

**The International Medical Congress in Philadelphia : inaugural address
delivered at the Medical Society of London, on Monday, October 16th, 1876
/ by William Adams.**

Contributors

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INTERNATIONAL
MEDICAL CONGRESS
IN PHILADELPHIA.

Inaugural Address

DELIVERED AT THE MEDICAL SOCIETY OF LONDON,

ON MONDAY, OCTOBER 16TH, 1876.

BY

WILLIAM ADAMS, F.R.C.S.,

President of the Society,

SURGEON TO THE GREAT NORTHERN HOSPITAL, AND TO THE NATIONAL HOSPITAL FOR THE
PARALYSED AND EPILEPTIC;

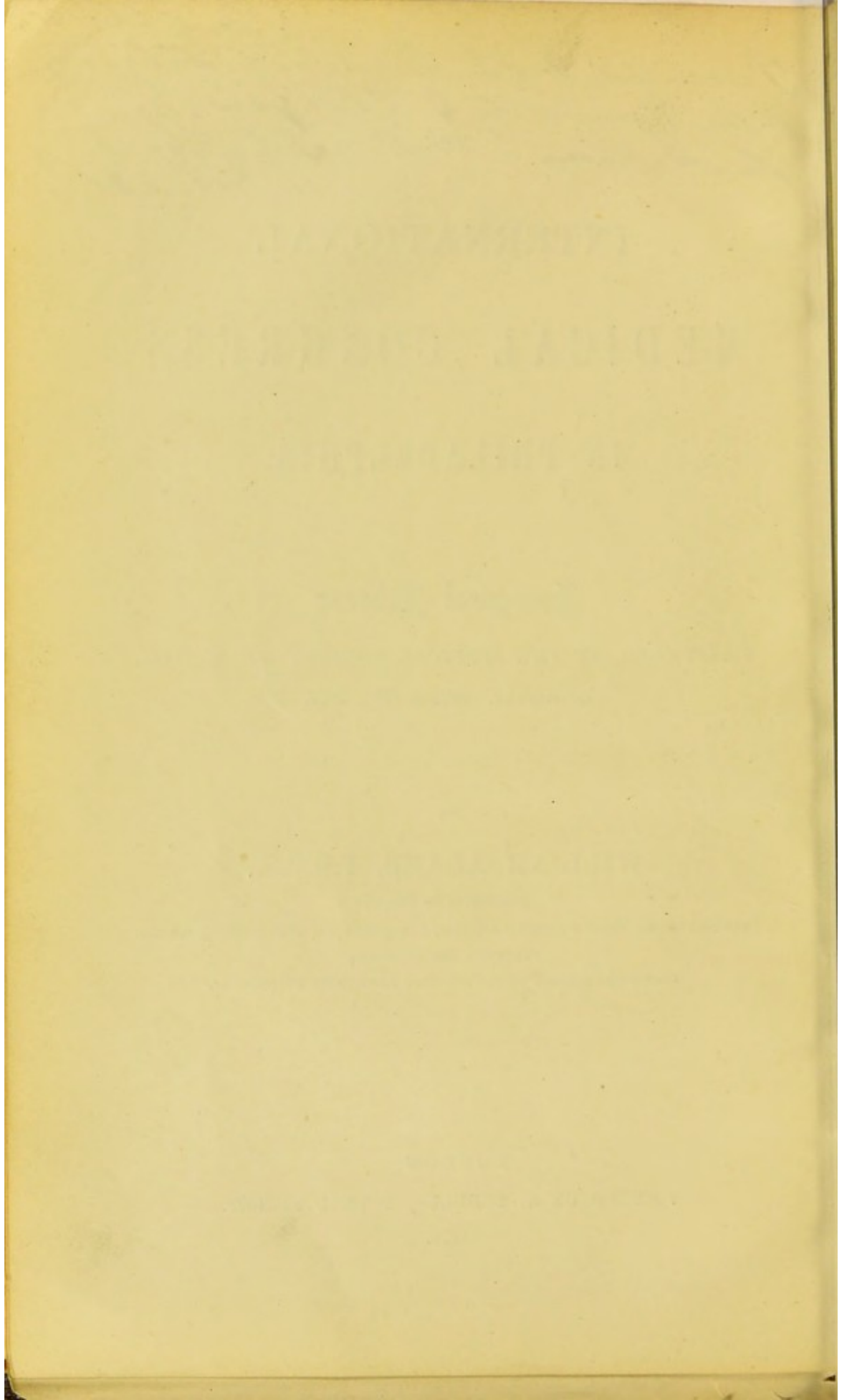
CONSULTING SURGEON TO THE NATIONAL ORTHOPÆDIC HOSPITAL, &c.

LONDON

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1876.

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THE
INTERNATIONAL MEDICAL CONGRESS
IN PHILADELPHIA.*

INAUGURAL ADDRESS.

Gentlemen,

On re-assembling at the commencement of another session of the Medical Society of London, now in the 104th year of its existence, allow me to offer to all the Fellows of the Society present my warmest congratulations. We meet, I trust, with renewed health and strength, for the work of the session, which I hope will not be less distinguished than its predecessors for the good work done, and the scientific character of the contributions which the Fellows are prepared to make; and I feel confident that all its

* Before commencing his address, the President announced that the Council had resolved, in commemoration of the International Medical Congress, to propose to the Society the election of four Honorary Fellows chosen from the profession in America, and had unanimously nominated Professor Gross and Professor Joseph Pancoast of Philadelphia, Professor Austin Flint of New York, and Surgeon-General Barnes of Washington.

At a subsequent Meeting of the Society on the 30th of October, the election of the four Honorary Fellows above named was carried un-animously.

proceedings will be conducted with the same good feeling and courteous spirit which have always characterised our discussions.

You will all join with me, I am sure, in wishing that the pleasure of this reunion could have been unalloyed with the grief and pain which we feel at the loss of some of our friends who have been habitual attendants in this room, and have long participated in our debates and shared in the performance of the various duties which must necessarily devolve upon some of us, in maintaining the honour and dignity of this Society.

In the natural course of events, we can hardly hope to re-assemble year after year without some diminution in our ranks, caused by the unsparing hand of time; but this year we have especially to regret the loss of one who recently filled the Presidential chair, and who by his learning, courtesy, and amiability had endeared himself to all the Fellows of the Society.

In the death of Mr. De Méric we all find the loss of a mutual friend, one in whose judgment we placed the utmost confidence, and to whose observations on any subject under discussion we were in the habit of listening with equal pleasure and profit. His natural shrewdness and quick perception, coupled with his intimate acquaintance with the general literature of the profession, enabled him readily to grasp the leading points in any debate, and to place it before the Society in a clear and logical manner. Mr. De Méric had been for twenty-six years a Fellow of this Society, and died on the 29th of August last. He contributed largely to the journal literature of the day, and for many years filled the important offices of Surgeon to the Royal

Free Hospital, and also to the German Hospital, in both of which institutions the loss of his professional services will be deeply felt.

In the death of Dr. Sibson, the Medical Society has also sustained the loss of another of its more prominent members. Dr. Sibson had been for twenty-seven years a Fellow of this Society, and had filled the various offices of Councillor, Vice-President, and President. Although Dr. Sibson's numerous engagements prevented his attendance at our Meetings, of late years, as frequently as we could have wished, we well remember with how much energy and eloquence he entered into the debate on any subject in which he took an interest. Dr. Sibson occupied a very prominent position in London as a scientific and practical physician, and was for many years connected with St. Mary's Hospital as one of its Physicans, and Lecturer on Clinical Medicine. His attention was devoted a good deal to the diagnosis of disease, and to this he largely contributed by his well-known works on "Medical Anatomy," and on the "Position of the Internal Organs in Health and Disease." His lectures at the Royal College of Physicians on the "Aneurisms of the Aorta," his contributions to the Philosophical Transactions on "The Mechanism of Respiration," and other published works, obtained for him the distinction of F.R.S.

Dr. Sibson was always one of the hard-working members of our profession, and in addition to his scientific labours devoted a great deal of attention to medical politics and medical reform, always seeking to advance the best interests of the profession. With these objects in view, he joined heartily in the

work of the British Medical Association, sacrificing much time to the labours of its committees, and endeavouring to increase its parliamentary influence.

Dr. Sibson died suddenly at Geneva whilst on his autumn tour on the 7th of September last, it is supposed from heart disease. Of both these distinguished Fellows of our Society, able and complete memoirs have already appeared in the medical journals.

Another member of our Society, who, although occupying a less prominent position than those of whom I have spoken, was amongst its supporters and earnest labourers—Mr. Fred. Disting Tothill—was taken from us by death, on the 29th of June last. Mr. Tothill had been thirty-three years a Fellow of the Society, and was engaged in the busy life of practice in the West end of London. Of late years his avocations allowed him but little time to attend the ordinary business of this Society, in which he had formerly taken much interest.

We now pass to the more cheerful side of the picture, and I hope we may all be able to give one another some account of an agreeable and sufficiently long holiday taken during the medical recess.

The necessity for a complete holiday and relaxation from professional duties is thoroughly recognised by the members of our profession, and its importance frequently dwelt upon in journal literature, when recording the numerous instances of men not past the middle period of life breaking down from excessive brain work and physical exhaustion. Nevertheless, it is but too common for such men as most need relaxation to deprive themselves of it, until too late to restore the damage done to their general health.

It is true that the unceasing demands of medical duties render this difficult to accomplish, as in our profession we have no long vacation, such as that enjoyed by our friends in the legal profession. Still these obstacles should be overcome, and not be permitted to stand in the way of the paramount importance of preserving the health, which we so much require for the satisfactory performance of our medical duties. To do this thoroughly, we should, if possible, get beyond the reach of the postman and telegraph; though in these days it is difficult to accomplish this, even when we cross the Atlantic.

It will not often occur to us to have the opportunity of extending our holiday to the length which some of us have done in the present recess; but the year 1876 will always remain prominent in the history of medicine, as that in which our kinsmen on the other side of the Atlantic instituted the International medical congress, held in Philadelphia,—taking advantage of the occasion presented by the centennial meeting celebrating their national independence, and also of the attractions offered to the world by the Centennial Exhibition.

When the invitation from America came to this Society through Professor Gross, as President of the Centennial medical commission, inviting it to send some of its members as delegates to represent it at the Medical Congress, your surgical secretary, Mr. Davy, and myself agreed to offer our services to the council to represent the Society in the capacity of delegates; and one member of the council, Dr. Lauder Brunton, also expressed his willingness to unite with us in representing the Society at the Congress. Our services were accepted by the council, by whose

direction our appointment was properly notified in America; and on our arrival we found our medical brethren in Philadelphia prepared to give us a cordial welcome, and to bestow upon us a more than full share of the official honours associated with the working of the Congress.

To me, personally, compliments were paid which, I need hardly say, were conferred upon me because I had the honour of representing the Medical Society of London as your President; and they desired to pay every compliment and honour to this Society, partly from a veneration for its well-known antiquity—and our American brethren have the greatest respect for the institutions of the old country—and also from the deservedly high position which this Society has always occupied in the advancement of medical and surgical literature.

The Americans are as well informed as we are ourselves of the professional status occupied by the various medical societies of this Metropolis, and also of the position occupied by the members of the medical profession. The recognition of the scientific and professional claims of this Society were exhibited in the honours which were paid to myself as your President. In proof of this I may allude to the following circumstance in reference to the general organisation of this celebrated International medical congress.

Upon my arrival in Philadelphia, two days before the meeting of Congress, I found my writing-table not only loaded with private invitations to dinners, evening receptions, and suppers, such as Americans alone know how to give, but professional obligations of the highest importance were thrust upon me. I was

invited to attend a meeting to be held the next day at the College of Physicians, consisting of members of Congress, forming a "committee of nomination," as it was called; and the duties of this committee were to nominate all the officers of the Congress, from the president to the chairman of the different sections—nine in number—vice-presidents, secretaries, &c.

The duties of such a committee, I need hardly say, were of an onerous and anxious kind, the great desire being to appoint men of the highest professional status to the various offices of the Congress, and of this committee I was elected chairman. Our meetings were long, and our labours resulted in the nomination of a list of officers which I believe gave universal satisfaction; and it is only right that I should here take the opportunity of stating that our American brethren were most anxious on all occasions to sink their own claims, and to elect the most distinguished of their visitors to the various offices—preserving to the utmost the truly international character of the Congress. Thus, for example, Professor Lister, of Edinburgh, was appointed to fill the office of President of the Surgical section; Dr. Barnes, of London, that of President of the Obstetrical section; and Mr. Brudenell Carter that of President of the Ophthalmic section. To myself they paid the compliment of appointing me one of the vice-presidents of the Congress in conjunction with Dr. Hare, who represented the Medico-Chirurgical and the Pathological Societies of London; Dr. Tufnell, of Ireland, who represented our sister country at the Congress, and other members to whom equal honour was paid.

The general result was that the London delegates

soon found themselves placed in high offices, with important practical duties to perform in connection with the general business of the Congress.

The meetings of the International medical congress were continued daily throughout the week (from the 4th to the 9th of September), it was assembled in Philadelphia, and the scientific and professional work accomplished by the nine different sections into which the Congress was divided, was of the highest possible character, as will be seen when the volume of its proceedings, now being published, reaches this country.

In numbers the Congress consisted of 447 Delegates, of whom 71 were foreigners, including representatives from all, or nearly all, European countries, and from Japan, where medical institutions have of late begun to assume a position of national importance.

The general assembling of the Congress was inaugurated by an address of hearty welcome to all members of the Congress and the representatives of the various nations assembled, delivered by the President, Professor Gross, who was unanimously elected as the worthy and most fitting representative of American surgery; the man above all others whom the Americans delighted to honour, and to whom also the representatives of other nations were anxious to offer their tribute of respect, as one who had so long and so worthily stood forward as the representative man in the literature and science of American surgery.

In this address of welcome to the City of brotherly love, Professor Gross conveyed to all present the sentiments of our professional brethren in America towards those who had voluntarily come forward to

assist in promoting the objects of this great international gathering, and I need hardly say that these sentiments were gracefully conveyed in an eloquent address, such as Professor Gross is so well able to deliver.

As in the analogous professional gatherings which annually take place in this country, such as that held by the British Medical Association, an address was delivered each day on the chief subject of sectional work; and amongst these a most learned and eloquent address was delivered by Dr. Austin Flint, of New York, who, by his published works, enjoys a European reputation as a physiologist and practical physician.

In the forthcoming volume the Sectional work will also be seen to have been of the highest order, many papers of great practical value having been read in each section. It would be invidious to make special allusion to these, but in the Surgical section the communications read by Professor Lister, Dr. Van Buren, Dr. Sayre, of New York, and Mr. Joliffe Tufnell, of Dublin, were amongst those which attracted the largest share of attention.

In addition to attending to the general work of the Congress, my attention was naturally directed to the various medical institutions and colleges, as well as the principal hospitals of Philadelphia, and also those in Washington and in New York, all of which I visited through the courtesy of the surgeons connected with them.

It would be impossible for me here to enter into any general description of these various institutions, but I would refer those interested in the subject to the excellent account of the "American Medical Institu-

tions," and "Observations on Medical Education and Surgery in America," published by Mr. Erichsen in the *Lancet* of 21st November, 1874, shortly after his return from a prolonged visit to the American continent.

The meetings of the Congress were held in the new buildings of the University in Pennsylvania, an institution worthy of the great educational centre of America. Adjacent to the University is situated the Pennsylvanian General Hospital—the oldest hospital in the United States, chartered in the year 1751, containing 220 beds. Here I had the opportunity of seeing a good deal of American surgery, through the courtesy of one of the surgeons, Mr. W. H. Pancoast, son of the distinguished Dr. Joseph Pancoast, whose work on "Operative Surgery," is so well known in this and in other countries. Dr. Joseph Pancoast is also well known as an anatomical teacher and bold operator, and is regarded in his own country as the Sir Astley Cooper of America. At the age of seventy-one he is still in vigorous health and active practice. A good sportsman, as well as surgeon; and the chief regret I had in leaving America was that of not being able to accept the pressing invitation of this veteran surgeon to go with him for a week's deer-stalking in the western country, but my engagements in London would not have admitted of such an extension of holiday. If surgeons alternated their work with the pleasures of sport, they might more frequently prolong their life with its enjoyments, and, like Professor Pancoast, be able to join in the sports of the field at an advanced age.

Amongst the operations of more than ordinary

interest at the hospital, was one of excision of the hip-joint performed by Professor Sayre of New York, who, by the courtesy of the surgeons of the hospital, was allowed thus to demonstrate his method of excising the hip-joint, as a part of the clinical illustration of a paper *on hip-joint disease*, read by Dr. Sayre at the Congress. These clinical illustrations included cases of diagnosis in the first stage of the disease, and the mode of applying Dr. Sayre's extension splint, after the application of which, patients are permitted to walk about, with or without assistance.

The case in which excision of the hip-joint was performed, was that of a little boy about ten years of age, who had been the subject of hip-joint disease for two years or more. Suppuration had existed for many months, and a little discharge was still issuing from one fistulous opening. The region of the hip-joint was much swollen, and the tissues infiltrated.

Professor Lister and myself were both requested to give our opinion as to the advisability of the operation, and concurred in recommending excision, which Dr. Sayre performed. The joint was at once reached by a semi-lunar incision, and after separating the periosteum from the neck, the head of the bone, which was still in the acetabulum, was detached *in situ* by cutting through the neck with a strong knife. No saw was used, nor was the head of the bone turned out of the socket previous to its separation. The separated head was with a little trouble removed from the acetabulum, which was then found to be in a carious condition, and its roughened surface was removed with the gouge. The head of the bone

was also partly destroyed by caries, so that our opinion as to the advisability of the operation was fully justified by the condition of the bone.

The method of treating the wound, and the apparatus used after the operation, are both worthy of being mentioned. The operation was not performed according to the anti-septic method of Lister, but as an antiseptic dressing compound tincture of benzoine was poured into the wound from a bottle, and the wound was then plugged with carbolised oakum. The child was then placed in a kind of wire frame-work cradle, adapted in shape and size to the head, trunk, and legs. The body and both legs having been bandaged in this cradle, an aperture, of course, being left for dressing the wound, the child was allowed to recover from the chloroform, which Dr. Sayre always uses in children, in preference to ether, the anæsthetic generally used in America. The little fellow made no complaint of pain, and in his wire-work frame, was readily removed from the operating table, and Dr. Sayre observed how easily he could be moved from place to place, and taken out into the open air, instead of being confined to bed with a splint, in the ordinary way practised in England.

Whilst Dr. Sayre made a few clinical remarks, the child was placed in a standing position leaning against the wall, as motionless as if he had been a walking-stick, or umbrella, and in this position he smilingly looked round at the audience. The apparatus in principle resembled that used by Bonnet of Lyons, for fractures and diseases of the joints, and its obvious advantages in the present case of hip-joint re-

section will induce me to use it on the first occasion that may offer. The wound was not disturbed or dressed for several days, and the case was doing well when I left America.

In the College of Physicians in Philadelphia were held some of our committee meetings, and in this institution there exists a very valuable, though not large, pathological museum.

In the Jefferson Medical College, the principal school for medical education in Philadelphia, is a large and valuable museum, and the lectures delivered by Professor Pancoast and others attract classes far greater than those assembled in our English schools.

Amongst the public and private hospitalities of which we were the recipients, I must not omit to refer to a reception, on a grand and extravagant scale, tendered by the medical profession of the city of Philadelphia to the members of the International Medical Congress, on the 4th of September—the first day of our meeting—in the magnificent building of the Centennial Exhibition, presided over by the Governor of Pennsylvania, General Hartranft, who on this and other occasions welcomed your representatives in the most cordial and hearty manner.

Another memorable occasion on which the festive hospitalities of our American friends culminated, was a large public dinner given in St. George's Hall on the 8th of September, and presided over by our excellent President, Professor Gross, who, on the approaching termination of the Congress expressed in the warmest manner the gratification which the complete success of the International Medical Congress had given to those who had originated and carried

out the idea of this great International medical meeting.

On leaving Philadelphia I next visited Washington, a magnificent city, and the seat of government. The Capitol, as the Government House is called, is one of the finest buildings in the world, constructed throughout of the purest marble. Indeed, the abundance of marble in the country, and the use made of it in the construction of all the public buildings and many private houses, add greatly to the impression of elegance and grandeur which a foreigner receives on visiting this splendid city.

In a medical point of view, the greatest attraction at Washington is the large and well-arranged museum, which may be called the museum of the American war, containing, as it does, illustrations of various wounds and injuries inflicted during the war, as well as the results of numerous operations performed during the campaigns of the prolonged American struggle.

This collection was made under the direction of Surgeon-General Barnes, by the untiring energy and labours of Dr. Otis and Dr. Woodward, through whose kind attention I had the opportunity of making a careful inspection of this valuable collection. The Museum itself is in a building which was the theatre where President Lincoln was assassinated by Booth in 1865.

Another building of interest in the neighbourhood of Washington is an institution called "The Soldiers' Home," in which the principles of construction and ventilation advocated by Dr. Billing as especially applicable to hospitals have been thoroughly carried out, under his direction. The details of Dr. Billing's

system will be found accurately described in Mr. Erichsen's lecture above referred to. Dr. Billing himself was kind enough to take me over the building, and explain the arrangements for ventilation, &c.

The recollection of a very agreeable visit to Washington is associated with the name of one of its most distinguished physicians, Dr. Tonor, whose guest I was for a few days, and through whose kindness I was enabled to visit not only the medical, but various other institutions in this great city.

Dr. Tonor had, some years ago, with great liberality endowed a lectureship at Washington, and the trustees of the fund paid me the compliment of inviting me to deliver one of these "Tonor Lectures," which I did on the 13th September, selecting for my subject "Subcutaneous Surgery; its principles, and recent extension in practice."

After leaving Washington I returned to New York, homeward bound, and here again I visited the principal hospitals and medical schools of the city. The medical session had commenced—earlier than in England—viz., the first week in September. The dissecting-rooms were fully supplied with subjects, well preserved for dissection by processes similar to those employed in the London schools.

The arrangements of teaching in the various departments were the same as in our own medical schools. The attendance of medical students, however, was very much larger, a class of three or four hundred being an ordinary number.

I attended one of the lectures, given by Dr. Darby, on "Operative Surgery," and his graphic and forcible

style of teaching was such as well deserved to attract so crowded a theatre.

With Dr. Gouley I had also the opportunity of seeing the surgical practice, and witnessing several operations in the theatre of the Bellevue Hospital. The skill and dexterity of the American surgeons is well recognised in this country, but as Mr. Erichsen has well expressed it, the American surgery is essentially the surgery of England, as taught by such authorities as Cooper, Bell, Liston, Brodie, and Fergusson; and the similarity of origin explains the general similarity in practice.

In passing through the wards of the various hospitals, we saw the same mechanical appliances used in the treatment of fractures, and other injuries, as we are accustomed to see in the London hospitals. The principle of weight-extension we should expect to see everywhere adopted when we remember that it is to American surgery that we owe the introduction of this principle into surgical practice, both for the treatment of fractures and for the relief of acute pain in hip-joint disease. Dr. Gurdon Buck, of New York was, I believe, the first to apply the principle of weight-extension to the treatment of fractures of the thigh, and Dr. Davies, of New York, was undoubtedly the first to apply the principle of weight-extension for the relief of the acute pain which occasionally occurs during the progress of hip-joint disease. Dr. Davies also gave the explanation of the relief afforded by weight-extension, which has been since generally admitted viz., that it acts mechanically in relieving articular pressure of surfaces brought into contact by reflex muscular contraction. This was undoubtedly a

great advance on the former practice of treating acute pain by local and general antiphlogistic treatment and counter-irritation, and is now pretty generally understood in this country, though not to the full extent it deserves.

In connection with the treatment of hip-joint disease, we are also indebted to American surgeons for the introduction of another new principle, viz., that of extension combined with motion, during the progress of the disease; instead of rest and immobility, upon which English and Continental surgeons have always relied. The American surgeons apply the extending force by means of a steel instrument adjusted to the leg and retained by strapping, whilst the extension is made from the pelvis, and this is done by different instruments invented by Dr. Taylor and Dr. Sayre. I merely wish here to allude to the importance of the principle which I found commonly adopted by these two surgeons, and in several cases which I had the opportunity of seeing, with complete success, the patients wearing the instruments being able to walk about on crutches, and in some instances without crutches.

American surgeons are good anatomists and dexterous operators. There seems to be a mechanical genius in the American people, and the ingenuity of American inventions in machinery, whether for railway purposes, water-supply to their great cities (the works for which in Chicago and New York are of world-wide renown,) for the ordinary domestic purposes of every-day life, or for surgical appliances, is universally acknowledged.

In practical surgery we know there is much need

of mechanical skill and ingenuity, both for inventive purposes and in the adaptation and application of existing instruments, and this is certainly displayed in a remarkable manner by American surgeons.

To Dr. Carnochan of New York, now one of the veteran surgeons of America, it must not be forgotten that we are indebted for the earliest monograph in the English language on "Congenital dislocation of the hip-joint," published in the year 1849.

When Dr. Carnochan was in England in the year 1844, he demonstrated this affection to the surgeons of St. Thomas' Hospital, who, as he states, "at this time were not acquainted with this form of dislocation of the hip-joint."* Dr. Carnochan observed a boy, Benjamin Gott, æt. 19 years, a shoemaker, walking over London Bridge with that peculiar gait which is so characteristic of congenital dislocation of both hips—very much like the walk of the milkmaid—and being convinced that he was the subject of this affection, brought him into St. Thomas' at the time I filled the offices of Demonstrator of Morbid Anatomy and Curator of the Museum; which I held from the year 1842 to 1854. One of the surgeons, Mr. South, paid great attention to the case, and recognizing its importance, had a complete model of the boy, a statue, made in plaster of Paris, by Mr. Kearney, the artist and modeller then engaged in the hospital. This statue is now in the museum of St. Thomas' and admirably illustrates not only the

* "A Treatise on the Etiology, Pathology, and Treatment of Congenital Dislocations of the Head of the Femur." By John Murray Carnochan, M.D. New York, 1849, S. S. & W. Wood, 261 Pearl Street; and Baillière, Tindall and Cox, London.

altered relations of the thigh bones, but the general alterations in the proportions and figure of the body, which result from congenital dislocation of both hip-joints. In Dr. Carnochan's work there are three lithograph plates representing the front, back, and profile views of this statue.

Since this date, I think I may say that I have seen between thirty and forty cases of this affection which is essentially a malformation of the acetabulum,—a flattened oval surface only existing instead of a deep cup,—and consequent displacement upwards of the head of the femur. In about half the cases which have come under my observation, this so-called dislocation has existed on both sides, and in half only on one side.

The majority of these cases have been seen by me in private practice, and in not one instance has the affection been previously recognised; several have been treated for hip-joint disease, when the dislocation existed on one side only, by surgeons who had been misled by the co-existence of a little pain, with a limp and shortening of the limb, which frequently occurs in these cases. I need hardly say, therefore, that during my professional career I have been much indebted to Dr. Carnochan for having pointed out this affection to me so early as the year 1844.

To American surgeons we are also much indebted for their originality in several operations on deformed limbs and ankylosed joints, which they have successfully treated by dividing the bones, either by open-wound, or more or less subcutaneous methods. In this class of operations, amongst the earliest were

those performed by Professors Brainhard of Chicago, Pancoast, and Gross, of Philadelphia.

The first operation performed by open-wound, for rectifying deformity of the hip, with bony ankylosis, was that by Dr. Rhea Barton, of Philadelphia, in the year 1826, and a modification of this operation was performed by Dr. Louis Sayre of New York in 1862.

At the meeting of the Congress, on the 8th of September, I read a paper "On the Subcutaneous division of the neck of the thigh bone," and the strictly subcutaneous method of performing these operations is now attracting much attention in America.

With Dr. Gouley I also went over a large institution connected with the New York Society for the relief of the ruptured and crippled; an institution partaking of the characters of an orthopædic hospital, cripples' home, and nursery combined; established under the direction of Dr. James Knight, the resident surgeon.

At the time of my visit, there were in the institution 180 patients, chiefly children, with various deformities, and 110 out-door patients. Whilst the deformities are under treatment, the education of the children is carefully attended to, and all the sanatory arrangements, including a large exercise and gymnastic room, are admirably carried out.

I was also much interested in visiting a private orthopædic establishment in New York, kept by Dr. Fayette Taylor, who there carried out the extensive treatment of hip-joint disease, by means of very ingenious instruments invented by himself, and manufac-

tured in the establishment. He also undertakes the treatment of deformities of the spine, and contractions of the limbs, stiff joints, and paralysed limbs. In the treatment of all these affections, Dr. Taylor relies very much on a well-regulated system of passive movements, for the most part done by machinery. In a large room there are a number of couches in which the patients rest in a reclining position, whilst the limbs, or contracted joints are being exercised by very ingenious mechanical contrivances, all set in motion by a steam engine, but capable of being regulated with the greatest nicety ; exercises for the spine, arms and legs, and also for the hip, knee, and ankle-joints, are in this way carried out in Dr. Taylor's steam gymnasium.

During the time not professionally employed, and my stay on the American continent extended to five weeks, Mr. Davy and myself went thoroughly in pursuit of health and pleasure. We were both desirous of visiting one of the western cities of the United States, and also of doing something more than it was possible to accomplish in England, *i.e.*, to go 1,000 miles in a train without stopping. We therefore went direct from New York viâ the Alleghanny mountains and Pittsburg, to Chicago. The journey should have been accomplished in thirty-six hours, but the breakdown of a goods' train in front of us—not a very unusual occurrence in America—detained us five hours longer.

Railway travelling in America is made delightfully comfortable by the drawing-room or saloon cars, in which you can move about freely and converse with friends ; and also the hotel car, in which meals are served as comfortably, and with as much regularity

as in the best hotels in New York. The *cuisine* is excellent, and the variety of dishes equal to the most fastidious taste. The wines also are good.

The kitchen is in a car by itself, in the middle of the train, and as you pass through it the ingenious stoves and all the cooking arrangements naturally attract a good deal of attention.

The sleeping arrangements on the Pulman car afford not only the comfort of a night's rest, but a good deal of amusement in all the details connected with going to bed, and getting up in the morning, where all are so closely packed, and ladies and gentlemen—married and single—are mixed, you may well imagine that the amusing incidents of such a journey might fill a comic album. The only improvement I could suggest would be to have the ladies' and gentlemen's sleeping saloons in separate cars.

Long journeys occupying a week, such as that from New York to San Francisco, are thus accomplished with ease and comfort; but time obliged us to limit our journey to a visit to Chicago, a magnificent city, and one of the great commercial centres of America, entirely rebuilt since it was destroyed by fire in 1871.

By this fire 17,500 buildings were destroyed, and the rapidity of its reconstruction is one of the most extraordinary achievements on record, and well illustrates the spirit of enterprise which forms one of the leading characteristics of the American nation.

The city is supplied with water from a tunnel two miles in length, under the bottom of Lake Michigan, on the shore of which the city is built. The American cities, generally, are well supplied with pure water

from the lakes, or large rivers in the neighbourhood of which they have been constructed. The principal hotel in Chicago, the Palmer House, where we stayed is one of the finest in America, with its grand entrance and hall of the purest marble, its tastefully decorated ceilings, magnificent furniture, and well-appointed bed-rooms, with bath-rooms attached.

From Chicago, wending our way in a north-easterly direction, towards Canada, we travelled by the Michigan Central and Great Western Railway to Niagara Falls, a journey of about twenty hours, taking up our quarters at Clifton House Hotel, on the Canada side, which I much prefer to the American as presenting the finest view of these magnificent falls, a description of which would be as much out of place here as it would be impossible for me to give. I would refer you to Anthony Trollope's ably written account of them.

The Clifton House commands the finest view of the falls, and when seen at sunrise, sunset, and by moonlight, it is impossible to imagine the grandeur of this mighty volume of water, here precipitated over a precipice of 160 feet high, at the rate it has been computed of one hundred million tons of water every hour, with a roar, which it is said, may be heard sometimes at a distance of fifteen miles. The charms of Niagara, with its neighbouring excursions, induced me to take a rest of five days.

Near to the horse-shoe fall, one-mile and a-half up the Niagara river, is the celebrated burning spring, *i.e.*, a spring highly charged with sulphuretted hydrogen gas, which when collected in an inverted cone over the top of the well, burns with a brilliant flame;

or when a light is carried down to the surface of the water, a few feet below the level of the ground, the gas instantly ignites and the well, filled with burning flame, produces a remarkable effect when exhibited as it is in the darkened room. Sulphur, iron, and magnesia are the mineral properties of this water, which is tepid, and situated over a bed of coal, iron ore, and sulphur. I was surprised to find that no medicinal application had been made of this highly charged sulphur water, which might be found useful in the treatment of chronic-rheumatic affections.

Another attraction in the neighbourhood, is the Indian village in the midst of a tract of land granted by the American Government to an Indian tribe, a degenerate race, living miserably, and farming badly. They manufacture nothing but fancy articles sold in the bazaars. However, they live in the area of a few square miles, preserving their own habits and customs free from any State interference, and a visit to their village forms one of the ordinary Niagara excursions.

My next journey was crossing Lake Ontario to Toronto, and thence in the fine boat 'The Corsican,' to Montreal, occupying altogether two days and a night. The chief attraction of this trip is the grand and picturesque river of St. Lawrence, with its romantic thousand islands, richly wooded; and its dangerous rapids, the safe navigation through which would appear to the ordinary traveller to be an impossibility. The steamers are, however, with rare exceptions, carried safely through these dangers by the skill of the American captains, aided by the bold dexterity of the Indian pilot, who is taken on board as the rapids are

approached and steers the boat at full speed between the threatening rocks of the great Lachine rapid.

Reaching Montreal on Saturday evening, afforded an opportunity of a quiet Sunday rest in one of the chief cities of Canada, with its English cathedral, which I visited in the morning. Its handsome city buildings much resemble those in our own metropolis.

Leaving Montreal, the next day I re-entered American territory and proceeded to Albany, the capital of the State of New York. In this journey—twelve hours duration—by the Grand Trunk Railway along the shore of Lake Champlain, some of the most charming scenery, Vermont mountains in the background, is brought into view. At Albany a magnificent State-house of gigantic proportions is being built, and when finished will add much to the importance of the city.

From Albany I took the steamer down the Hudson River to New York, and having had delightfully fine weather through the whole of the journey, I have narrated, the same good fortune still remained for this delightful river trip. The scenery of the Hudson much resembles that of the Rhine, but without the picturesque ruins of ancient castles of historical interest, which lend additional attractions to that charming river.

From New York I proceeded to Philadelphia, acclimatized and strengthened for the professional work of the Congress; and this reminds me of the story of the old Scotch woman who, when the child was ill thought it ought to be allowed to get "*a wee bit stronger*" before the doctor was sent for. The treat-

ment of the Philadelphia doctors, however, was so decidedly of a tonic character, that we hardly required the preparatory strengthening which the old anti-phlogistic school no doubt suggested to our Scotch friend. Of our professional work at the Congress in Philadelphia, I have already given you a description.

I ought not to omit all mention of the passage out and home, as this is always in England looked upon as the most formidable obstacle to an American trip, and not being more than a moderately good sailor, I regarded it as the only unpleasant drawback; however, Neptune was extremely kind to us on our passage out in "The Scythia," one of the finest of the Cunard vessels, in which we left Liverpool on the 5th August, and landed in New York on the 15th August, after a most delightful passage, in which one might almost realize the truth of our worthy Captain Hains' expression that the Atlantic is only a mill-pond, and the passage a ferry, *i.e.* in the special Cunard track.

We carried 270 cabin passengers, 98 steerage passengers, and 160 officers, crew, and servants 528 persons in all, quite a village population, and our time was pleasantly passed with varied amusements, such as ship billiards, quoits, shuffles, &c., and in the evening the sailors' games, such as cock-fighting, bear-bating, &c., afforded much entertainment. The Irish team for the boat race in Philadelphia, who were amongst the passengers, were regularly exercised twice-a-day at the fire-engine pumps, and sometimes indulged in races. Later in the evening music reigned supreme, a set concert being given on one occasion, but popular songs and national airs were nightly continued till the order "all lights out," was given.

On the homeward passage, "The Russia," a smaller vessel, but an old Cunard favourite under the command of Captain Cook, who had but a small number of saloon passengers, only fifty-three; and no steerage passengers are carried by this boat. We left New York on Wednesday, the 20th September, and did not arrive at Liverpool till the early morning of Monday, the 2nd October; an unusually long passage, caused by the heavy gales and head winds encountered—unfortunate for an indifferent sailor—but still, with the exception of a few days, I thoroughly enjoyed the voyage, and the cheerful and convivial society of the gentlemen on board, amongst whom Mr. Otis, of Boston, and my friend Dr. Jolliffe Tufnell, of Dublin, conspicuously shone.

From what I have said it will be seen that our visit to America—at least for myself, and I believe I may speak in the same terms for the other delegates—was one of unmixed pleasure and gratification, to which our American friends did their utmost to contribute, and I have no doubt that any member of our profession crossing the Atlantic would be received with as hearty and cordial a welcome.

United as the two countries are by all those ties which bind together nations of the same race, speaking the same language, and professing the same religion, with a large admixture of family ties and relationships, we must all join in the hearty desire that politically and socially they may always remain on the same intimate terms, and animated by the same good feeling of brotherly love and affection which I am sure exists at the present time in the hearts of

the two nations, and to this no small contribution would be made by the repetition of International receptions on both sides of the Atlantic.

In printing this Address at the request of the Society, I have inserted some portions omitted in delivery, and have also added a description of the pleasure-portion of our trip which, though not connected with our medical mission, an account of which it became my duty to render to the Council and Fellows of this Society, may be interesting to any of the Fellows who may contemplate, as I hope they will do, a Transatlantic trip.

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