striking of all the improvements in the treatment of the sick of late years, because the most universal in its operation, is to be found in the increased attention which is being given to the subject of nursing, although it must be admitted that, in this respect, much remains to be done. The days of the Gamps, with their brandy-bottles on the mantelpiece to put their lips to when they feel "dispoged," are rapidly passing away, and the generous and self-denying efforts of Florence

Nightingale and others who have associated themselves with the movement, are already beginning to yield their much wished-for results. And however much we may differ in opinion as to the propriety of the fair sex sharing with us the labours and responsibilities of medical practice, we are all pretty well agreed that men cannot successfully compete with them in the domain of nursing; for they have a natural and inherent aptitude for such duties, such as men cannot possibly pretend to.

In private practice I have often been struck with the repugnance evinced by families to secure the services of a skilful nurse in cases of sickness. They think, not unnaturally perhaps, that a stranger cannot supply the place of those who would make any sacrifice to be of use to the friends they love. But in this respect I thoroughly endorse the statement of Graves that "affection and sorrow cloud the judgment, and the mistaken tenderness of relatives, their want of due firmness, presence of mind, and experience, will frequently counteract your exertions, and mar your best efforts." For nursing is a science, and not a mere intuition; it requires special knowledge, and a special training, and hence the rise and progress of training institutions such as are to be met with in this and other cities in the present day.

In hospital practice, it is impossible to exaggerate the importance of making a careful selection of nurses, and it is with the liveliest satisfaction that I record the fact that the greatest care is being taken in this

respect by the excellent Matron of the Western Infirmary. These should not be taken, as is so often done, from the lowest ranks of the community; they should be well educated women of good principles, possessed of tact, firmness, and discretion; who have given evidence of special fitness for the work; and who have been specially trained for the purpose. And in large hospitals such as ours, I am quite satisfied that each physician and surgeon should have under him a head nurse, or sister as she has been called, who is responsible to him for his department, and for the carrying out of his instructions, and it is in the last degree desirable that she should be a lady by birth and by education. We should, therefore, earnestly appeal to our lady friends, who have come to recognize the fact that they have duties and responsibilities to their fellow-creatures to discharge, to come forward and help in the good work, for I am perfectly satisfied that by so doing, they will not only earn for themselves the gratitude of the community, but at the same time, in the truest sense, consult their own happiness. It may be said by some that such a scheme, if not chimerical, is at least extravagant; for such persons cannot be got, and if they could, they would require to be remunerated on a much higher scale than the ordinary nurses of the present. But I hold that it is neither the one nor the other. Let ladies understand that there are such openings for the exercise of their abilities, and in a short time there will be no lack of applicants; and although it may be

necessary to give them better salaries, it will be found in the long run that it is the most economical course which could be pursued, while there can be no question that it would add very materially to the welfare and comfort of the sick.

Did time permit, I might add many other illustrations of the improvements and advances which have been made of recent years in the practice of our profession; but I have said enough, I hope, to show you that medicine is not a stationary, but a progressive science, and that he who would be successful must cultivate it with assiduity, and must be content to be an earnest student, not only in the class room and in the hospital, but throughout the whole course of his professional career.

The subject which is to occupy our attention throughout this course is an eminently practical one. It shall be my aim, therefore, to make my teaching as practical as possible, and to pave the way to your being recognized as skilful and successful physicians. I shall strive to show you how to overcome the difficulties which I have myself experienced; to lay before you the means which best conduce to the recovery of the sick, however empirical they may be, and however little they may be in accordance with the theories which are fashionable; to make mere theory give place to experience, but, at the same time, to point out to you how, in many cases, the practice of medicine is in accordance with the dictates

of theory. These remarks are specially called for at the present time, when so much scepticism is abroad with regard to the value of medicines, and when even distinguished physicians are deluging our periodicals with views subversive of the usefulness of certain remedial measures, because forsooth the theories upon which they are based are incorrect. Let us be scientific if you like; but when well grounded experience in the treatment of disease clashes with the results of scientific research, let us cling to the former; for while the one is too often based upon theory, the other is founded upon fact.

In conclusion, let me say that while, in one sense, I am regarded as your teacher, and you are looked upon as my pupils, in another, I may look upon you as my teachers, and myself as your pupil; for I trust you will ever keep alive in me an ardent desire to increase and consolidate my own information, without which there can be no real advancement, and thus we shall realize the fact that we are mutually interested in one another's improvement, and shall work together cordially and harmoniously for the benefit of all.

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