our invitation and honor us with their presence, the gratifying claim that the many charms of a visit to this country, and the great pleasure to be given and received in the kindly social intercourse of this week, have not been more potent attractions than the prospect of sharing in the rich programme of scientific work arranged for this Association and for the Congress.

So far at least as medical men are concerned, one need no longer repeat the assurance that when they cross the ocean they change not their feelings but only their horizon. There exists no barrier to our intercourse. The complete solidarity of our science o'ertops all divisions of race or place. The progress and the interpenetration of knowledge first outgrew personal authority, and have now outgrown the limits of national schools of science.

The existence of this society of clinicians and pathologists is by no means a protest against specialism in medical science. Its presence here in this Congress is typical of the present attitude of scientific medicine to specialism. Just as this great meeting would be crippled without the participation of many special societies, so would our own membership be sadly incomplete did it not include many eminent specialists. General medicine and general surgery to-day are federations of specialists, and the general clinician, even of the broadest guage, in dealing with obscure and complicated cases, acts but as the leading partner in a medical firm.

This is the natural and desirable development of our professional relations. The courts where the issues of our causes are decided, are open constantly, and have unlimited jurisdiction. The microscope, the ophthalmoscope, the tamatometer, the tests of organic chemistry, are witnesses whose presence is always available, and whose testimony as to matters of fact is unimpeachable. No cumbrous accumulation of papers, and elaborate machinery of procedure hamper our legislation. In the privacy of two or three consulting-rooms are determined with all reasonable certainty and celerity, the issue of causes, vastly more vital to the parties interested, and scarcely less so to the community at large, than those which fill columns in the daily press and block the slow wheels of litigation for years. Remedial measures are agreed upon and carried into effect which require such masterful decision, fertility of resource, and energy of action, as stamp the great leaders in all the hard fought battles of the world.

It is a supreme glory of our service that it is restricted to no nation, no dynasty, no place, no class. The monarch of the mightiest empire and the poorest patient in the hospital ward, command and receive the same efforts in their behalf.

It is by the combination of the highest specialism, wrought by mutual trust and trained co-operation into absolute unity, that the great triumphs of medicine and surgery are now achieved. The evident truth of this is the basis of the work of our Association. The broadening field, the increasing precision of our work; the vast scope of the questions of heredity, of climatic and racial influence, of hygiene and dietetics, of mental and moral regimen — of all that is included in preventive medicine, the great battlefield of the future, and which must be used as far as understood in the struggles of the remedial medicine of to-day, call for a co-operation — not local, but national and international

— which shall bring into closer touch, better mutual knowledge and deeper mutual trust all earnest workers in scientific medicine.

It is then with the happy assurance that our work here is in line with the great onward movement of the day, that I announce the opening of the Sixth Annual Session of the Association of American Physicians.

ORTHOPEDIC SURGERY AS A SPECIALTY.

THE PRESIDENT'S ADDRESS BEFORE THE AMERICAN ORTHOPEDIC ASSOCIATION, WASHINGTON, SEPTEMBER 22, 1891.

BY A. B. JUDSON, M.D., OF NEW YORK.

A FLOURISHING medical society sometimes divides into sections. It is an involuntary process, or at least, one to which the members are forced by the necessity of thoroughly accomplishing the objects of the society. The process may be called an analysis. In the present instance, however, if I understand the organization of the Congress of American Physicians and Surgeons, we have a synthesis. A number of societies voluntarily combine to secure ends which were not contemplated at the beginning of each. A division of labor having been made, according to which each society has its special work to do, it is proper and useful for the societies to meet together for co-operation. Let us therefore briefly consider some of the salient features which mark our specialty of orthopedic surgery. A better knowledge of ourselves will put us in more quick relation with other workers, both general and special, and enable us better to do our humble part in the grand plan.

In common with other specialists, we occasionally hear that we are limited in the possible range of our achievements. The limitation is, however, entirely voluntary, and the work within these limits is practically inexhaustible. If we were not so busy, we might perchance be troubled because we are not always and exactly understood. The sign before an orthopedic hospital in New York is supposed by some of the passers-by to indicate a homœopathic institution. I am probably not alone in having been asked to perform the minor surgical operations of the chiropodist. Many, even among the learned, suppose that the latter part of our name is derived from the Latin word for *foot*, instead of from the Greek for *child*. We are also confounded in the minds of some with the instrument-makers. I mention these things in passing, without a serious thought. If they exist, like morning mist, they will pass away.

It is well, however, to recognize the fact that our practice is comparatively lacking in popular qualities. We have no critical, capital, or brilliant operations. What of brilliancy is there in keeping a limb in such an attitude that the weight of the body in locomotion shall be a favorable, instead of an unfavorable agent, until the natural growth of the member results in comparative symmetry; or in controlling the environment of the diseased joint and the patient, so that the natural processes of recovery and repair shall have their triumph, while the limb is daily growing in symmetry and ability with the growing child? This is not bold surgery, but there is great pleasure in watching and reverently assisting these constantly recurring natural miracles. And will any of us forget the delightful

friendships made among our little patients, their pretty bashfulness, their ready confidence, their irrepressible cheerfulness, their graceful acceptance of what is, alas, inevitable? The combination in them of childish and heroic qualities is a daily wonder. To watch them at play is like a dream in which the birds and wild flowers are enacting a tragedy and improving the precepts of Stoic Philosophy.

Our practice is not only lacking in brilliant achievements, but it is also uninviting, because, as a rule, our patients do not make absolute recoveries. There is always, or nearly always, a residuum of disability and deformity, and in this is to be found perhaps one reason why our specialty has existence; for, what general practitioner would lightly assume the care of a case so exceptional in his practice, and so momentous as those which fall into our specialty?

The why and the wherefore of specialties, in general, and ours, in particular, are questions of interest. Some will say that we have a natural aptitude for mechanics, an inherited preference for slow and sure methods, compared with those that are quick and uncertain, or an inborn reverence for what is physically demonstrable. These personal characteristics may explain why some of us are orthopedists, but I believe the reason why our specialty exists and thrives, is to be found in the desire of the public, the final arbiter, that experts should be invited to bear the responsibility of orthopedic cases.

One very attractive feature of orthopedic practice, is its *reality* — for want of a better word. It is especially the domain of physical demonstration, where the acceptance of pathological doctrine, as well as therapeutic precept, must be preceded by absolute proof. Here, subjective symptoms are forgotten in the presence of objective signs. The data for diagnosis are visible, palpable, and measurable. Treatment is by forces whose action is nicely directed, increased, diminished, and accurately measured. The very weight of the body is duly considered in trauma and therapeutics, and finally the results of treatment are recorded in degrees of a circle and fractions of an inch. Dealing thus, as we do, with physical realities, it is well for us to keep our eyes open to the moral verities also, which no less form part of the tissue of our daily professional work. Let us remember that diligence is the price of success, and that the only desirable success is that which is reached by the rejection of error and the loyal recognition of truth.

Since our last meeting, there has occurred the death of one of our corresponding members, whose hostility to error might in all friendly criticism, be called intemperate, one whose diligence and devotion to the interests of his patients make him an exemplar worthy of our affectionate remembrance. But I will not trespass on the subject of the first paper of our session, which is by Dr. A. J. Steele, of St. Louis, on the orthopedic work of the late Mr. Thomas, of Liverpool.

Mrs. Green (to young physician, whom she has called in haste) — "Oh, doctor, doctor! I fear you have made a terrible mistake! My daughter had that prescription which you sent her last night filled, and took a dose of the medicine. Now she exhibits every symptom of poisoning. Oh!"

Young Physician. — "Prescription, madam? Why, that was an offer of marriage!" — *Puck.*

Original Articles.

MODERATELY CONTRACTED PELVES.¹

BY RAY W. GREENE, M.D., OF WORCESTER.

I BRING to your attention to-day the subject of moderately contracted pelves, in the hope that many of you will think it profitable to discuss some of the phases of this vital question. Since the department of obstetrics makes up so large a share of the work of the general practitioner, this subject deserves, it seems to me, more universal attention. Springing from this subject are questions which on the one hand affect beyond calculation the most sacred interests of the family, for the life of a mother and her child is in peril; on the other hand, the physician is confronted with complex problems, which, for their solution, appeal to the resources at his command in the art and science of midwifery, and to the sanctions of conscience as well. Indeed, no greater responsibility can come to any of us than when obliged to decide upon some action which means the sacrifice of human life though yet unborn; or when our decision by inaction may entail a more terrible calamity, because possibly a needless one, the sacrifice of the mother as well. Furthermore, are we justified in violating the course of nature by procuring a premature birth, with the hope of doing little or no injury to either and saving the life of both?

In treating these questions, let no one infer that I seek to bring into controversy the religious aspect of the case, while I keep in mind the highest duty of our profession, namely, to save life, and that the life of the mother is paramount to the life of the child. The limitation which I have put upon my subject, moderately contracted pelves, precludes those cases which we can easily decide must terminate fatally but for the prompt execution of some one of the major operations, like craniotomy or Caesarian section. Nevertheless, the pelvis of moderate contraction is not without its dangers to both mother and child, and the treatment of such cases demands closer study and more deliberate judgment than those of a more pronounced type. And here it is that the appropriate treatment brings the highest rewards.

The three cases which led me to look up this subject came under my observation within a six months, and are as follows:

Mrs. M. came under my care at the completed term of the first pregnancy. I was summoned early of the morning of February 24, 1891. She is of American birth, average height, twenty-seven years of age; been married eighteen months. Since eight years of age, she has been more or less delicate, owing to slight injury to spine at that time, "which some years later developed caries of the lumbar vertebrae, leaving a depression in that region which disappeared under treatment of many months in a New York hospital." There followed a slight impairment of locomotion, and after a fall some three years ago from a hammock, striking on one hip and side, she has not been able to stand on her feet without help, more from fear, as she expresses it, than from any other cause. The general health has been very good of late, especially during the pregnancy. On inspection, there appeared no deformity of the spine. The pelvis was symmetrical,

¹ Read before the Massachusetts Medical Society June 9, 1891, and recommended for publication by the Society.