have produced material shock, as evidenced by the pulse, a few pitchers of water poured through the drainage-tube and allowed to pour out again has at times, as I believe (permit me to say, I absolutely know), saved lives that otherwise would have been lost. The operator of to-day who seeks to do away with the "wash out" and the drainage-tube on all occasions, on theoretical grounds, is rolling the wheels of progress backward. The skilful management of a patient during shock is of very great importance indeed. The use of opium to put the disturbed tissues at rest has the genuine ring of surgical wisdom. The use of strychnia to keep up the tone of the nerves distributed to the intestinal tract, and thereby counteracting the tendency to gaseous distention of the bowels, is one of the precious comforts to the anxious abdominal surgeon when his patient is low in shock.

When Ephraim McDowell made his first ovariectomy, the citizens surrounded his house threatening his life because he was about to "butcher a woman." The sheriff of the county interfered. At first they refused to listen to his pleadings for the doctor's life. Finally he struck a compromise, the mob agreeing to let the doctor alone if the woman recovered, the sheriff agreeing not to interfere if the woman died. This was a crucial test of the doctor's heroism. Other heroic surgeons for years did not hesitate to remove ovarian cysts, but allowed women to pass on to their graves if the diagnosis convinced them that it was a fibroid tumor. Still later surgeons removed fibroids if they were pear-shaped and a pedicle could be easily formed, allowing women to pass on to their graves if the examination showed the tumor deeply imbedded in the pelvis by nodular masses. Even the great and noble Dr. Thomas Keith, after battling with fibroid tumors with as good a percentage of recoveries as any one at that date, finally abandoned fibromectomy, resorting to the use of electricity, and only wished that he had back from their graves the patients that had died from his operations for fibroids. Thank God there were others to take up the work when he became discouraged. The old adage that the qualifications of a surgeon were "the head of an Apollo, the eye of an eagle, the heart of a lion and the hand of a woman," is eminently true, especially as regards him who would seek to be successful in removing fibroid tumors. The head to plan and to meet the surprises which spring on us during such work; an eye to see quickly the exact constriction of every ligature and adjustment of every suture; the lion heart to forge forward in this aggressive work when our percentage of recoveries might be better if we would let fibroids alone, especially bad ones; the nimble wit in the end of the fingers, backed by an indomitable will to skilfully and speedily perfect the last suture with the same precision as the first, make a combination of qualifications suggesting that the surgical type of a man is not to be found thirteen times in a dozen.

No operation so thoroughly demands that the trinity of surgery be carried out—thorough preparation of the patient, thorough operating, and skilful after-treatment. As American surgeons we have a right to be proud that no other nation leads us in the originality of methods or successful results in removing fibroid tumors. Almost every State of our Union has operators who would venture to give a woman with a fibroid tumor the chances of life which surgery offers. With a more thorough and perfect understanding of the

essential anatomical conditions which make an abdomen containing a fibroid tumor different from one containing an ovarian cyst, with the realization of the ideal method applicable alike to all fibroid tumors regardless of their morphology, a method as successful in the hands of the many skilled operators as the few, may we not hope to say with all sincerity that fibroid tumors can be removed with the same low rate of mortality which has placed ovariectomy among the brilliant triumphs of the century? Then shall the torch lighted by McDowell in the midnight darkness shine forth with resplendent glory in this brilliant noonday of abdominal surgery. The century which in a few years will have rolled on to the eternal past, has placed in the magnificent temple of medicine many pillars of surpassing beauty and grandeur, while its surgical columns have risen high toward Heaven, where as gilded towers, they fain would vie with the God-given sunshine in dispelling the chill and gloom of human agony.

Chirurgia's tower, thy lights resplendent blaze,
Dries woman's tears and lengthens out her days.
McDowell and Sims, of our Columbia's clime,
Began the work moved onward high sublime.
To woman then, these blessings shall be given,
Queen of the home and home the type of Heaven.

Abdominal surgery is proud of her past because it is prophetic of her future. Even now in the vital present it shall stand forth unchallenged as the crowning glory of all science and of all art.

ABSTRACT OF PRESIDENT'S ADDRESS

BEFORE THE AMERICAN LARYNGOLOGICAL SOCIETY,
AT ITS SIXTEENTH ANNUAL SESSION, WASHINGTON, D. C., MAY 30, 1894.

BY D. BRYSON DELAVAN, M.D., NEW YORK.

IN opening our Sixteenth Annual Congress let me heartily welcome you to what gives every promise of being a most useful and enjoyable meeting. The support which you have given it, both by your presence and the scientific contributions provided, has been spirited and generous; and I am assured that you will still further co-operate with me in carrying it through to a harmonious and successful close. Surely the experiences in sixteen years should give light to illuminate for us the present and enable us to look forward somewhat into the future. In trying to forecast the future it is eminently right that we should indulge in retrospect, particularly for the benefit of many who may have but recently come among us and to whom our early history may be unknown. I shall aim therefore to go back with you to the early history of this Association.

[The President then gave a detailed account of the various factors which led to the formation of the Association. Special honor was paid to the preceding work of Horace Greene, who was the pioneer specialist in this country in diseases of the throat, and whose works now prove that he led the world. He died, however, before this Association came into existence; but he left behind an able and brilliant successor in Elsberg, under whose presidency the Association was formed at Buffalo in June, 1878.]

THE SOCIETY'S AIM.

The labors of Elsberg and his contemporaries in the formation of this Society were a preconceived move-

ment in the direction of a higher and broader education, and were an intelligent and vigorous effort to advance and disseminate the knowledge of our special work. How faithfully this primal aim has been carried out our history attests by its annual meetings, publication of transactions, encouragement of special literature of our department by the bringing forward of youthful aspirants for laryngological fame, and by the practical study of the best methods of instruction in our schools. New York city was the place, the autumn of 1873 the time, and Dr. Clinton Wagner the promoter of the first society ever founded for the exclusive study of laryngology and rhinology.

[Attention was directed by the President to the formation of various special foreign societies and the vast increase in the number of organizations in this country whose attention is entirely devoted to these branches.]

It is a great satisfaction that this strong onward movement should have been headed, and at so great a distance in advance, by this country; and it is surely not unpardonable that we should in the enthusiasm of the time express ourselves as the occasion warrants. But if we are still to be an example to the world, we must still strive for superiority. The place which we have won must be held, not through vain-glory, but through increased diligence on our own part and an ever-broadening receptivity to the ideas of others.

GROWTH OF SPECIAL LITERATURE.

Our Association is intimately related also to another important educational factor. Special journals have now become quite numerous, and our own work receives a generous and constantly growing appreciation in the columns of our general medical journals. The establishment of the bibliography of the earlier laryngology was largely the work of several of our Fellows.

THE ASSOCIATION'S MOTTO.

"Docendo discimus — by teaching we learn."

If we are to reach the higher usefulness, we must ourselves be teachers. The question of education as related to our own department is by far the most opportune by which our attention could possibly be engaged. Therein lies the hope of the future as to our own reputations, and, what is still more, as to the beneficent ends to which we fondly hope our specialty may attain. The problem of instructing undergraduates may be said, in this country at least, to have been squarely met and fairly solved. One of our institutions particularly is of conceded superiority, both as to its plan of instruction, equipment and general discipline. But other schools as well are doing creditable work. All the problems, however, can never be solved by undergraduate institutions, and to meet the new needs there have sprung up the various so-called post-graduate schools. The task of the teacher in this field is more difficult, for the needs of his classes are far more varying than is the case with the undergraduate. His students are men of some experience in general practice, of a wide diversity of preliminary education; and they are frequently hampered by preconceived ideas. They often have much to unlearn before they can grasp fully the salient points as to what the science of laryngology really is; hence the greater difficulties of the teacher's task. But the theory of graduate instruction in this country is an established and triumphant success, and it may well be the province of this Association to discuss how we can best

infuse the ferment of sound learning into the unleavened but well-promising mass of students who come to our graduate schools. Three things seem demanded to bring about this desired result: first, a higher and more thorough general medical education on the part of the student; second, more careful selection in the choice of instructors; third, a modification of the best undergraduate methods to satisfy the needs of the older men.

A FINAL WORD.

When this Society was formed laryngology was in the hands of a few men, who, under the stimulating influence of the earliest enthusiasts, formed a veritable aristocracy of learning. Now it is changed. The spirit of socialism has been among us; that noble and generous socialism of science which, having acquired a rich and rare possession, desires to spread it broadcast and with lavish hand to the four quarters of the earth. The old order of things under which our specialty was held in the hands of a few has passed away.

Original Articles.

THE OBSCURE ORIGIN AND INDETERMINATE COURSE OF ACUTE INFECTION, AS ILLUSTRATED BY A CASE OF MALIGNANT ENDOCARDITIS.¹

BY J. S. GREENE, M.D., OF DORCHESTER, MASS.

IN the near past, when the theory of infection now in vogue was first authoritatively set forth in its full and fascinating proportions, it seemed as if there could no longer arise cases of doubtful nature or uncertain origin. The so-called spontaneous development of infectious maladies in man apart from any ruling epidemic was artificially paralleled by Bouchard when he provoked in healthy animals, without wounding, the rapid appearance of microbes in the blood, by the application of depressing causes such as cold, fright, fatigue.²

By the action of such commonplace influences the pathogenic bacteria which inhabit our cavities, and which ordinarily remain harmless, are enabled to penetrate into and multiply in the fluids. It is thus that infectious diseases become generalized or aggravated in the system, and set up the phenomena of septic fever.

Some of these phenomena are headache, pain in the back and limbs, secretory disturbances, coma, convulsions, delirium; and perhaps there must be added to this already formidable train, paralyses, both of peripheral nerves and of nerves proceeding from the bulbar centres on the integrity of which the instant life depends.

We are no longer permitted, as in the beatific past, when bacteria were not in sight and ptomaines were not even suspected, to talk of brain fever when the septic process is chiefly determined to the cerebral functions, nor of rheumatic fever when the back and limbs receive the rebound from the shock of poison dealt to the trophic nerve centres. Still traces of what was our state of blissful ignorance remain, and in the light of later knowledge show as black spots on our sunshine. Cases yet arise where a disease ultimately determined to be of infectious origin masks

¹ Read before the Boston Society for Medical Observation, March 5, 1894.

² Theorie de l'infection, verhandlungen des x internationalen congresses, a. t. 49.